carned thereon in the form of interest or dividends.

Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMENTS

Campaign Finance Name of Candidate Tate for Governor Secretary of State Address PO Box 24355 City/State/Zip Jackson, MS 39225 Telephone (Work) (Home) (Fax) Contact Name Kristin McDevitt Email Address Office Sought Governor Check here if above information is different from previous report TYPE OF REPORT Termination Report (Candidate will no longer accept contributions, make campaign expenditures, Required to terminate has no outstanding campaign debt obligation) reporting obligations **IMPORTANT** Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period. Annual Reports are mandatory for 2022 Judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period. 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

Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

"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

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. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

JAN. 1, 2022 CASH ON HAND BA	ALANCE		\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2022 CASH ON HAND I	BALANCE		\$

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

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

AN. 1, 2022 CASH ON HAND B.			Calendar Year-to-Date
an atentioned to the second	Itemized (+)	Non-Itemized (=)	
OTAL AMT OF CONTRIBUTIONS	\$3,501,173.60	\$41,943.00	\$3,543,116.60
OTAL AMT OF DISBURSEMENTS	\$529,044.64	\$1,777.09	\$530,821.73

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/Treasurer Date

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

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

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Name of Candidate or Committee

Tate for Governor

Reporting Period

01/01/2022

_ through __

12/31/2022

Source: Corporation PAC Individual Loan Other (please specify) Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Joseph T. Wilkins III Mailing Address	11/05/2022	\$250.00
822 Avondale St.		
City, State, Zip Code Jackson, MS 39216-3315		
Name of Employer (Required) Wilkins Patterson		
Occupation (Required) Attorney	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 Saundra Dewey	03/25/2022	
Mailing Address 135 Hidden Oaks Trail	00/20/2022	\$500.00
City, State, Zip Code Ridgeland, MS 39157-6084		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
John F. Phillips III	11/29/2022	\$2,500.00
Mailing Address 4042 Highway 16 W		
ity, State, Zip Code Yazoo City, MS 39194-9243		
ате of Employer (Required) Self		
ccupation (Required) Farmer	Aggregate Year-to-date	\$5,000.00
ource: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull Name David B. Blackburn	08/15/2022	\$5,000.00
ailing Address 327 Lakewood Hills Dr.		ψ5,500.00
ry, State, Zip Code Oxford, MS 38655-4478		
me of Employer (Required) The Blackburn Group, LLC		
cupation (Required) CEO	Aggregate Year-to-date	\$5,000.00

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Tate for Governor 01/01/2022

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12/31/2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	06/03/2022	\$2,500.00
Full Name Atmos Energy Corporation PAC	00/00/2022	
Mailing Address 5430 Lyndon B Johnson Fwy Ste 160		
City, State, Zip Code Dallas, TX 75240-2630		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name J. Storey Charbonnet	01/26/2022	\$15,000.00
Mailing Address 639 Loyola Avenue Suite 2775		
City, State, Zip Code New Orleans, LA 70113-7115		
Name of Employer (Required) Johnson Rice & Company LLC		
Occupation (Required) Partner	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Cother (please specify) Full Name Larissa Martin	12/30/2022	\$1,000.00
Mailing Address 2103 Greenwich St.		
City, State, Zip Code Falls Church, VA 22043-1642		
Name of Employer (Required) 50 State		
Occupation (Required) GR	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Gother (please specify) Full Name Jane Moss	11/14/2022	\$1,000.00
292 County Na 332		
Gleenwood, mo occur		
Name of Employer (Required) Viking Range	Aggregate	\$1,000.00
Occupation (Required)	Year-to-date	\$1,000.00

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Name of Candidate or Committee

Tate for Governor

Reporting Period 01/01/2022 through

12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	04/05/0000	
Mailing Address	04/25/2022	\$250.00
10665 Pecue Lane		
City, State, Zip Code Baton Rouge, LA 70810-3516		
Name of Employer (Required) Performance Contractors, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven T Reed	10/30/2022	\$1,000.00
Mailing Address 115 Terri Lynn Road		
City, State, Zip Code Magee, MS 39111-5373		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	\$1,000.00
Optometrist	Year-to-date	Φ1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St.	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St.	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St. City, State, Zip Code New Albany, MS 38652-3911 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St. City, State, Zip Code New Albany, MS 38652-3911 Name of Employer (Required) Bank Of New Albany Occupation (Required)	Date (Mo., Day, Year) 05/16/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St. City, State, Zip Code New Albany, MS 38652-3911 Name of Employer (Required) Bank Of New Albany Occupation (Required) Executive Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St. City, State, Zip Code New Albany, MS 38652-3911 Name of Employer (Required) Bank Of New Albany Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Trust	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St. City, State, Zip Code New Albany, MS 38652-3911 Name of Employer (Required) Bank Of New Albany Occupation (Required) Executive Source: Corporation PAC Individual Loan Trust Full Name The George R Rea, Jr. Revocable Trust	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten Mailing Address 410 E Bankhead St. City, State, Zip Code New Albany, MS 38652-3911 Name of Employer (Required) Bank Of New Albany Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Trust Full Name The George R Rea, Jr. Revocable Trust Mailing Address 509 North Hills St.	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Name of Candidate	or Committee	Tate for Governor				
	01/01/2022	through	12/31/2022			
Reporting Period		through				

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Brannon	10/05/2022	\$250.00
Mailing Address 145 Sea Oaks Blvd		
143 Sed Oaks Divu		
Long Beach, MS 38300-3042		
NOARC	Aggregate	7050.00
Occupation (Required) President	Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Holmes	11/21/2022	\$100.00
Mailing Address 565 Stallings Bridge Road		
City, State, Zip Code Tylertown, MS 39667-8119		
Name of Employer (Required) Self		
Occupatioπ (Required) Farmer	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 Southland Designer Homes LLC	12/05/2022	\$1,000.00
Mailing Address 9259D Woolmarket Road		
City, State, Zip Code Biloxi, MS 39532-8030		
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 recelpt this period
Full Name Stephen Neil Forbes	06/14/2022	\$5,000.00
Mailing Address 119 Hidden Oaks Tri		
City, State, Zip Code Ridgeland, MS 39157-6084		
Name of Employer (Required) Horne		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00

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Name	of	Candidate	or	Committee

Reporting Period 01/01/2022

___ through __

12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
Brian K Raspberry	08/29/2022	\$1,000.00
Mailing Address 12 Greenbriar Dr.		
City, State, Zip Code Gulfport, MS 39507-4215		
Name of Employer (Required) Restaurant Industry		
Occupation (Required) Owner/Executive	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
Frank Bordeaux	01/26/2022	\$1,000.00
Mailing Address 11633 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-6150		
Name of Employer (Required) Cadence		
Occupation (Required) Insurance	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Luke Montgomery Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Luke Montgomery Mailing Address PO Box 37 City, State, Zip Code Fulton, MS 38843-0037	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Luke Montgomery Mailing Address PO Box 37 City, State, Zip Code Fulton, MS 38843-0037 Name of Employer (Required) Montgomery Enterprises, Inc.	(Mo., Day, Year)	receipt this period
City, State, Zip Code Fulton, MS 38843-0037 Name of Employer (Required) Montgomery Enterprises, Inc.	(Mo., Day, Year) 08/24/2022 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name	(Mo., Day, Year) 08/24/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 08/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,500.00 \$1,500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 08/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,500.00 \$1,500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 08/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,500.00 \$1,500.00 Amount of each receipt this period

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12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
F. II Name	10/24/2022	\$1,500.00
Walle Gergi Touris		
Mailing Address 103 Bedford		
City, State, Zip Code Hattiesburg, MS 39402-2302		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	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
Full Name Pallet Source, Inc.	05/10/2022	\$500.00
Mailing Address 228 Mt Pleasant Road		
City, State, Zip Code Holly Springs, MS 38635		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Gother (please specify) Full Name Thomas B. Nusz	02/01/2022	\$400.00
Mailing Address 178 Augusta Lane		
City, State, Zip Code Madison, MS 39110-4753		
Name of Employer (Required)		
Occupation (Required) Retired	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dish	10/17/2022	\$250.00
Mailing Address PO Box 6622		
City, State, Zip Code Englewood, CO 80155-6622		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Name of Candidate	or Committee
Reporting Period	01/01/2022

through 12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Scott Runnels Jr.	07/28/2022	\$2,500.00
Mailing Address PO Box 321060		
City, State, Zip Code Flowood, MS 39232-1060		
Name of Employer (Required) Runnels & North		
Occupation (Required) Physician	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 Mark D. Mavar	05/16/2022	\$2,500.00
Mailing Address PO Box 730		
City, State, Zip Code Biloxi, MS 39533-0730		
Name of Employer (Required) Biloxi Freezing & Processing, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	11/29/2022	\$10,000.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each recelpt
Other (please specify)	(Mo., Day, Year)	this period
		•
Other (please specify)	(Mo., Day, Year)	this period
Tother (please specify) LLC Full Name Providence Holdings, LLC Mailing Address PO Box 1490	(Mo., Day, Year)	this period
Full Name Providence Holdings, LLC Mailing Address PO Box 1490 City State Zin Code	(Mo., Day, Year)	this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rand McLaughlin	12/02/2022	\$500.00
Mailing Address PO Box 989		
City, State, Zip Code Laurel, MS 39441-0989		
Name of Employer (Required) Thermo- Kool		
Occupation (Required) Executive	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 Charles D Borum	04/26/2022	\$1,000.00
Mailing Address 20 Trails End Road		
City, State, Zip Code Natchez, MS 39120-8019		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Roy Anderson III	06/20/2022	\$5,000.00
Mailing Address 4900 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Roy Anderson Corp		
Occupation (Required)	Aggregate Year-to-date	\$6,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Norman Enterprises Inc	04/07/2022	\$1,000.00
Mailing Address PO Box 1350		
PO Box 1330		
PO Box 1330		

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Name of Candidate	or Committee	Tate for Governor				
Reporting Period	01/01/2022	through	12/31/2022			
reporting a circo						

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Montgomery Co Economic Development District	04/21/2022	\$1,000.00
Mailing Address 108 S. Front St.		
City, State, Zip Code Winona, MS 38967-2544		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Ferraez Enterprises LLC	01/27/2022	\$1,000.00
Mailing Address 6152 Hwy 98 W STE 20		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INO., Day, Tear)	this period
Full Name Hopewell Farms LLC	03/31/2022	this period \$15,000.00
Evil Name		
Full Name Hopewell Farms LLC Mailing Address PO Box 7		
Full Name Hopewell Farms LLC Mailing Address PO Box 7		
Full Name Hopewell Farms LLC Mailing Address PO Box 7 City, State, Zip Code Clinton, MS 39060-0007		
Full Name Hopewell Farms LLC Mailing Address PO Box 7 City, State, Zip Code Clinton, MS 39060-0007 Name of Employer (Required)	03/31/2022 Aggregate	\$15,000.00
Full Name Hopewell Farms LLC Mailing Address PO Box 7 City, State, Zip Code Clinton, MS 39060-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	O3/31/2022 Aggregate Year-to-date Date	\$15,000.00 \$15,000.00 Amount of each receipt
Full Name Hopewell Farms LLC Mailing Address PO Box 7 City, State, Zip Code Clinton, MS 39060-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$15,000.00 \$15,000.00 Amount of each recelpt this period
Full Name Hopewell Farms LLC Mailing Address PO Box 7 City, State, Zip Code Clinton, MS 39060-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeremy Felder	Aggregate Year-to-date Date (Mo., Day, Year)	\$15,000.00 \$15,000.00 Amount of each recelpt this period
Full Name Hopewell Farms LLC Mailing Address PO Box 7 City, State, Zip Code Clinton, MS 39060-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeremy Felder Mailing Address 37 Parsons Creek	Aggregate Year-to-date Date (Mo., Day, Year)	\$15,000.00 \$15,000.00 Amount of each recelpt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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	Abananah	12/31/2022	

Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Wallace Gentry Long IV	08/08/2022	\$1,667.00
Mailing Address 4811 Broadmoor Ln		
City, State, Zip Code Belden, MS 38826-9500		
Name of Employer (Required) Homestretch		
Occupation (Required) Furniture Manufacturing	Aggregate Year-to-date	\$2,667.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian K. Johnson	11/28/2022	\$1,000.00
Mailing Address 113 Rosedowne Dr.		
City, State, Zip Code Madison, MS 39110-4757		
Name of Employer (Required) Trustmark National Bank		
Occupation (Required) Insurance Consultant	Aggregate Year-to-date	\$1,000.00
		Amount of each
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 Gerard R. Gibert	1 - 1	receipt
Other (please specify) Full Name Gerard R. Gibert Mailing Address	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required)	(Mo., Day, Year) 04/20/2022 Aggregate	recelpt this period \$2,500.00
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date	recelpt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael W. Smith	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael W. Smith Mailing Address 2907 Broad Wing Ave	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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12/31/2022

ITEMIZED RECEIPTS

_ through _

		Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Walker J Swaney	01/26/2022	\$500.00
Mailing Address 634 N Lamar Boulevard		
City, State, Zip Code Oxford, MS 38655-3208		
Name of Employer (Required) Oxford Dental		
Occupation (Required) Dentist	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Ross Barnett Jr.	05/10/2022	\$250.00
Mailing Address 7377 Old Canton Rd		
City, State, Zip Code Madison, MS 39110-8628		
Name of Employer (Required) Barnett Law Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
	rear-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shane Upshaw	Date	recelpt
Other (please specify) Full Name Shane Upshaw Mailing Address	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Shane Upshaw	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Shane Upshaw Mailing Address 107 Golding Boulevard	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Shane Upshaw Mailing Address 107 Golding Boulevard City, State, Zip Code Vicksburg, MS 39180-5818	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Shane Upshaw Mailing Address 107 Golding Boulevard City, State, Zip Code Vicksburg, MS 39180-5818 Name of Employer (Required) Magnolia Estates Occupation (Required)	Date (Mo., Day, Year) 11/20/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Shane Upshaw Mailing Address 107 Golding Boulevard City, State, Zip Code Vicksburg, MS 39180-5818 Name of Employer (Required) Magnolia Estates Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/20/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Shane Upshaw Mailing Address 107 Golding Boulevard City, State, Zip Code Vicksburg, MS 39180-5818 Name of Employer (Required) Magnolia Estates Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/20/2022 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 Shane Upshaw Mailing Address 107 Golding Boulevard City, State, Zip Code Vicksburg, MS 39180-5818 Name of Employer (Required) Magnolia Estates Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Brian Shinault	Date (Mo., Day, Year) 11/20/2022 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 Shane Upshaw Mailing Address 107 Golding Boulevard City, State, Zip Code Vicksburg, MS 39180-5818 Name of Employer (Required) Magnolia Estates Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Brian Shinault Mailing Address 1300 Pennsylvania Ave STE 700	Date (Mo., Day, Year) 11/20/2022 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 recelpt this period
Full Name Richard A Pecunia	11/01/2022	\$1,000.00
Mailing Address 18 Chandeleur Point		
City, State, Zip Code Hattiesburg, MS 39402-8724		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	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 Charles W. Rigdon	06/23/2022	\$1,000.00
Mailing Address PO Box 2182		
City, State, Zip Code Columbus, MS 39704-2182		
Name of Employer (Required) Columbus Nissan		
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 The Corbitt Company, LLC	05/10/2022	\$250.00
Mailing Address PO Box 14225		
City, State, Zip Code Jackson, MS 39236-4225		
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 Copart Inc. PAC	10/10/2022	\$9,000.00
Mailing Address 4665 Business Center Dr		
City, State, Zip Code Fairfield, CA 94534-1675		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$9,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Songy, LLC	12/19/2022	\$1,000.00
Mailing Address 107 Covington Way		
City, State, Zip Code Madison, MS 39110-6584		
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 recelpt this period
Full Name Pinchers, LLC	04/05/2022	\$1,000.00
Mailing Address 5268 Pleasure St.		
City, State, Zip Code Bay Saint Louis, MS 39520-9588		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	Ψ1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Ingram	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify) Full Name James M. Ingram Mailing Address	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code Madison, MS 39110-9028	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code Madison, MS 39110-9028 Name of Employer (Required) Hertz Investment Group, LLC Occupation (Required)	Date (Mo., Day, Year) 11/17/2022 Aggregate	Amount of each receipt this period \$5,000.00
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code Madison, MS 39110-9028 Name of Employer (Required) Hertz Investment Group, LLC Occupation (Required) Executive Vice President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code Madison, MS 39110-9028 Name of Employer (Required) Hertz Investment Group, LLC Occupation (Required) Executive Vice President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code Madison, MS 39110-9028 Name of Employer (Required) Hertz Investment Group, LLC Occupation (Required) Executive Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Association of Nurse Practitioners PAC	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name James M. Ingram Mailing Address 274 Dover Ln. City, State, Zip Code Madison, MS 39110-9028 Name of Employer (Required) Hertz Investment Group, LLC Occupation (Required) Executive Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Association of Nurse Practitioners PAC Mailing Address 1888 Main St Ste C312	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt 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 recelpt this period
Full Name Jamie Smith	11/14/2022	\$250.00
Mailing Address PO Box 381		
City, State, Zip Code Merigold, MS 38759-0381		
Name of Employer (Required) McCarty's		
Occupation (Required) Owner	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 Rodney C. Richardson	07/08/2022	\$250.00
Mailing Address 1609 24th Ave		
City, State, Zip Code Meridian, MS 39301-3112		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Eugene D Carothers		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Eugene D Carothers Mailing Address 71 Tidewater Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Eugene D Carothers Mailing Address 71 Tidewater Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Eugene D Carothers Mailing Address 71 Tidewater Road City, State, Zip Code Hattiesburg, MS 39402-9780	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 11/17/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name	(Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 11/17/2022 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	(Mo., Day, Year) 11/17/2022 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	(Mo., Day, Year) 11/17/2022 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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Date (Mo., Day, Year)	Amount of each recelpt this period
10/03/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
11/28/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this perlod
10/05/2022	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
03/30/2022	\$100.00
Aggregate Year-to-date	\$350.00
	Aggregate Year-to-date Date (Mo., Day, Year) 11/28/2022 Aggregate Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year) 03/30/2022

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Name of Candidate	or Committee	Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Lipscomb III	11/28/2022	\$250.00
Mailing Address PO Box 636		
City, State, Zip Code Greenville, MS 38702-0636		
Name of Employer (Required) Lipscomb Oil Company		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Walter B. Wellington	04/26/2022	\$250.00
Mailing Address 192 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9578		
Name of Employer (Required) Wellington & Associates		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Data	Amount of each
Source: D corporation D TAS	Date (Mo., Day, Year)	receipt this period
Source: — Corporation — TAS — Institute in the Corporation — Tas — Tas — Tas — Institute in the Corporation — Tas	1	•
Other (please specify)	(Mo., Day, Year)	this period
Tother (please specify) LLC Full Name FC&E Engineering, LLC Mailing Address	(Mo., Day, Year)	this period
Full Name FC&E Engineering, LLC Mailing Address PO Box 1774	(Mo., Day, Year)	this period
Tother (please specify) LLC Full Name FC&E Engineering, LLC Mailing Address PO Box 1774 City, State, Zip Code Brandon, MS 39043-1774	(Mo., Day, Year)	this period
Tother (please specify) LLC Full Name FC&E Engineering, LLC Mailing Address PO Box 1774 City, State, Zip Code Brandon, MS 39043-1774 Name of Employer (Required)	(Mo., Day, Year) 09/14/2022 Aggregate	this period \$1,000.00
Tother (please specify) Full Name FC&E Engineering, LLC Mailing Address PO Box 1774 City, State, Zip Code Brandon, MS 39043-1774 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date	\$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Full Name FC&E Engineering, LLC Mailing Address PO Box 1774 City, State, Zip Code Brandon, MS 39043-1774 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name FC&E Engineering, LLC Mailing Address PO Box 1774 City, State, Zip Code Brandon, MS 39043-1774 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Mitchell	(Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name FC&E Engineering, LLC Mailing Address PO Box 1774 City, State, Zip Code Brandon, MS 39043-1774 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Mitchell Mailing Address 125 County Road 516	(Mo., Day, Year) 09/14/2022 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 recelpt this period
Full Name Paul Hollis	11/08/2022	\$2,500.00
Mailing Address 301 Holland St. PO Box 240		
City, State, Zip Code Anguilla, MS 38721-0240		
Name of Employer (Required) Hollis Farms		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Gregory C. Rader	08/24/2022	\$5,000.00
Mailing Address 150 Briarbend Drive		
City, State, Zip Code Columbus, MS 39705-1472		
Name of Employer (Required) Columbus Recycling		
Description (Description)	Aggregate	45.000.00
Occupation (Required) President	Year-to-date	\$5,000.00
President Source: Corporation PAC Individual Loan C Other (please specify)		\$5,000.00 Amount of each receipt this period
President Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
President Source: Corporation PAC Individual Loan C Other (please specify) Trust	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
President Source: Corporation PAC Individual Loan C Other (please specify) Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
President Source: Corporation PAC Individual Loan C Other (please specify) Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City State Zin Code	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City, State, Zip Code Oxford, MS 38655-7200	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City, State, Zip Code Oxford, MS 38655-7200 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate	Amount of each receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City, State, Zip Code Oxford, MS 38655-7200 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City, State, Zip Code Oxford, MS 38655-7200 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City, State, Zip Code Oxford, MS 38655-7200 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Timothy A. Clements	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Trust Full Name William A Alias III 2004 Revocable Trust Mailing Address PO Box 2200 City, State, Zip Code Oxford, MS 38655-7200 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Timothy A. Clements Mailing Address 1 Orchard Place	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 recelpt this period
Full Name J. Rick Carter Sr.	06/20/2022	\$5,000.00
Mailing Address 4908 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$12,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rand McLaughlin	12/02/2022	\$500.00
Mailing Address PO Box 989		
City, State, Zip Code Laurel, MS 39441-0989		
Name of Employer (Required) Thermo- Kool		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Eli Lilly and Company	09/22/2022	\$1,000.00
Mailing Address Lilly Corporate Center Drop Code 1870		
City, State, Zip Code Indianapolis, IN 46285-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate	41.000.00
Occupation (Nequired)	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)		\$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Woolsey Road Group Mailing Address 8888 Midsouth Dr.	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Woolsey Road Group Mailing Address 8888 Midsouth Dr.	Year-to-date Date (Mo., Day, Year)	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 John Fayard Jr.	07/18/2022	\$100.00
Mailing Address P.O. Box 2189		
City, State, Zip Code Gulfport, MS 39505-2189		
Name of Employer (Required) John Fayard Moving & Warehousing LLC		
Occupation (Required) President	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name John Riley	10/17/2022	\$1,000.00
Mailing Address 628 Madison Ave		
City, State, Zip Code Memphis, TN 38103-3303		
Name of Employer (Required) Riley Paving		
Occupation (Required) Executive	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 BNSF Railway Company	07/25/2022	\$1,000.00
Mailing Address 2500 Lou Menk Drive AOB-2		
City, State, Zip Code Fort Worth, TX 76131-2828		
Fort Worth, 1X 76131-2828		
City, State, Zip Code Fort Worth, TX 76131-2828 Name of Employer (Required) Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Name of Employer (Required)	1	\$1,000.00 Amount of each receipt this period
Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John Alexander Brunini Mailing Address 119 Rosedowne Bend	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John Alexander Brunini Mailing Address 119 Rosedowne Bend	Year-to-date Date (Mo., Day, Year)	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 Andrew B. Adams	08/15/2022	\$5,000.00
Mailing Address 115 E Wellsgate Drive		
City, State, Zip Code Oxford, MS 38655		
Name of Employer (Required) Addicus		
Occupation (Required) CEO	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 Jerry Horn	10/01/2022	\$250.00
Mailing Address 1020 Farley Road		
City, State, Zip Code Byhalia, MS 38611-8940		
Name of Employer (Required) Self		
Occupation (Required) Veterinarian	Aggregate Year-to-date	\$450.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William V Cork		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902 Name of Employer (Required) State of Mississippi Occupation (Required)	(Mo., Day, Year) 01/12/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902 Name of Employer (Required) State of Mississippi Occupation (Required) Administration Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/12/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902 Name of Employer (Required) State of Mississippi Occupation (Required) Administration Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902 Name of Employer (Required) State of Mississippi Occupation (Required) Administration Source: Corporation PAC Individual Loan Other (please specify) Full Name Freda Hoda	(Mo., Day, Year) 01/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St City, State, Zip Code Bay Saint Louis, MS 39520-3902 Name of Employer (Required) State of Mississippi Occupation (Required) Administration Source: Corporation PAC Individual Loan Other (please specify) Full Name Freda Hoda Mailing Address 13167 Edwin Ladner Road	(Mo., Day, Year) 01/12/2022 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 Beverly Fioranelli	01/01/2022	\$250.00
Mailing Address 3380 Highway 8		
City, State, Zip Code Cleveland, MS 38732-2049		
Name of Employer (Required) retired		
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
Full Name David L. Hankins	05/16/2022	\$1,000.00
Mailing Address 126 Windridge Drive		
City, State, Zip Code Ripley, MS 38663-9060		
Name of Employer (Required) Hankins Lumber		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)		\$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required)	Year-to-date Date (Mo., Day, Year) 10/11/2022 Aggregate	Amount of each receipt this period \$25,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 10/11/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 10/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael G. Kanosky	Year-to-date Date (Mo., Day, Year) 10/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael G. Kanosky Mailing Address 2121 Eastover Dr	Year-to-date Date (Mo., Day, Year) 10/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Insight LPR LLC	05/10/2022	\$250.00
Mailing Address 8900 Keystone Xing STE 620		
City, State, Zip Code Indianapolis, IN 46240-2131		
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 Sean Wessel	11/14/2022	\$250.00
Mailing Address 200 S Leflore Ave		
City, State, Zip Code Cleveland, MS 38732		
Name of Employer (Required) Quality Steel Corp		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle	(Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle	(Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle City, State, Zip Code Columbus, MS 39705-1148	(Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle City, State, Zip Code Columbus, MS 39705-1148 Name of Employer (Required) Retired	(Mo., Day, Year) 01/23/2022 Aggregate	receipt this period \$200.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle City, State, Zip Code Columbus, MS 39705-1148 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/23/2022 Aggregate Year-to-date Date	receipt this period \$200.00 \$200.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle City, State, Zip Code Columbus, MS 39705-1148 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$200.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle City, State, Zip Code Columbus, MS 39705-1148 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Jamie Woods Duli	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$200.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John P. Koehler Mailing Address 440 Sagamore Circle City, State, Zip Code Columbus, MS 39705-1148 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Jamie Woods Dull Mailing Address 103 Creekwood Drive	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$200.00 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 perlod
Full Name Mike Whatley Honda	01/26/2022	\$1,000.00
Mailing Address P.O. Box 5380		
City, State, Zip Code Brookhaven, MS 39603-5380		
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 recelpt this period
Full Name RDI Corporation	01/20/2022	\$1,000.00
Mailing Address P.O. Box 5457		
City, State, Zip Code Columbus, MS 39704-5457		
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 recelpt this period
Full Name Copart	10/10/2022	\$1,000.00
Mailing Address 4610 WestAmerica Drive		
City, State, Zip Code Fairfield, CA 94534-4186		
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 Charles W. Nicholson Jr.	05/21/2022	\$1,000.00
Mailing Address 321 Westminster Court		
City, State, Zip Code Brandon, MS 39047-7301		
Name of Employer (Required) Community Bank		
Occupation (Required) CEO	Aggregate Year-to-date	\$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 Merit Health River Oaks	12/29/2022	\$5,000.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Tracy Pittman	01/28/2022	\$150.00
Mailing Address 5921 Oak Bayou Lane		
City, State, Zip Code Ocean Springs, MS 39564-8208		
Name of Employer (Required) KDHC		
Occupation (Required) Physician	Aggregate Year-to-date	\$150.00
		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Source: Corporation L PAC L Individual Loan Other (please specify) Marie Sanderson		receipt
Other (please specify) Full Name Marie Sanderson	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place City, State, Zip Code Ocean Springs, MS 39564-3030	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place City, State, Zip Code Ocean Springs, MS 39564-3030 Name of Employer (Required) 50 State Occupation (Required)	(Mo., Day, Year) 12/23/2022 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place City, State, Zip Code Ocean Springs, MS 39564-3030 Name of Employer (Required) 50 State Occupation (Required) Consultant Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/23/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place City, State, Zip Code Ocean Springs, MS 39564-3030 Name of Employer (Required) 50 State Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place City, State, Zip Code Ocean Springs, MS 39564-3030 Name of Employer (Required) 50 State Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Mack Grubbs Mailing Address 6507 Hwy 98 W	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place City, State, Zip Code Ocean Springs, MS 39564-3030 Name of Employer (Required) 50 State Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Mack Grubbs Mailing Address 6507 Hwy 98 W	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$2,500.00 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 Alben Norris Hopkins Sr.	07/08/2022	\$250.00
Mailing Address 2701 24th Avenue		
City, State, Zip Code Gulfport, MS 39501-4941		
Name of Employer (Required) Hopkins Barvie & Hopkins		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Frank A. Davis	05/10/2022	\$2,500.00
Mailing Address 2101 Walnut Dr.		
City, State, Zip Code Corinth, MS 38834-2242		
Name of Employer (Required) Commerce Bank		
Occupation (Required) President	Aggregate	\$2,500.00
Fresident	Year-to-date	
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) Full Name Anna Marie Barnes	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 12/15/2022 Aggregate	receipt this period \$200.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/15/2022 Aggregate Year-to-date Date	receipt this period \$200.00 \$400.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert W. Wilkinson	Date (Mo., Day, Year) 12/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert W. Wilkinson Mailing Address 3630 Pelham Drive	Date (Mo., Day, Year) 12/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	T T	Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name G. Marshall Smith	05/12/2022	\$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
Full Name Avonna Z. Cain	11/29/2022	\$10,000.00
Mailing Address 2352 N Country Club Lane		
City, State, Zip Code Biloxi, MS 39532-3200		
Name of Employer (Required) Generations Health Care		
Occupation (Required) Executive	Aggregate Year-to-date	\$10,000.00
	Tear-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	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 Howard Catchings Mailing Address PO Box 2509	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509 City, State, Zip Code Jackson, MS 39207-2509	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509 City, State, Zip Code Jackson, MS 39207-2509 Name of Employer (Required) Catchings Insurance Agency	Date (Mo., Day, Year) 11/17/2022 Aggregate	receipt this period \$500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509 City, State, Zip Code Jackson, MS 39207-2509 Name of Employer (Required) Catchings Insurance Agency Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509 City, State, Zip Code Jackson, MS 39207-2509 Name of Employer (Required) Catchings Insurance Agency Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509 City, State, Zip Code Jackson, MS 39207-2509 Name of Employer (Required) Catchings Insurance Agency Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Nucor Steel Recyclers of Mississippi PAC	Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard Catchings Mailing Address PO Box 2509 City, State, Zip Code Jackson, MS 39207-2509 Name of Employer (Required) Catchings Insurance Agency Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Nucor Steel Recyclers of Mississippi PAC Mailing Address 3630 Fourth Street	Date (Mo., Day, Year) 11/17/2022 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 recelpt this period
Full Name Brett D, Robbins	10/27/2022	\$1,500.00
Mailing Address 7148 US-98 Suite 101		• 11
City, State, Zip Code	-1	
Haπlesburg, MS 39402		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	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
Full Name George W Butler Jr.	07/11/2022	\$200.00
Mailing Address 2110 Brackenshire Circle		
City, State, Zip Code Jackson, MS 39211-5836		
Name of Employer (Required) Grantham Poole		
Occupation (Required)	Aggregate	\$400.00
CPA	Year-to-date	\$400.00
CPA Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Stacey Kohler Moran Mailing Address 712 Washington Ave	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Stacey Kohler Moran Mailing Address 712 Washington Ave	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Stacey Kohler Moran Mailing Address 712 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4636	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Stacey Kohler Moran Mailing Address 712 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4636 Name of Employer (Required) homemaker	Date (Mo., Day, Year) 10/12/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Stacey Kohler Moran Mailing Address 712 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4636 Name of Employer (Required) homemaker Occupation (Required) Homemaker Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Stacey Kohler Moran Mailing Address 712 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4636 Name of Employer (Required) homemaker Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Tother (please specify) LLC	Date (Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Stacey Kohler Moran Mailing Address 712 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4636 Name of Employer (Required) homemaker Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name J Abbott LLC	Date (Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Stacey Kohler Moran Mailing Address 712 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4636 Name of Employer (Required) homemaker Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name J Abbott LLC Mailing Address PO Box 238	Date (Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	D. C.	Amount of each
	Date (Mo., Day, Year)	recelpt this period
Other (please specify)		
Full Name Jamie Holder	09/16/2022	\$1,000.00
Mailing Address 523 Highway 528		
City, State, Zip Code Bay Springs, MS 39422-4825		
Name of Employer (Required) Hol-Mac Corporation		
Occupation (Required) Manager	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Louis Zemek	01/20/2022	\$50.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$50.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Manufacturers Association PAC	12/16/2022	\$5,000.00
Mailing Address 720 N President St		
City, State, Zip Code Jackson, MS 39202-3004		
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 Robert R. Kane	01/18/2022	\$1,000.00
Mailing Address 202 S Toulme Street		
City, State, Zip Code Bay St Louis, MS 39520-4444		
Name of Employer (Required) John McDonald Realty		
Occupation (Required)	Aggregate	

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Rush	08/09/2022	\$250.00
Mailing Address 3117 Poplar Springs Drive		
City, State, Zip Code Meridian, MS 39305-4633		
Name of Employer (Required) Self		
Occupation (Required) Artist	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 Jerry Horn	04/27/2022	\$200.00
Mailing Address 1020 Farley Road		
City, State, Zip Code Byhalia, MS 38611-8940		
Name of Employer (Required) Self		
5611		
Occupation (Required) Veterinarian	Aggregate Year-to-date	\$200.00
Occupation (Required)		\$200.00 Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130 City, State, Zip Code Houston, TX 77219-0130	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130 City, State, Zip Code Houston, TX 77219-0130 Name of Employer (Required) Silver Eagle Distributors Occupation (Required)	Year-to-date Date (Mo., Day, Year) 04/14/2022 Aggregate	Amount of each receipt this period \$25,000.00
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130 City, State, Zip Code Houston, TX 77219-0130 Name of Employer (Required) Silver Eagle Distributors Occupation (Required) President Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 04/14/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130 City, State, Zip Code Houston, TX 77219-0130 Name of Employer (Required) Silver Eagle Distributors Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 04/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130 City, State, Zip Code Houston, TX 77219-0130 Name of Employer (Required) Silver Eagle Distributors Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name John Kirkham Povall	Year-to-date Date (Mo., Day, Year) 04/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Occupation (Required) Veterinarian Source: Corporation PAC Individual Loan Other (please specify) Full Name John L. Nau III Mailing Address PO Box 130130 City, State, Zip Code Houston, TX 77219-0130 Name of Employer (Required) Silver Eagle Distributors Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name John Kirkham Povall Mailing Address 408 S Bolivar Avenue	Year-to-date Date (Mo., Day, Year) 04/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$25,000.00 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
Other (please specify) LLC		tilla period
Full Name Mcninch Law Firm PLLC	05/10/2022	\$250.00
Mailing Address 503 Avalon Way STE A		
City, State, Zip Code Brandon, MS 39047-7506		
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 recelpt this period
Full Name LMS, INC	05/03/2022	\$500.00
Mailing Address 806 Washington Ave		
City, State, Zip Code Ocean Springs, MS 39564-4638		
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 Bill Benson	08/24/2022	\$1,000.00
Mailing Address PO Box 7127		
City, State, Zip Code Tupelo, MS 38802-7127		
Name of Employer (Required) Lee County		
Occupation (Required) Clerk	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 Knox W. Ross Jr.	04/26/2022	\$250.00
Mailing Address PO Box 369		
City, State, Zip Code Pelahatchie, MS 39145-0369		
Name of Employer (Required) Ross & Betts		
Occupation (Required) CPA	Aggregate Year-to-date	\$500.00

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		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)		uno portos
Full Name John Heggins	11/28/2022	\$500.00
Mailing Address 197 Still Dr.		
City, State, Zip Code Vicksburg, MS 39180-8932		
Name of Employer (Required) Warren County		
Occupation (Required) Constable	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Jerry S. Fitch	12/01/2022	\$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	\$2,000.00
ENOUGHTS	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd City, State, Zip Code Hattiesburg, MS 39402-1728	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd City, State, Zip Code Hattiesburg, MS 39402-1728 Name of Employer (Required) Hattiesburg Clinic	Date (Mo., Day, Year) 10/10/2022 Aggregate	Amount of each receipt this period \$1,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd City, State, Zip Code Hattiesburg, MS 39402-1728 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/10/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd City, State, Zip Code Hattiesburg, MS 39402-1728 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd City, State, Zip Code Hattiesburg, MS 39402-1728 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Somprasong Songcharoen	Date (Mo., Day, Year) 10/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Hrom Mailing Address 3 Quail Hollow Rd City, State, Zip Code Hattiesburg, MS 39402-1728 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Somprasong Songcharoen Mailing Address 2 Deerfield Dr	Date (Mo., Day, Year) 10/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 John M. Fitzpatrick	10/26/2022	\$1,500.00
Mailing Address 1003 S 34th Avenue		
City, State, Zip Code Hattiesburg, MS 39402-3002		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physican	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
Full Name Herbert J. Peterson III	05/10/2022	\$5,000.00
Mailing Address 198 Henderson Rd		
City, State, Zip Code Corinth, MS 38834-1418		
Name of Employer (Required) CMS Management LLC		
Occupation (Required) Management	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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Eric J. Pearson		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Eric J. Pearson	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 12/18/2022 Aggregate	receipt this period \$50.00
Other (please specify) Full Name	(Mo., Day, Year) 12/18/2022 Aggregate Year-to-date Date	receipt this period \$50.00 \$350.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 12/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$350.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 12/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$350.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 12/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$350.00 Amount of each receipt this period

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Name of Candidate	or Committee
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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 J. Rick Carter Sr.	05/12/2022	\$5,000.00
Mailing Address 4908 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$7,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Signy Givens	10/13/2022	\$250.00
Mailing Address 103 Lauderdale Cove		
City, State, Zip Code Senatobia, MS 38668-2935		
Name of Employer (Required) N/A		
	Aggregate	
Occupation (Required) Retired	Year-to-date	\$250.00
Retired Source: Corporation PAC Individual Loan		\$250.00 Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name HDI Solutions, LLC Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name HDI Solutions, LLC Mailing Address 4316 US-29	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name HDI Solutions, LLC Mailing Address 4316 US-29 City, State, Zip Code Auburn, AL 36832	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name HDI Solutions, LLC Mailing Address 4316 US-29 City, State, Zip Code Auburn, AL 36832 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 11/18/2022 Aggregate	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name HDI Solutions, LLC Mailing Address 4316 US-29 City, State, Zip Code Auburn, AL 36832 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 11/18/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name HDI Solutions, LLC Mailing Address 4316 US-29 City, State, Zip Code Auburn, AL 36832 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 11/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name HDI Solutions, LLC Mailing Address 4316 US-29 City, State, Zip Code Auburn, AL 36832 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Parker Pugh	Year-to-date Date (Mo., Day, Year) 11/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 HDI Solutions, LLC Mailing Address 4316 US-29 City, State, Zip Code Auburn, AL 36832 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Parker Pugh Mailing Address 1706 Washington Ave	Year-to-date Date (Mo., Day, Year) 11/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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	Amount of each
Date (Mo., Day, Year)	receipt this period
	title better
01/27/2022	\$500.00
Aggregate Year-to-date	\$500.00
Date (Mo., Day, Year)	Amount of each receipt this period
01/20/2022	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
08/31/2022	\$15,000.00
Aggregate Year-to-date	\$20,000.00
	\$20,000.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
	Aggregate Year-to-date Date (Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name James R. Butcher	11/08/2022	\$5,000.00
Mailing Address 2042 Desmond Cv		
City, State, Zip Code Germantown, TN 38139-4203		
Name of Employer (Required) Horne		
Occupation (Required) CPA	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 Julius A. Willis Jr.	09/30/2022	\$250.00
Mailing Address 1207 Driftwood Street		
City, State, Zip Code Pascagoula, MS 39567-7545		
Name of Employer (Required) Willis and Associates		
Occupation (Required) Physician	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name John Taylor Paschal	06/30/2022	\$1,000.00
Mailing Address PO Box 514		
City, State, Zip Code Louisville, MS 39339-0514		
Name of Employer (Required) Temtco Steel		
Occupation (Required) Executive	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 Mary E. Copeland	04/19/2022	\$250.00
Mailing Address 1120 Independence Blvd		
City, State, Zip Code		
Flowood, MS 39232-3330		
Flowood, MS 39232-3330 Name of Employer (Required) Retired		

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Name of Candidate	or Committee
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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 D. Garraway	02/12/2022	\$500.00
Mailing Address PO Box 4024		
City, State, Zip Code Madison, MS 39130-4024		
Name of Employer (Required) Self		
Occupation (Required) Garraway Appraisal Partners	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 H. Larry Fortenberry	11/02/2022	\$250.00
Mailing Address PO Box 16566		
City, State, Zip Code Jackson, MS 39236-6566		
Name of Employer (Required) Self		
Occupation (Required) CPA/Insurance 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
Source: Corporation PAC Individual Loan Other (please specify) Full Name William Randy James		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Randy James	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Randy James Mailing Address 217 W Capitol Street Suite 201	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Randy James Mailing Address 217 W Capitol Street Suite 201 City, State, Zip Code Jackson, MS 39201-2004	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Randy James Mailing Address 217 W Capitol Street Suite 201 City, State, Zip Code Jackson, MS 39201-2004 Name of Employer (Required) Pruet Oil Occupation (Required)	(Mo., Day, Year) 11/17/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name William Randy James 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 Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name William Randy James 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 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 William Randy James 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey R. Benzing	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 William Randy James 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey R. Benzing Mailing Address 925 E Scenic Dr.	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 Rick Barry	08/09/2022	\$500.00
Mailing Address 5141 Windsor Road		
City, State, Zip Code Meridian, MS 39305-9394		
Name of Employer (Required) Barry, Thaggard, May & Bailey		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name James A. Curtis	05/10/2022	\$500.00
Mailing Address 130 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) Curtis Communications		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael L. Hatcher		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher Malling Address 12841 Old Country Cove	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Michael L. Hatcher Malling Address 12841 Old Country Cove	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher Malling Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher Malling Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc.	(Mo., Day, Year) 05/16/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Michael L. Hatcher Malling Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) PAC Individual Loan	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Michael L. Hatcher Malling Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/16/2022 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 Michael L. Hatcher Malling Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Christopher Douglas	(Mo., Day, Year) 05/16/2022 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 Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Christopher Douglas Mailing Address 12 Montclaire Ct.	(Mo., Day, Year) 05/16/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		
Louis Zemek	05/08/2022	\$100.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Kane Ditto	11/15/2022	\$1,000.00
Mailing Address PO Box 13925		
City, State, Zip Code Jackson, MS 39236-3925		
Name of Employer (Required) State Street Group LLC		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Wade Creekmore Jr.	12/08/2022	\$5,000.00
Mailing Address 2137 Heritage Hill Dr		
City, State, Zip Code Jackson, MS 39211-5820		
Name of Employer (Required) Telapex Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
		·-
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify) Full Name Baptist Making Healthier Communities	(Mo., Day, Year)	this period
Other (please specify) Full Name Baptist Making Healthier Communities Mailing Address 7315 Wind Dr	(Mo., Day, Year)	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		uns period
David C. Majure II	07/28/2022	\$500.00
Mailing Address 4900 Poplar Springs Dr. STE 14		
City, State, Zip Code Meridian, MS 39305-1610		
Name of Employer (Required) Fred's		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Gary Parker III	01/19/2022	\$100.00
Mailing Address 102 Belle Meade Blvd		
City, State, Zip Code Flowood, MS 39232-9021		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Kimberly J. Fritz	01/26/2022	\$100.00
Mailing Address 765 Destiny Plantation Blvd.		
City, State, Zip Code Biloxi, MS 39532-4603		
Name of Employer (Required) Fritz Development		
Occupation (Required) Contractor	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C.G. Carter	11/14/2022	\$250.00
Mailing Address		
551 N First St		
551 N First St City, State, Zip Code Rolling Fork, MS 39159-2215		
551 N First St		

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Poth A Watte	07/08/2022	\$100.00
Belly A. Walls	0.735.25	
Mailing Address PO Box 1646		
City, State, Zip Code Oxford, MS 38655-1646		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Physicians PAC	01/24/2022	\$1,000.00
Mailing Address 404 W Parkway Pl		
City, State, Zip Code Ridgeland, MS 39157-6010		
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 Gulf Coast Restaurant Group	08/29/2022	\$1,000.00
Mailing Address P.O. Box 6249		
City, State, Zip Code Gulfport, MS 39506-6249		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Puckett Machinery Company	12/01/2022	\$1,000.00
Mailing Address PO Box 321033		
City, State, Zip Code Flowood, MS 39232-1033		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Terry L. Caves	09/16/2022	\$1,000.00
Mailing Address 29 Windermere Blvd		
City, State, Zip Code Laurel, MS 39443-1808		
Name of Employer (Required) Self		
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 William Pierce Brown IV	11/29/2022	\$2,500.00
Mailing Address 35200 Hwy 442		
City, State, Zip Code Schlater, MS 38952		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	
Farmer	Year-to-date	\$2,500.00
Farmer Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	\$2,500.00 Amount of each receipt this period
Farmer Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shannon Strunk Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shannon Strunk Mailing Address 3001 Beach Boulevard	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shannon Strunk Mailing Address 3001 Beach Boulevard City, State, Zip Code Pascagoula, MS 39567-7515 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shannon Strunk Mailing Address 3001 Beach Boulevard City, State, Zip Code Pascagoula, MS 39567-7515 Name of Employer (Required) Baber's Inc Occupation (Required)	Date (Mo., Day, Year) 04/23/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shannon Strunk Mailing Address 3001 Beach Boulevard City, State, Zip Code Pascagoula, MS 39567-7515 Name of Employer (Required) Baber's Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/23/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Shannon Strunk Mailing Address 3001 Beach Boulevard City, State, Zip Code Pascagoula, MS 39567-7515 Name of Employer (Required) Baber's Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 04/23/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Shannon Strunk Mailing Address 3001 Beach Boulevard City, State, Zip Code Pascagoula, MS 39567-7515 Name of Employer (Required) Baber's Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Watkins & Eager, PLLC	Date (Mo., Day, Year) 04/23/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Shannon Strunk Mailing Address 3001 Beach Boulevard City, State, Zip Code Pascagoula, MS 39567-7515 Name of Employer (Required) Baber's Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Watkins & Eager, PLLC Mailing Address P.O. Box 650	Date (Mo., Day, Year) 04/23/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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
Full Name Billy L. Pierce	12/15/2022	\$200.00
Mailing Address 4037 Old Highway 15		
City, State, Zip Code Decatur, MS 39327-9362		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$650.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Art Favre	01/08/2022	\$25,000.00
Mailing Address PO Box 82285		
City, State, Zip Code Baton Rouge, LA 70884-2285		
Name of Employer (Required) Performance Contractors, Inc.		
Occupation (Required) Chairman	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Fayard Jr.	11/22/2022	\$1,000.00
Mailing Address P.O. Box 2189		
City, State, Zip Code Gulfport, MS 39505-2189		
Name of Employer (Required) John Fayard Moving & Warehousing LLC		
Occupation (Required) President	Aggregate Year-to-date	\$2,100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cable PAC MCTA	12/22/2022	\$1,000.00
Mailing Address PO Box 55867		
City, State, Zip Code Jackson, MS 39296-5867		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Charles Weissinger Jr.	11/08/2022	\$1,000.00
Mailing Address PO Box 215		
City, State, Zip Code Rolling Fork, MS 39159-0215		
Name of Employer (Required) Self		
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 Paige Carter	08/29/2022	\$5,000.00
Mailing Address 1892 Courtney Lane		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) Team Waste LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Jon D. Stevenson	10/17/2022	\$250.00
Mailing Address 6814 Crumpler Blvd STE 200		
City, State, Zip Code Olive Branch, MS 38654-1995		
Name of Employer (Required) Self		
Occupation (Required) Builder	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Jones Walker, LLP	(Mo., Day, Year)	this period \$2,500.00
Full Name		
Full Name Jones Walker, LLP Mailing Address		
Full Name Jones Walker, LLP Mailing Address PO Box 427 City State Zip Code		

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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 Garriga	12/13/2022	\$1,000.00
Mailing Address 126 Herons Circle		
City, State, Zip Code Ridgeland, MS 39157-8501		
Name of Employer (Required) Butler Snow		
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 Tommy C. Murphy	12/15/2022	\$1,000.00
Mailing Address 122 Bay View Ct.		
City, State, Zip Code Bay Saint Louis, MS 39520		
Name of Employer (Required) Mississippi Power		
Occupation (Required) Coast Division Manager	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Int Dean Rhodes		receipt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name In Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 03/16/2022 Aggregate	recelpt this period \$250.00
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 03/16/2022 Aggregate Year-to-date Date	recelpt this period \$250.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 03/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove	(Mo., Day, Year) 03/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Iri Dean Rhodes Mailing Address 107 AIRLINE TER City, State, Zip Code Pearl, MS 39208-4202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove	(Mo., Day, Year) 03/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$500.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name R. Wilson Montjoy II	12/12/2022	\$1,000.00
Mailing Address 202 Agency Burn		
City, State, Zip Code Ridgeland, MS 39157-9740		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 Mark D. Mavar	01/26/2022	\$1,000.00
Mailing Address PO Box 730		
City, State, Zip Code Biloxi, MS 39533-0730		
Name of Employer (Required) Biloxi Freezing & Processing, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
	Tear-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ounce. — corporation — trio — management	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Gother (please specify) Full Name Dave Pace Mailing Address PO Box 727	Date (Mo., Day, Year)	receipt this period
Gother (please specify) Full Name Dave Pace Mailing Address PO Box 727	Date (Mo., Day, Year)	receipt this period
Gother (please specify) Full Name Dave Pace Mailing Address PO Box 727 City, State, Zip Code Brookhaven, MS 39602-0727	Date (Mo., Day, Year)	receipt this period
Gother (please specify) Full Name Dave Pace Mailing Address PO Box 727 City, State, Zip Code Brookhaven, MS 39602-0727 Name of Employer (Required) Brookhaven Monument Company Decupation (Required)	Date (Mo., Day, Year) 02/18/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Dave Pace Mailing Address PO Box 727 City, State, Zip Code Brookhaven, MS 39602-0727 Name of Employer (Required) Brookhaven Monument Company Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 02/18/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Dave Pace Mailing Address PO Box 727 City, State, Zip Code Brookhaven, MS 39602-0727 Name of Employer (Required) Brookhaven Monument Company Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 02/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Dave Pace Mailing Address PO Box 727 City, State, Zip Code Brookhaven, MS 39602-0727 Name of Employer (Required) Brookhaven Monument Company Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Wier Boerner Allin Architecture, PLLC	Date (Mo., Day, Year) 02/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Dave Pace Mailing Address PO Box 727 City, State, Zip Code Brookhaven, MS 39602-0727 Name of Employer (Required) Brookhaven Monument Company Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Wier Boerner Allin Architecture, PLLC Mailing Address 2727 Old Canton Rd. Ste 200	Date (Mo., Day, Year) 02/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles A. McClintock	09/17/2022	\$500.00
Mailing Address 115 Devlin Lane		
City, State, Zip Code Madison, MS 39110-6553		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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 Ted Kendall IV	11/08/2022	\$250.00
Mailing Address PO Box 505		
City, State, Zip Code Bolton, MS 39041-0505		
Name of Employer (Required) Gaddis Farms		
Occupation (Required) Farmer	Aggregate Year-to-date	\$250.00
	THE RESERVE THE PERSON NAMED IN COLUMN 2 I	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Cory Custer		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424	(Mo., Day, Year)	recelpt this period
Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424	(Mo., Day, Year)	recelpt this period
Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424 City, State, Zip Code Jackson, MS 39216-0006	(Mo., Day, Year)	recelpt this period
City, State, Zip Code Jackson, MS 39216-0006 Name of Employer (Required) State of MS	(Mo., Day, Year) 12/31/2022 Aggregate	recelpt this period \$250.00
Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424 City, State, Zip Code Jackson, MS 39216-0006 Name of Employer (Required) State of MS Occupation (Required) Deputy Chief of Staff, External Affairs Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/31/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424 City, State, Zip Code Jackson, MS 39216-0006 Name of Employer (Required) State of MS Occupation (Required) Deputy Chief of Staff, External Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC	(Mo., Day, Year) 12/31/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424 City, State, Zip Code Jackson, MS 39216-0006 Name of Employer (Required) State of MS Occupation (Required) Deputy Chief of Staff, External Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Southern Crop LLC	(Mo., Day, Year) 12/31/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Cory Custer Mailing Address 1855 Lakeland Dr. Apt 424 City, State, Zip Code Jackson, MS 39216-0006 Name of Employer (Required) State of MS Occupation (Required) Deputy Chief of Staff, External Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Southern Crop LLC Mailing Address 17732 Highland Road STE G Box 140	(Mo., Day, Year) 12/31/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 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 perlod
Full Name Richard Adkerson	10/10/2022	\$25,000.00
Mailing Address 333 N Central Ave		
City, State, Zip Code Phoenix, AZ 85004-2189		
Name of Employer (Required) Freeport-McMoRan Copper & Gold, Inc.		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Harley H. Caldwell	11/28/2022	\$250.00
Mailing Address 2170 I-20 South Frontage Road		
City, State, Zip Code Vicksburg, MS 39180		
Name of Employer (Required) Self		
Occupation (Required) Realtor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Tenax Aerospace, LLC	(Mo., Day, Year)	this period \$5,000.00
Euil Name		
Full Name Tenax Aerospace, LLC		
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City State Zip Code		
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City, State, Zip Code Madison, MS 39110-2021		
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City, State, Zip Code Madison, MS 39110-2021 Name of Employer (Required)	12/20/2022 Aggregate	\$5,000.00
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City, State, Zip Code Madison, MS 39110-2021 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$5,000.00 \$5,000.00 Amount of each receipt
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City, State, Zip Code Madison, MS 39110-2021 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City, State, Zip Code Madison, MS 39110-2021 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Paul Beck	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Full Name Tenax Aerospace, LLC Mailing Address 124 One Madison Plaza STE 2100 City, State, Zip Code Madison, MS 39110-2021 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Paul Beck Mailing Address 106 Seventeen Place	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 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
Other (please specify)		
Full Name Council Of Insurance Agents & Brokers PAC	09/23/2022	\$5,000.00
Mailing Address 701 Pennsylvania Ave NW Ste 750		
City, State, Zip Code Washington, DC 20004-2661		
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 Mississippi Premier Plastic Surgery PLLC	07/07/2022	\$5,000.00
Mailing Address 160 Fountains Blvd		
City, State, Zip Code Madison, MS 39110-6366		
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
Source: Corporation PAC Individual Loan Other (please specify) T.H. Kendall III		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T.H. Kendall III Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T.H. Kendall III Mailing Address PO Box 96	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T.H. Kendall III Mailing Address PO Box 96 City, State, Zip Code Bolton, MS 39041-0096	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T.H. Kendall III Mailing Address PO Box 96 City, State, Zip Code Bolton, MS 39041-0096 Name of Employer (Required) Gaddis Farms	(Mo., Day, Year) 11/21/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name T.H. Kendall III Mailing Address PO Box 96 City, State, Zip Code Bolton, MS 39041-0096 Name of Employer (Required) Gaddis Farms Occupation (Required) Farmer/Banker Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name T.H. Kendall III Mailing Address PO Box 96 City, State, Zip Code Bolton, MS 39041-0096 Name of Employer (Required) Gaddis Farms Occupation (Required) Farmer/Banker 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 T.H. Kendall III Mailing Address PO Box 96 City, State, Zip Code Bolton, MS 39041-0096 Name of Employer (Required) Gaddis Farms Occupation (Required) Farmer/Banker Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Brent Tice	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 T.H. Kendall III Mailing Address PO Box 96 City, State, Zip Code Bolton, MS 39041-0096 Name of Employer (Required) Gaddis Farms Occupation (Required) Farmer/Banker Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Brent Tice Mailing Address PO Box 458	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) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mayor Carolyn McAdams Campaign Fund	11/29/2022	\$300.00
Mailing Address PO Box 150		
City, State, Zip Code Greenwood, MS 38935-0150		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raymond Y. Whitehead	10/12/2022	\$1,500.00
Mailing Address 630 Tatum Camp Rd		
City, State, Zip Code Purvis, MS 39475-3354		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,500.00
Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)		\$1,500.00 Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required)	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate	Amount of each receipt this period \$100.00
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph C. Canizaro	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph C. Canizaro Mailing Address 909 Poydras St Ste 1700	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required)	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate	Amount of each receipt this period \$100.00
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date	Amount of each receipt this period \$100.00
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date	Amount of each receipt this period \$100.00 \$200.00 Amount of each
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph C. Canizaro	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph C. Canizaro Mailing Address 909 Poydras St Ste 1700	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph C. Canizaro Mailing Address 909 Poydras St Ste 1700 City, State, Zip Code New Orleans, LA 70112-4010	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Malling Address 27020 Road 221 City, State, Zip Code Picayune, MS 39466-8515 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph C. Canizaro Mailing Address 909 Poydras St Ste 1700 City, State, Zip Code New Orleans, LA 70112-4010	Year-to-date Date (Mo., Day, Year) 07/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$200.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Cottlet (blease specify)		
Full Name Vicksburg Forest Products LLC	11/21/2022	\$1,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
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 perlod
Full Name Jeff B. Roberts	02/11/2022	\$250.00
Mailing Address PO Box 140		
City, State, Zip Code Port Gibson, MS 39150-0140		
Name of Employer (Required) Retired		
Occupation (Required) Retired MHP	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lane Armstrong		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lane Armstrong	(Mo., Day, Year)	receipt this period
Full Name Lane Armstrong Mailing Address 4706 N. Harper Road	(Mo., Day, Year)	receipt this period
City, State, Zip Code Corinth, MS 38834-7070 Cother (please specify) Lane Armstrong 4706 N. Harper Road City, State, Zip Code Corinth, MS 38834-7070	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lane Armstrong Mailing Address 4706 N. Harper Road City, State, Zip Code Corinth, MS 38834-7070 Name of Employer (Required) Self	(Mo., Day, Year) 05/10/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Lane Armstrong Mailing Address 4706 N. Harper Road City, State, Zip Code Corinth, MS 38834-7070 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Lane Armstrong Mailing Address 4706 N. Harper Road City, State, Zip Code Corinth, MS 38834-7070 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 Lane Armstrong Mailing Address 4706 N. Harper Road City, State, Zip Code Corinth, MS 38834-7070 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William S. Ayres Jr.	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 Lane Armstrong Mailing Address 4706 N. Harper Road City, State, Zip Code Corinth, MS 38834-7070 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William S. Ayres Jr. Mailing Address 755 S. Washington Ave.	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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Name of Candidate	or Committee	Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	
Keporung Feriod				

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Somprasong Songcharoen	07/28/2022	\$2,500.00
Mailing Address 2 Deerfield Dr		
City, State, Zip Code Madison, MS 39110-9749		
Name of Employer (Required) Mississippi Premier Plastic Surgery		
Occupation (Required) Physican	Aggregate Year-to-date	\$2,750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven L. Cole	11/21/2022	\$2,800.00
Mailing Address 143 Harper St.		
City, State, Zip Code Ridgeland, MS 39157-8675		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	AC 000 00
Physician	Year-to-date	\$2,800.00
Physician Source: Corporation PAC Individual Loan		Amount of each receipt this period
Physician	Year-to-date Date	Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646 City, State, Zip Code Oxford, MS 38655-1646	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646 City, State, Zip Code Oxford, MS 38655-1646 Name of Employer (Required) Retired Occupation (Required)	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate	Amount of each receipt this period \$200.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646 City, State, Zip Code Oxford, MS 38655-1646 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$200.00 \$400.00 Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646 City, State, Zip Code Oxford, MS 38655-1646 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646 City, State, Zip Code Oxford, MS 38655-1646 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name William V Cork	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty A. Watts Mailing Address PO Box 1646 City, State, Zip Code Oxford, MS 38655-1646 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name William V Cork Mailing Address 304 Ballentine St	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$400.00 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 Robert F. Fortier	05/16/2022	\$1,000.00
Mailing Address PO Box 237		
City, State, Zip Code Ripley, MS 38663-0237		
Name of Employer (Required) Ripley Insurance		
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 recelpt this period
Full Name Weyerhaeuser NR Company	10/14/2022	\$1,000.00
Mailing Address 220 Occidental Ave S		
City, State, Zip Code Seattle, WA 98104-3120		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	Ψ1,500.00
Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road City, State, Zip Code Terry, MS 39170-7197	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road City, State, Zip Code Terry, MS 39170-7197 Name of Employer (Required) Greenfield Family Healthcare	Date (Mo., Day, Year) 12/04/2022 Aggregate	Amount of each receipt this period \$500,00
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road City, State, Zip Code Terry, MS 39170-7197 Name of Employer (Required) Greenfield Family Healthcare Occupation (Required) Physician Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/04/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$600.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road City, State, Zip Code Terry, MS 39170-7197 Name of Employer (Required) Greenfield Family Healthcare Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$600.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road City, State, Zip Code Terry, MS 39170-7197 Name of Employer (Required) Greenfield Family Healthcare Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas E. Sasser	Date (Mo., Day, Year) 12/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$600.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk Mailing Address 5432 Parsons Road City, State, Zip Code Terry, MS 39170-7197 Name of Employer (Required) Greenfield Family Healthcare Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas E. Sasser Mailing Address 1684 Calvary Dr. Sw	Date (Mo., Day, Year) 12/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$600.00 Amount of each receipt this period

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Name of Candidate	or Committee	Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tilis period
Full Name Mary Catherine Blackwell	04/04/2022	\$500.00
Mailing Address 104 Carlyle Dr		
City, State, Zip Code Madison, MS 39110-6599		
Name of Employer (Required) Eli Lilly and Company		
Occupation (Required) Pharmaceutical Sales	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 Lloyd N. Nicaud	01/26/2022	\$500.00
Mailing Address 724 Dunbar Ave		
City, State, Zip Code Bay Saint Louis, MS 39520-2918		
Name of Employer (Required) Main Street Limited LLC		
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 Roderick Moore	05/10/2022	\$400.00
Full Name	05/10/2022	\$400.00
Full Name Roderick Moore	05/10/2022	\$400.00
Full Name Roderick Moore Mailing Address 103 Pelican PL. City, State, Zin Code	05/10/2022	\$400.00
Full Name Roderick Moore Mailing Address 103 Pelican PL. City, State, Zip Code Brandon, MS 39047-6462	05/10/2022 Aggregate Year-to-date	\$400.00 \$400.00
Full Name Roderick Moore Mailing Address 103 Pelican PL. City, State, Zip Code Brandon, MS 39047-6462 Name of Employer (Required) Southern Farm Bureau Occupation (Required)	Aggregate	
Full Name Roderick Moore Mailing Address 103 Pelican PL. City, State, Zip Code Brandon, MS 39047-6462 Name of Employer (Required) Southern Farm Bureau Occupation (Required) Vice President Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$400.00 Amount of each recelpt
Mailing Address 103 Pelican PL. City, State, Zip Code Brandon, MS 39047-6462 Name of Employer (Required) Southern Farm Bureau Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$400.00 Amount of each recelpt this period
Full Name Roderick Moore Mailing Address 103 Pelican PL. City, State, Zip Code Brandon, MS 39047-6462 Name of Employer (Required) Southern Farm Bureau Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name Lassiter Homes	Aggregate Year-to-date Date (Mo., Day, Year)	\$400.00 Amount of each recelpt this period
Full Name Roderick Moore Mailing Address 103 Pelican PL. City, State, Zip Code Brandon, MS 39047-6462 Name of Employer (Required) Southern Farm Bureau Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name Lassiter Homes Mailing Address 10725 Hwy 63	Aggregate Year-to-date Date (Mo., Day, Year)	\$400.00 Amount of each recelpt this period

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ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony Jeff	04/19/2022	\$250.00
Mailing Address 805 Leeds Court		
City, State, Zip Code Madison, MS 39110-7336		
Name of Employer (Required) Innovate Mississippi		
Occupation (Required) CEO	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 John Dean Jr.	11/11/2022	\$1,000.00
Mailing Address 114 S Deer Creek Drive W		
City, State, Zip Code Leland, MS 38756-3128		
Name of Employer (Required) Dean Land & Reality Company		
Occupation (Required) Owner	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 Parish Transport Logistics LLC	08/02/2022	\$1,500.00
Mailing Address PO Box 159		
City, State, Zip Code Ellisville, MS 39437-0159		
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
Full Name Endom Welding & Trailer Repair Inc.	08/18/2022	\$500.00
Establish training and an arrangement of the state of the		
Mailing Address PO Drawer 10		
Mailing Address PO Drawer 10		
Mailing Address PO Drawer 10		

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Name of Candidate or Committee		Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory C. Rader	10/27/2022	\$25,000.00
Mailing Address 150 Briarbend Drive		
City, State, Zip Code Columbus, MS 39705-1472		
Name of Employer (Required) Columbus Recycling		
Occupation (Required) President	Aggregate Year-to-date	\$30,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony Sheffield	09/12/2022	\$2,500.00
Mailing Address 3700 Claypond Road		
City, State, Zip Code Myrtle Beach, SC 29579-7330		
Name of Employer (Required) Canfor Southern Pine		
Occupation (Required) President	Aggregate	\$2,500.00
Freddelit	Year-to-date	42,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Pear-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Malling Address PO Box 10528 City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Malling Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Malling Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) Pilot Travel Occupation (Required)	Date (Mo., Day, Year) 10/14/2022 Aggregate	Amount of each receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Malling Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) Pilot Travel Occupation (Required) CEO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/14/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Malling Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) Pilot Travel Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Malling Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) Pilot Travel Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Jack T. Savely	Date (Mo., Day, Year) 10/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Haslam III Mailing Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) Pilot Travel Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Jack T. Savely Mailing Address 158 Berryhill Cove	Date (Mo., Day, Year) 10/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Cronin	04/25/2022	\$1,000.00
Mailing Address 105 Surgeres Place		
City, State, Zip Code Ocean Springs, MS 39564-3030		
Name of Employer (Required) Charter Bank		
Occupation (Required) Banker	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 Byron Seward	11/17/2022	\$1,000.00
Mailing Address 140 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	\$1,000.00
Farmer	Year-to-date	
Source: Corporation PAC Individual Loan	Pear-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Neilsen	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148 City, State, Zip Code Vicksburg, MS 39180	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148 City, State, Zip Code Vicksburg, MS 39180 Name of Employer (Required) N/A Occupation (Required)	Date (Mo., Day, Year) 12/21/2022 Aggregate	Amount of each recelpt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148 City, State, Zip Code Vicksburg, MS 39180 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148 City, State, Zip Code Vicksburg, MS 39180 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148 City, State, Zip Code Vicksburg, MS 39180 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Jack H. Winstead Mailing Address 214 Arbor Trail	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Nancy Neilsen Mailing Address 3412 Pemberton Blvd STE 2-148 City, State, Zip Code Vicksburg, MS 39180 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Jack H. Winstead Mailing Address 214 Arbor Trail	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Name of Candidate	or Committee
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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 Kenneth F. Martin	04/26/2022	\$500.00
Mailing Address 951 Cato Road		
City, State, Zip Code Mendenhall, MS 39114-4450		
Name of Employer (Required) MarCal, 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 Aimee Dunn	11/17/2022	\$2,500.00
Mailing Address 9337 County Road 142		
City, State, Zip Code Itta Bena, MS 38941		
Name of Employer (Required) Sims Realty & Development		
Occupation (Required) Realtor	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Joseph Marshall	04/06/2022	\$25,000.00
Mailing Address 4390 East Dr.		
City, State, Zip Code Belden, MS 38826-9596		
Name of Employer (Required) Self		
Occupation (Required) Automobile Dealer	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John M Luckett	02/01/2022	\$250.00
Mailing Address 502 Brame Road		
City, State, Zip Code Ridgeland, MS 39157-9734		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Lehman-Roberts Company	12/19/2022	\$1,000.00
Mailing Address PO Box 1603		
City, State, Zip Code Memphis, TN 38101-1603		
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 Daniel Dare	11/28/2022	\$250.00
Mailing Address 1 Hunter Hill Road		
City, State, Zip Code Vicksburg, MS 39183-8791		
Name of Employer (Required) Merit Health	=======================================	
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charlie Thomas III		receipt
Other (please specify) Full Name Charlie Thomas III Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098 Name of Employer (Required) Shuqualak Lumber Company Occupation (Required)	(Mo., Day, Year) 06/08/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098 Name of Employer (Required) Shuqualak Lumber Company Occupation (Required) Vice President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/08/2022 Aggregate Year-to-date Date	\$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098 Name of Employer (Required) Shuqualak Lumber Company Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098 Name of Employer (Required) Shuqualak Lumber Company Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Azar	(Mo., Day, Year) 06/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Charlie Thomas III Mailing Address PO Box 98 City, State, Zip Code Shuqualak, MS 39361-0098 Name of Employer (Required) Shuqualak Lumber Company Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Azar Mailing Address 2043 Audubon Place	(Mo., Day, Year) 06/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 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 Xan Robertson	11/29/2022	\$1,000.00
Mailing Address 3305 Old Highway 61 S		
City, State, Zip Code Leland, MS 38756-9797		
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 Howard Alan Hurst	07/06/2022	\$250.00
Mailing Address 16784 E Main St.		
City, State, Zip Code Louisville, MS 39339-2751		
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
Full Name Wayne Washington	08/25/2022	\$500.00
Mailing Address 2301 Country Club Rd		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required) Washington Insurance Agency		
Occupation (Required) President	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 Jeffery N. Vanderpool	12/05/2022	\$5,000.00
Mailing Address 702 Monk Road		
City, State, Zip Code White Hall, AR 71602-9200		
Name of Employer (Required) AM Wire Solutions		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dale Rutland	06/14/2022	\$1,000.00
Mailing Address 363 County Road 2446		
City, State, Zip Code Guntown, MS 38849-9107		
Name of Employer (Required) Self		
Occupation (Required) Rutland Steel	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 Gloria M. Walker	01/20/2022	\$1,000.00
Mailing Address 3974 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6703		
Name of Employer (Required) Retired		
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
Source: — Corporation — PAG — matriced — 10000	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this perlod
Other (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd	Date (Mo., Day, Year)	receipt this perlod
Cother (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd	Date (Mo., Day, Year)	receipt this perlod
Greenwood, MS 38930-3531	Date (Mo., Day, Year)	receipt this perlod
Gity, State, Zip Code Greenwood, MS 38930-3531 Name of Employer (Required) Other (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd Greenwood, MS 38930-3531 Viking	Date (Mo., Day, Year) 04/21/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd City, State, Zip Code Greenwood, MS 38930-3531 Name of Employer (Required) Viking Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/21/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd City, State, Zip Code Greenwood, MS 38930-3531 Name of Employer (Required) Viking Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 04/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd City, State, Zip Code Greenwood, MS 38930-3531 Name of Employer (Required) Viking Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name J. Walt Starr	Date (Mo., Day, Year) 04/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Kevin Brown Mailing Address 307 Grand Blvd City, State, Zip Code Greenwood, MS 38930-3531 Name of Employer (Required) Viking Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name J. Walt Starr Mailing Address 3019 MS Hwy 182	Date (Mo., Day, Year) 04/21/2022 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 Mathew W. Lipscomb III	03/16/2022	\$1,000.00
Mailing Address 1900 Baldwin Road		
City, State, Zip Code Lake Cormorant, MS 38641-9619		
Name of Employer (Required) Lipscomb & Pitts Insurance		
Occupation (Required) CEO	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 Marc A Hautot	08/10/2022	\$2,500.00
Mailing Address 700 Pine Street		
City, State, Zip Code Picayune, MS 39466-2566		
Name of Employer (Required) Picayune Eye Clinic		
	Aggregate	
Occupation (Required) Optometrist	Year-to-date	\$2,500.00
Optometrist Source: Corporation PAC Individual Loan		\$2,500.00 Amount of each receipt this period
Optometrist Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Optometrist Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr.	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr. Mailing Address 2102 Ward Lane	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr. Mailing Address 2102 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr. Mailing Address 2102 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Mandal Auto Group	Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr. Mailing Address 2102 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Mandal Auto Group Occupation (Required) President Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr. Mailing Address 2102 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Mandal Auto Group Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Robert A. Mandal Jr. Mailing Address 2102 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Mandal Auto Group Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Chiropractors PAC	Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Robert A. Mandal Jr. Mailing Address 2102 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Mandal Auto Group Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Chiropractors PAC Mailing Address 4294 Lakeland Dr Ste 100	Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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	Amount of each
Source: Corporation PAC I Individual Loan Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full Name Claw Forestry Services, LLC	09/19/2022	\$5,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
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 Antoine Anderson	06/21/2022	\$2,500.00
Mailing Address 100 Laurel Ridge		
City, State, Zip Code Canton, MS 39046-4549		
Name of Employer (Required) Bankplus		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Independent Rx PAC		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399 City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399	(Mo., Day, Year)	receipt this period
City, State, Zip Code Corporation Cother (please specify) Full Name Mississippi Independent Rx PAC 4209 Lakeland Dr Ste 399 Flowood, MS 39232-9212	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required)	(Mo., Day, Year) 09/19/2022 Aggregate	receipt this period \$20,000.00
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/19/2022 Aggregate Year-to-date Date	\$20,000.00 \$20,000.00 \$20,000.00 Amount of each receipt
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399 City, State, Zip Code Flowood, MS 39232-9212 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 \$20,000.00 \$20,000.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenny Ellis	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$20,000.00 \$20,000.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Independent Rx PAC Mailing Address 4209 Lakeland Dr Ste 399 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenny Ellis Mailing Address 19 Devonshire Way	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$20,000.00 \$20,000.00 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 David O McCormick	05/12/2022	\$500.00
Mailing Address PO Box 865		
City, State, Zip Code Pascagoula, MS 39568-0865		
Name of Employer (Required) Cumbest, Cumbest, Hunter, & McCormick, P.A.		
Occupation (Required) Attorney	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 RAI Services Company	12/30/2022	\$1,000.00
Mailing Address PO Box 464		
City, State, Zip Code Winston Salem, NC 27102-0464		
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 Frank Holmes	07/18/2022	\$100.00
Full Name	07/18/2022	\$100.00
Full Name Frank Holmes	07/18/2022	\$100.00
Full Name Frank Holmes Mailing Address 565 Stallings Bridge Road	07/18/2022	\$100.00
Full Name Frank Holmes Mailing Address 565 Stallings Bridge Road City, State, Zip Code Tylertown, MS 39667-8119 Name of Employer (Required)	07/18/2022 Aggregate Year-to-date	\$100.00 \$150.00
Full Name Frank Holmes Mailing Address 565 Stallings Bridge Road City, State, Zip Code Tylertown, MS 39667-8119 Name of Employer (Required) Self Occupation (Required)	Aggregate	
Mailing Address 565 Stallings Bridge Road City, State, Zip Code Tylertown, MS 39667-8119 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$150.00 Amount of each receipt
Mailing Address 565 Stallings Bridge Road City, State, Zip Code Tylertown, MS 39667-8119 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$150.00 Amount of each receipt this period
Mailing Address 565 Stallings Bridge Road City, State, Zip Code Tylertown, MS 39667-8119 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Enbridge-DCP PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$150.00 Amount of each receipt this period
Mailing Address 565 Stallings Bridge Road City, State, Zip Code Tylertown, MS 39667-8119 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Enbridge-DCP PAC Mailing Address 5400 Westheimer Ct	Aggregate Year-to-date Date (Mo., Day, Year)	\$150.00 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 recelpt this period
Full Name John Leverett McClintock	09/17/2022	\$500.00
Mailing Address 120 District Blvd East Apt 539		
City, State, Zip Code Jackson, MS 39211-6477		
Name of Employer (Required) John McClintock LLC		
Occupation (Required) Self	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 Ellard Properties, LLC	04/14/2022	\$250.00
Mailing Address 300B Oakdale Rd.		
City, State, Zip Code Madison, MS 39110-7672		
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 H.L. Williams Jr.	05/15/2022	\$1,000.00
Mailing Address PO Box 239		
City, State, Zip Code Corinth, MS 38835-0239		
Name of Employer (Required)		
Coca-Cola Bottling		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		\$1,000.00 Amount of each receipt this period
Occupation (Required) Executive Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Bridgforth Rutledge	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Bridgforth Rutledge Mailing Address PO Box 5331	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Reporting Period	01/01/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harry Simmons Jr.	11/08/2022	\$2,500.00
Mailing Address 2628 Erickson Road		
City, State, Zip Code Yazoo City, MS 39194-9457		
Name of Employer (Required) Simmons Farm Raised Catfish		
Occupation (Required) Owner	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 Danny W. Cordell II	05/15/2022	\$2,500.00
Mailing Address 206 Commissary Dr.		
City, State, Zip Code Olive Branch, MS 38654-7338		
Name of Employer (Required) Civil-Link LLC		
Occupation (Required) Principal	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 Sandra Chancellor	07/11/2022	\$250.00
Mailing Address 120 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4759		
Name of Employer (Required) Chancellor Funeral Home		
Occupation (Required) Office Administrator	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Quito Gin Inc	01/23/2022	\$1,000.00
Mailing Address 24388 Hwy 7 S.		
City, State, Zip Code Itta Bena, MS 38941-2904		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Betty A. Watts	12/01/2022	\$200.00
Mailing Address PO Box 1646		
City, State, Zip Code Oxford, MS 38655-1646		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$800.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Jeffrey M. King	05/16/2022	\$1,000.00
Mailing Address 2760 Colony Park Dr #103		
City, State, Zip Code Memphis, TN 38118-2017		
Name of Employer (Required) Real Estate		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source. — Ootpotation — 1700 — management		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Peter C. November II Mailing Address	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St City, State, Zip Code New Orleans, LA 70115-4308	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St City, State, Zip Code New Orleans, LA 70115-4308 Name of Employer (Required) Ochsner Occupation (Required)	(Mo., Day, Year) 12/15/2022 Aggregate	recelpt this period \$2,000.00
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St City, State, Zip Code New Orleans, LA 70115-4308 Name of Employer (Required) Ochsner Occupation (Required) CAO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/15/2022 Aggregate Year-to-date Date	recelpt this period \$2,000.00 \$2,000.00 Amount of each receipt
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St City, State, Zip Code New Orleans, LA 70115-4308 Name of Employer (Required) Ochsner Occupation (Required) CAO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St City, State, Zip Code New Orleans, LA 70115-4308 Name of Employer (Required) Ochsner Occupation (Required) CAO Source: Corporation PAC Individual Loan Other (please specify) Full Name Jay Fenton	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name Peter C. November II Mailing Address 5914 Coliseum St City, State, Zip Code New Orleans, LA 70115-4308 Name of Employer (Required) Ochsner Occupation (Required) CAO Source: Corporation PAC Individual Loan Other (please specify) Full Name Jay Fenton Mailing Address 207 S 13th Avenue	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 \$2,000.00 Amount of each receipt this period

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Name of Candidate	or Committee	Tate for Governor				
Reporting Period	01/01/2022	through _	12/31/2022			

ITEMIZED RECEIPTS

Reporting Period

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Candidate Campaign Committee	(,,	this period
Full Name Briggs Hopson Campaign	11/28/2022	\$1,000.00
Mailing Address 1201 Cherry St		
City, State, Zip Code Vicksburg, MS 39183-2919		
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 Viking Range LLC	04/19/2022	\$1,000.00
Mailing Address 111 Front Street		
City, State, Zip Code Greenwood, MS 38930-4442		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	Tear-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this perlod
_	Date	recelpt
Other (please specify)	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name MMC Materials, Inc. Mailing Address	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name MMC Materials, Inc. Mailing Address PO Box 2569 City State Zin Code	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name MMC Materials, Inc. Mailing Address PO Box 2569 City, State, Zip Code Madison, MS 39130-2569	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name MMC Materials, Inc. Mailing Address PO Box 2569 City, State, Zip Code Madison, MS 39130-2569 Name of Employer (Required)	Date (Mo., Day, Year) 03/30/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name	Date (Mo., Day, Year) 03/30/2022 Aggregate Year-to-date Date	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 03/30/2022 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) 03/30/2022 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) 03/30/2022 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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Tate for Governor

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ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MPC INC	11/10/2022	\$1,000.00
Mailing Address 539 South Main Street		
City, State, Zip Code Findlay, OH 45840-3229		
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 perlod
Full Name David Gaines	12/26/2022	\$1,000.00
Mailing Address 425 Atherton Dr		
City, State, Zip Code Metairie, LA 70005-3809		
Name of Employer (Required) Ochsner		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Cother (please specify) Full Name Thomas M. Duff	09/26/2022	\$5,000.00
	09/26/2022	\$5,000.00
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd	09/26/2022	\$5,000.00
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd	09/26/2022	\$5,000.00
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780	Aggregate Year-to-date	\$5,000.00 \$5,000.00
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780 Name of Employer (Required) Southern Tire Mart	Aggregate	
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780 Name of Employer (Required) Southern Tire Mart Occupation (Required) Executive Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$5,000.00 Amount of each receipt
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780 Name of Employer (Required) Southern Tire Mart Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Neel-Schaffer	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 Amount of each receipt this period
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780 Name of Employer (Required) Southern Tire Mart Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Neel-Schaffer Mailing Address PO Box 22625	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 Amount of each receipt this period
Full Name Thomas M. Duff Malling Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780 Name of Employer (Required) Southern Tire Mart Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Neel-Schaffer Mailing Address PO Box 22625	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 Amount of each receipt this period

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ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC Individual Loan Description LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Silver Slipper Casino Venture, LLC	01/19/2022	\$1,000.00
Mailing Address PO Box 3270		
City, State, Zip Code Bay Saint Louis, MS 39521-3270		
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 Pitcher Point Investments LLC	12/02/2022	\$1,000.00
Mailing Address 15039 Lorraine Rd		
City, State, Zip Code Biloxi, MS 39532-9111		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave	Date (Mo., Day, Year)	Amount of each recelpt this period
TOther (please specify) LLC Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave	Date (Mo., Day, Year)	Amount of each recelpt this period
Tother (please specify) LLC Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave City, State, Zip Code Tampa, FL 33605-3707	Date (Mo., Day, Year)	Amount of each recelpt this period
Tother (please specify) LLC Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave City, State, Zip Code Tampa, FL 33605-3707 Name of Employer (Required)	Date (Mo., Day, Year) 03/04/2022 Aggregate	Amount of each receipt this period \$25,000.00
Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave City, State, Zip Code Tampa, FL 33605-3707 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 03/04/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt
Tother (please specify) Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave City, State, Zip Code Tampa, FL 33605-3707 Name of Employer (Required) Occupation (Required) Source: Corporation Other (please specify) Full Name Empower PAC	Date (Mo., Day, Year) 03/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Tother (please specify) Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave City, State, Zip Code Tampa, FL 33605-3707 Name of Employer (Required) Occupation (Required) Source: Corporation Other (please specify) Full Name Empower PAC Mailing Address 1000 Northpark Dr	Date (Mo., Day, Year) 03/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Tother (please specify) Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave City, State, Zip Code Tampa, FL 33605-3707 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Empower PAC Mailing Address 1000 Northpark Dr	Date (Mo., Day, Year) 03/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period

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12/31/2022

ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name William A. Brown	11/05/2022	\$2,500.00
Mailing Address 131 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8661		
Name of Employer (Required) Brown Bottling Group Inc./Brown Vending Compan		
Occupation (Required) CEO	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 Benjamin B. Robertson	11/29/2022	\$1,000.00
Mailing Address 65 Holly Ridge Rd		
City, State, Zip Code Indianola, MS 38751-9691		
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
Source: — Corporation — FAC — Individual — — —		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas Clay King Mailing Address 114 Heatherwood Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas Clay King Mailing Address 114 Heatherwood Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas Clay King Mailing Address 114 Heatherwood Dr. City, State, Zip Code Hattiesburg, MS 39402-2323	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas Clay King Mailing Address 114 Heatherwood Dr. City, State, Zip Code Hattiesburg, MS 39402-2323 Name of Employer (Required) Hattiesburg Clinic	(Mo., Day, Year) 10/06/2022 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name Thomas Clay King Mailing Address 114 Heatherwood Dr. City, State, Zip Code Hattiesburg, MS 39402-2323 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/06/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Other (please specify) Full Name Thomas Clay King Mailing Address 114 Heatherwood Dr. City, State, Zip Code Hattiesburg, MS 39402-2323 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/06/2022 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 Thomas Clay King Mailing Address 114 Heatherwood Dr. City, State, Zip Code Hattiesburg, MS 39402-2323 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William Alias Jr.	(Mo., Day, Year) 10/06/2022 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 Thomas Clay King Mailing Address 114 Heatherwood Dr. City, State, Zip Code Hattiesburg, MS 39402-2323 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William Alias Jr. Mailing Address PO Box 1544	(Mo., Day, Year) 10/06/2022 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 Haden Hughes	09/15/2022	\$250.00
Mailing Address 48 Avery Circle		
City, State, Zip Code Jackson, MS 39211-2403		
Name of Employer (Required) Mathison Insurance Partners		
Occupation (Required) Vice President	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 Roderick Mark Alexander Jr.	05/09/2022	\$500.00
Mailing Address 10744 Bayou Plantation Lane		
City, State, Zip Code Gulfport, MS 39503		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Attorney	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 Andrew M. Gilich Jr.	10/03/2022	\$1,000.00
Mailing Address 2026 Tuilleries Cove		
City, State, Zip Code Biloxi, MS 39531-2423		
Name of Employer (Required) City of Biloxi		
Occupation (Required) Mayor	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name H. Byron Carter III, PLLC	11/17/2022	\$250.00
Mailing Address PO Box 720636		
, 	1	
City, State, Zip Code Byram, MS 39272-0636		
City State 7in Code		

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Tate for Governor

_ through _

12/31/2022

Source: Corporation PAC Individual Loan	Date	Amount of each
Source, 2 corporation 2 - 120	(Mo., Day, Year)	recelpt this period
C (Nease specify	44/00/2022	
Friends Of Wike	11/28/2022	\$5,000.00
Mailing Address 115 Henry Road		
City, State, Zip Code Vicksburg, MS 39183-9567		
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 Andrew Scott Fornea	08/15/2022	\$5,000.00
Mailing Address PO Box 148		
City, State, Zip Code Oxford, MS 38655-0148		
Name of Employer (Required) Self		
Occupation (Required) Construction	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Alistair Cook	09/12/2022	\$5,000.00
Mailing Address 5154 Hwy 78		
City, State, Zip Code Saint George, SC 29477-7930		
Name of Employer (Required) Bid Group Holdings Ltd		
Occupation (Required) CEO	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 Samir Tomajian	06/20/2022	\$10,000.00
Mailing Address 10740 Plantation Ln		
City, State, Zip Code Gulfport, MS 39503-4058		
Name of Employer (Required) Physician		
Occupation (Required) Memorial Hospital	Aggregate Year-to-date	\$13,500.00

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ridgway Realty Inc	05/02/2022	\$250.00
Mailing Address PO Box 231		
City, State, Zip Code Jackson, MS 39205-0231		
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 Henderson Steel Corporation	03/11/2022	\$1,000.00
Mailing Address PO Box 580		
City, State, Zip Code Marion, MS 39342-0580		
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 recelpt this period
Full Name Golden Nugget	10/26/2022	\$5,000.00
Mailing Address 151 Beach Blvd		
City, State, Zip Code Biloxi, MS 39530-4708		
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 recelpt this period
Full Name Steven G Rogers	03/29/2022	\$250.00
Mailing Address 414 Greenwood Ln		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required) Rogers and Associates		
Occupation (Required) Realtor	Aggregate Year-to-date	\$750.00

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Tate for Governor

01/01/2022 through

12/31/2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tear)	this period
Full Name Moody Farms	07/06/2022	\$300.00
Mailing Address 12375 Hwy. 490 East		
City, State, Zip Code Louisville, MS 39339-9149		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Construction Company, Inc.	09/07/2022	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	14-11-11-11-11-11-11-11-11-11-11-11-11-1	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John R. Junkin II	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John R. Junkin II Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John R. Junkin II Mailing Address 505 North Pearl St.	Date (Mo., Day, Year)	receipt this period
Gity, State, Zip Code Natchez, MS 39120-2927 Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John R. Junkin II Mailing Address 505 North Pearl St. City, State, Zip Code Natchez, MS 39120-2927 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 04/27/2022 Aggregate	receipt this period \$1,100.00
Other (please specify) Full Name John R. Junkin II Mailing Address 505 North Pearl St. City, State, Zip Code Natchez, MS 39120-2927 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/27/2022 Aggregate Year-to-date Date	receipt this period \$1,100.00 \$1,100.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 04/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,100.00 \$1,100.00 Amount of each receipt this period
Other (please specify) Full Name	Date (Mo., Day, Year) 04/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,100.00 \$1,100.00 Amount of each receipt this period
Other (please specify) Full Name	Date (Mo., Day, Year) 04/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,100.00 \$1,100.00 Amount of each receipt this period

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12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary S. Watkins	01/27/2022	\$500.00
Mailing Address 446 Cheyenne Ln.		
City, State, Zip Code Madison, MS 39110-9605		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Jonathan M Krebs	09/27/2022	\$2,500.00
Mailing Address 114 Dogwood Dr.		
City, State, Zip Code Hattiesburg, MS 39402-3303		
Name of Employer (Required) Horne		
Occupation (Required)	Aggregate	#7 F00 00
CFA CFA	Year-to-date	\$7,500.00
Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559 Name of Employer (Required) Craddock Oil Company Inc Occupation (Required)	Date (Mo., Day, Year) 01/24/2022 Aggregate	Amount of each receipt this period \$400.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559 Name of Employer (Required) Craddock Oil Company Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/24/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$400.00 \$400.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559 Name of Employer (Required) Craddock Oil Company Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559 Name of Employer (Required) Craddock Oil Company Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Cane Creek Crossing Inc	Date (Mo., Day, Year) 01/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559 Name of Employer (Required) Craddock Oil Company Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Cane Creek Crossing Inc Mailing Address 119 Coachmans Road	Date (Mo., Day, Year) 01/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$400.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
End Marse	4014010000	
Friends Of Billy Newes	10/12/2022	\$1,000.00
Mailing Address P.O. Box 1842		
City, State, Zip Code Gulfport, MS 39502		
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 Terry W. Green	06/20/2022	\$5,000.00
Mailing Address 29 Windermere Lane		
City, State, Zip Code Houston, TX 77063-1409		
Name of Employer (Required) Island View Casino Resort		
Control (President)	Aggregate	040.000.00
Occupation (Required) Owner	Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan		\$10,000.00 Amount of each receipt this period
Owner	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave City, State, Zip Code Hattiesburg, MS 39402-3004	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave City, State, Zip Code Hattiesburg, MS 39402-3004 Name of Employer (Required) Hood Companies Inc Occupation (Required)	Year-to-date Date (Mo., Day, Year) 09/27/2022 Aggregate	Amount of each receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave City, State, Zip Code Hattiesburg, MS 39402-3004 Name of Employer (Required) Hood Companies Inc Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave City, State, Zip Code Hattiesburg, MS 39402-3004 Name of Employer (Required) Hood Companies Inc Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Companies Inc	Year-to-date Date (Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave City, State, Zip Code Hattiesburg, MS 39402-3004 Name of Employer (Required) Hood Companies Inc Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) PAC DI Name Fidelity National Loans, Inc. Mailing Address PO Box 490	Year-to-date Date (Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Derek Arrington Mailing Address 1101 S 34th Ave City, State, Zip Code Hattiesburg, MS 39402-3004 Name of Employer (Required) Hood Companies Inc Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) PAC DY W CONSTANT OF THE PORT OF TH	Year-to-date Date (Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Raymond L. Edwards	01/26/2022	\$500.00
Mailing Address	0172072022	Ψ500.00
100 Barkley Dr.		
City, State, Zip Code Pass Christian, MS 39571-3502		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Adam Breerwood	09/12/2022	\$900.00
Mailing Address 712 West North St.		
City, State, Zip Code Poplarville, MS 39470-7469		
Name of Employer (Required) PRCC		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Other (please specify) Full Name Jason Osborne	05/12/2022	this period \$250.00
Pull Manage	-	
Full Name Jason Osborne Mailing Address	-	
Full Name Jason Osborne Mailing Address 1717 Stanford Ave	-	
Full Name Jason Osborne Mailing Address 1717 Stanford Ave City, State, Zip Code Baton Rouge, LA 70808-2959	-	
Full Name Jason Osborne Mailing Address 1717 Stanford Ave City, State, Zip Code Baton Rouge, LA 70808-2959 Name of Employer (Required) Connect Strategy Occupation (Required)	05/12/2022 Aggregate	\$250.00
Full Name Jason Osborne Mailing Address 1717 Stanford Ave City, State, Zip Code Baton Rouge, LA 70808-2959 Name of Employer (Required) Connect Strategy Occupation (Required) Consultant Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$250.00 \$250.00 Amount of each receipt
Full Name Jason Osborne Mailing Address 1717 Stanford Ave City, State, Zip Code Baton Rouge, LA 70808-2959 Name of Employer (Required) Connect Strategy Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Jason Osborne Mailing Address 1717 Stanford Ave City, State, Zip Code Baton Rouge, LA 70808-2959 Name of Employer (Required) Connect Strategy Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Power Company State PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Jason Osborne Mailing Address 1717 Stanford Ave City, State, Zip Code Baton Rouge, LA 70808-2959 Name of Employer (Required) Connect Strategy Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Power Company State PAC Mailing Address PO Box 4079	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$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 Affordable Employee Benefits LLC	05/16/2022	\$2,500.00
Mailing Address PO Box 96	33.13.232	42,000.01
City State 7in Code		
Ecru, MS 38841-0096 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 Shane Spees	08/25/2022	\$1,000.00
Mailing Address 2619 Northplace Drive		
City, State, Zip Code Tupelo, MS 38804-5018		
Name of Employer (Required) North Ms Health Systems		
	A	
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) LLC		\$1,000.00 Amount of each receipt this period
President Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
President Source: Corporation PAC Individual Loan Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
President Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Rex Lumber Brookhaven Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
President Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Rex Lumber Brookhaven Mailing Address PO Box 7	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Rex Lumber Brookhaven Mailing Address PO Box 7 City, State, Zip Code Graceville, FL 32440-0007	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Lumber Brookhaven Mailing Address PO Box 7 City, State, Zip Code Graceville, FL 32440-0007 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 09/14/2022 Aggregate	Amount of each receipt this period \$1,000.00
President Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Lumber Brookhaven Mailing Address PO Box 7 City, State, Zip Code Graceville, FL 32440-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
President Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Lumber Brookhaven Mailing Address PO Box 7 City, State, Zip Code Graceville, FL 32440-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
President Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Lumber Brookhaven Mailing Address PO Box 7 City, State, Zip Code Graceville, FL 32440-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William Ware	Year-to-date Date (Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Rex Lumber Brookhaven Mailing Address PO Box 7 City, State, Zip Code Graceville, FL 32440-0007 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William Ware Mailing Address 271 Highland Place Drive	Year-to-date Date (Mo., Day, Year) 09/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 recelpt this period
Full Name Bettye Webster	10/17/2022	\$250.00
Mailing Address 241 Green T Lake E		
City, State, Zip Code Hernando, MS 38632-4505		
Name of Employer (Required) Accents on the Square		
Occupation (Required) Partner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Keith McGee Farms	04/21/2022	\$250.00
Mailing Address 608 Harmony Road		
City, State, Zip Code Duck Hill, MS 38925-9269		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
	real-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Clayton Heil	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd. City, State, Zip Code Mc Lean, VA 22101-3329	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd. City, State, Zip Code Mc Lean, VA 22101-3329 Name of Employer (Required) Taft Stettinius Hollister LLP	Date (Mo., Day, Year) 02/09/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd. City, State, Zip Code Mc Lean, VA 22101-3329 Name of Employer (Required) Taft Stettinius Hollister LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 02/09/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd. City, State, Zip Code Mc Lean, VA 22101-3329 Name of Employer (Required) Taft Stettinius Hollister LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 02/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd. City, State, Zip Code Mc Lean, VA 22101-3329 Name of Employer (Required) Taft Stettinius Hollister LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Victor Walsh Mailing Address 4619 Main Street Suite A	Date (Mo., Day, Year) 02/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Clayton Heil Mailing Address 5927 Oakdale Rd. City, State, Zip Code Mc Lean, VA 22101-3329 Name of Employer (Required) Taft Stettinius Hollister LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Victor Walsh Mailing Address 4619 Main Street Suite A	Date (Mo., Day, Year) 02/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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ITEMIZED RECEIPTS

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		
Dorothy Tate Lewis	06/27/2022	\$100.00
Malling Address 103 Lake Front Lane		
City, State, Zip Code Philadelphia, MS 39350-9274		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry W. Green	05/12/2022	\$5,000.00
Mailing Address 29 Windermere Lane		
City, State, Zip Code Houston, TX 77063-1409		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required)	Aggregate	&E 000 00
Owner	Year-to-date	\$5,000.00
Owner Source: □ Corporation □ PAC □ Individual □ Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Owner	Date	Amount of each receipt
Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720 Name of Employer (Required) JNS Biofuel, LLC Occupation (Required)	Date (Mo., Day, Year) 05/16/2022 Aggregate	Amount of each receipt this period \$2,750.00
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720 Name of Employer (Required) JNS Biofuel, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$2,750.00 \$2,750.00 Amount of each receipt
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720 Name of Employer (Required) JNS Biofuel, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,750.00 \$2,750.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720 Name of Employer (Required) JNS Biofuel, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Leonard Roberts	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,750.00 \$2,750.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720 Name of Employer (Required) JNS Biofuel, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Leonard Roberts Mailing Address PO Box 180579	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,750.00 \$2,750.00 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 Joseph R. Beattie	09/26/2022	\$1,000.00
Mailing Address 35 Old Oak Lane		
City, State, Zip Code Gulfport, MS 39503-6226		
Name of Employer (Required) BXS Insurance		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John M. Hairston	10/12/2022	\$2,500.00
Mailing Address 9114 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Whitney Hancock Bank		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan		\$2,500.00 Amount of each receipt this period
CEO	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
Source: Corporation PAC Individual Loan Other (please specify) Full Name Louis Zemek	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
Source: Corporation PAC Individual Loan Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
Source: Corporation PAC Individual Loan Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this perlod
Source: Corporation PAC Individual Loan 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	Year-to-date Date (Mo., Day, Year) 02/01/2022 Aggregate	Amount of each receipt this period \$100.00
Source: Corporation PAC Individual Loan 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	Year-to-date Date (Mo., Day, Year) 02/01/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$100.00 \$150.00 Amount of each receipt
Source: Corporation PAC Individual Loan 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)	Year-to-date Date (Mo., Day, Year) 02/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$150.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan 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 John B. Sneed	Year-to-date Date (Mo., Day, Year) 02/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$150.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan 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 John B. Sneed Mailing Address 141 Bayou Circle	Year-to-date Date (Mo., Day, Year) 02/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$150.00 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 recelpt this period
Full Name		
James R Stroo	02/03/2022	\$100.00
Mailing Address 4 Clermont Point		
City, State, Zip Code Hattiesburg, MS 39402-9566		
Name of Employer (Required) Realty Executives		
Occupation (Required) Realtor	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melissa L. Boyd	01/28/2022	\$250.00
Mailing Address 2693 Lake Cir		
City, State, Zip Code Jackson, MS 39211-6756		
Name of Employer (Required) Homemaker		
Occupation (Required)	Aggregate	\$250.00
Homemaker	Year-to-date	\$250.00
Homemaker Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing City, State, Zip Code Ocean Springs, MS 39564-4719	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing City, State, Zip Code Ocean Springs, MS 39564-4719 Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A. Occupation (Required)	Date (Mo., Day, Year) 05/12/2022 Aggregate	Amount of each receipt this period \$500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing City, State, Zip Code Ocean Springs, MS 39564-4719 Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A. Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing City, State, Zip Code Ocean Springs, MS 39564-4719 Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A. Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing City, State, Zip Code Ocean Springs, MS 39564-4719 Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A. Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Chuck Barlow	Date (Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 407 General Pershing City, State, Zip Code Ocean Springs, MS 39564-4719 Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A. Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Chuck Barlow Mailing Address 227 Ingleside Drive	Date (Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Pickering, Inc PAC	02/20/2022	\$1,000.00
Mailing Address 6363 Poplar Ave Ste 300		
City, State, Zip Code Memphis, TN 38119-4848		
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 W. W. Gresham III	11/15/2022	\$2,500.00
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required) Gresham Petroleum Co		
Occupation (Required) Owner	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
Source: La Corporation La PAO La marriagna La Corporation La PAO La Corporation La Corporat		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5	(Mo., Day, Year)	receipt this period
Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5	(Mo., Day, Year)	receipt this period
Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5 City, State, Zip Code Southaven, MS 38672-7325	(Mo., Day, Year)	receipt this period
Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5 City, State, Zip Code Southaven, MS 38672-7325 Name of Employer (Required)	(Mo., Day, Year) 10/11/2022 Aggregate	receipt this period \$250.00
Tother (please specify) Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5 City, State, Zip Code Southaven, MS 38672-7325 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/11/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
College Specify LLC Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5 City, State, Zip Code Southaven, MS 38672-7325 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 \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name Jonmark Development Properties LLC Mailing Address 5627 Getwell Rd Bldg C5 City, State, Zip Code Southaven, MS 38672-7325 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Ben O. Turnage	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
City, State, Zip Code Southaven, MS 38672-7325 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben O. Turnage Mailing Address 2540 Eastover Drive	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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tino ponos
Full Name Wayne Washington	11/21/2022	\$500.00
Mailing Address 2301 Country Club Rd		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required) Washington Insurance Agency		
Occupation (Required) President	Aggregate Year-to-date	\$1,750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Stroud Agency Inc	05/16/2022	\$1,000.00
Mailing Address 213 Hwy 30 W		
Clty, State, Zip Code New Albany, MS 38652-3111		
Name of Employer (Required)		
Occupation (Required)	Aggregate	04 000 00
300spanon (104=11-)	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		\$1,000.00 Amount of each receipt this period
	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive City, State, Zip Code Oxford, MS 38655-8153	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive City, State, Zip Code Oxford, MS 38655-8153 Name of Employer (Required) Oxford Farms LLC	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate	Amount of each receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive City, State, Zip Code Oxford, MS 38655-8153 Name of Employer (Required) Oxford Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive City, State, Zip Code Oxford, MS 38655-8153 Name of Employer (Required) Oxford Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive City, State, Zip Code Oxford, MS 38655-8153 Name of Employer (Required) Oxford Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew W Callicutt Mailing Address 3883 Majestic Oaks Drive City, State, Zip Code Oxford, MS 38655-8153 Name of Employer (Required) Oxford Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir	Year-to-date Date (Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name John Rodgers Brashier	11/17/2022	\$2,500.00
Mailing Address 28 Eureka Plantation Road		
City, State, Zip Code Indianola, MS 38751-2387		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Andividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christa Alexander	10/29/2022	\$7,500.00
Mailing Address P.O. Box 922		
City, State, Zip Code Bay Springs, MS 39422-0922		
Name of Employer (Required) Fail Communications		
Occupation (Required)	Aggregate Year-to-date	\$8,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven G Rogers	02/25/2022	\$500.00
Mailing Address 414 Greenwood Ln		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required) Rogers and Associates		
Occupation (Required) Realtor	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 Edward Hacskaylo	04/25/2022	\$1,000.00
Mailing Address 115 Oakridge Trl		
City, State, Zip Code Flowood, MS 39232-8688		-
Name of Employer (Required) Mississippi Roofing Supply		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

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Name of Candidate or Committee		Tate for Governor				
Reporting Period	01/01/2022	through	12/31/2022			
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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name John W McCurdy II	08/15/2022	\$5,000.00
Mailing Address PO Box 2038		
City, State, Zip Code Oxford, MS 38655-8038		
Name of Employer (Required) Self		
Occupation (Required) Construction	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 James R Stroo	08/30/2022	\$250.00
Mailing Address 4 Clermont Point		
City, State, Zip Code Hattiesburg, MS 39402-9566		
Name of Employer (Required) Realty Executives		
Occupation (Required) Realtor	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Guy Boyli	03/02/2022	\$1,000.00
Mailing Address 913 Montrose Drive		
City, State, Zip Code Ridgeland, MS 39157-1394		
Name of Employer (Required) BankPlus		
Occupation (Required) Banker	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 Ben Solomon Moody	01/23/2022	\$250.00
TA W Address		
Mailing Address Po Box 14		
Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014		
PO BOX 14		

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Name of Candidate	or Committee	-
Reporting Perlod	01/01/2022	

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John B. Sneed	07/18/2022	\$25,000.00
Mailing Address 141 Bayou Circle		
City, State, Zip Code Gulfport, MS 39507-4623		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$26,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven Speights	01/25/2022	\$1,000.00
Mailing Address 2445 Sandridge Drive		
City, State, Zip Code Jackson, MS 39211-6204		
Name of Employer (Required) Women's specialty center		
Occupation (Required) Physican	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 Edney Medical Services, Inc.	11/28/2022	\$500.00
Mailing Address 118 Cariton Place Drive		
City, State, Zip Code Vicksburg, MS 39180-1821		
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 recelpt this period
Full Name James E. Carney	06/04/2022	\$1,000.00
Mailing Address 2700 Marigold Cv		
City, State, Zip Code Tupelo, MS 38801-7129		
Name of Employer (Required) Life Church		
Occupation (Required) Pastor	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 Faye Barlow	06/04/2022	\$5,000.00
Mailing Address 266 CR 506		
City, State, Zip Code Shannon, MS 38868-9780		
Name of Employer (Required) Business Owner		
Occupation (Required) Executive	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 Elcon Electrical Contractors, Inc.	04/19/2022	\$1,000.00
Mailing Address PO Box 1921		
City, State, Zip Code Brandon, MS 39043-1921		
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 Land Holdings I, LLC	06/16/2022	\$10,000.00
Mailing Address 9380 Central Ave		
City, State, Zip Code Diberville, MS 39540-5302		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Washington	03/18/2022	\$500.00
Mailing Address 2301 Country Club Rd		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required) Washington Insurance Agency		
Occupation (Required) President	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold Hunter White III	01/26/2022	\$5,000.00
Mailing Address	01/20/2022	φυ,000.00
812 Gravier St. STE 300		
City, State, Zip Code New Orleans, LA 70112-1466		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Marty Davidson	04/27/2022	\$25,000.00
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	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John D Thaxton	08/02/2022	\$2,500.00
Mailing Address 453 Service Road		
City, State, Zip Code Laurel, MS 39443-5758		
Name of Employer (Required) Bank Jones Co.		
Occupation (Required) VP	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name James D. Bryan	11/28/2022	\$200.00
Mailing Address PO Box 636		
City, State, Zip Code West Point, MS 39773-0636		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$700.00

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ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Coan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(into.; Day; Tear)	this period
Full Name Roy Anderson III	01/26/2022	\$1,000.00
Mailing Address 4900 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Roy Anderson Corp		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Empower PAC	04/20/2022	\$500.00
Mailing Address 1000 Northpark Dr		
City, State, Zip Code Ridgeland, MS 39157-5299		
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
Full Name Hugh Arant Jr.	02/01/2022	\$500.00
Mailing Address		
3897 Highway 8		
City, State, Zip Code Ruleville, MS 38771-9763		
City State 7in Code		
City, State, Zip Code Ruleville, MS 38771-9763	Aggregate Year-to-date	\$500.00
City, State, Zip Code Ruleville, MS 38771-9763 Name of Employer (Required) Self Occupation (Required)	1 1	\$500.00 Amount of each receipt this period
City, State, Zip Code Ruleville, MS 38771-9763 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
City, State, Zip Code Ruleville, MS 38771-9763 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Ruleville, MS 38771-9763 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Trudy Fisher	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Ruleville, MS 38771-9763 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Trudy Fisher Mailing Address 205 Audubon Point Dr	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilford Albert Payne III	12/05/2022	\$20,000.00
Mailing Address P.O. Box 1267		
City, State, Zip Code Hattiesburg, MS 39403-1267		
Name of Employer (Required) W.A. Payne & Associates		
Occupation (Required) Attorney	Aggregate Year-to-date	\$20,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zemek	06/07/2022	\$100.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$450.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Routt		receipt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic	(Mo., Day, Year) 08/15/2022 Aggregate	receipt this period \$50.00
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/15/2022 Aggregate Year-to-date Date	receipt this period \$50.00 \$150.00 Amount of each receipt
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$50.00 \$150.00 Amount of each receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Sidney C. Crews Mailing Address 1311 Fontaine Dr.	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$50.00 \$150.00 Amount of each receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Sidney C. Crews Mailing Address 1311 Fontaine Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$150.00 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 Karl Roy Steinberger	05/12/2022	\$250.00
Mailing Address 4713 Forrest St.		
City, State, Zip Code Moss Point, MS 39563-2413		
Name of Employer (Required) Heidelberg Steinberger		
Occupation (Required) Attorney	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 J. W. Howard	09/27/2022	\$5,000.00
Malling Address 140 Mayfair Rd Ste 940		
City, State, Zip Code Hattiesburg, MS 39402-1628		
Name of Employer (Required) Howard Industries, Inc.		
Occupation (Required) Sales Agent	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 Merit Health River Oaks	09/23/2022	\$10,000.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
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 recelpt this period
Full Name Jimmy Walker	09/16/2022	\$500.00
Mailing Address 750 Island Drive		
City, State, Zip Code Memphis, TN 38103-0801		
Name of Employer (Required) Laurel Ford MS Inc		
Occupation (Required)		

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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 Committee To Elect Trey Baxter	11/28/2022	\$1,000.00
Mailing Address 122 Northlake Drive		
City, State, Zip Code Madison, MS 39110		
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 recelpt this period
Full Name Susan Perry	11/28/2022	\$250.00
Mailing Address 70 Lewis Ave.		
City, State, Zip Code Rolling Fork, MS 39159-5172		
Name of Employer (Required) P&P Tire and Auto		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud		recelpt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 10/14/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/14/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$41,000.00 Amount of each receipt
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$41,000.00 Amount of each receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Kelly	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$41,000.00 Amount of each receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Kelly Mailing Address 210 Elm Lane	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$41,000.00 Amount of each receipt this period

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Name of Candidate or Committee

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy L. Pierce	01/22/2022	\$200.00
Mailing Address 4037 Old Highway 15		
City, State, Zip Code Decatur, MS 39327-9362		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wier Boerner Allin Architecture, PLLC	12/07/2022	\$2,500.00
Mailing Address 2727 Old Canton Rd. Ste 200		
City, State, Zip Code Jackson, MS 39216-4310		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$3,500.00
	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 1700 — instituted.	Date	Amount of each receipt
U Other (please specify) LLC Full Name James Y. Palmer, LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Y. Palmer, LLC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify) LLC Full Name James Y. Palmer, LLC Mailing Address 1667 Lelia Dr. City, State, Zip Code Jackson, MS 39216-4818	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Y. Palmer, LLC Mailing Address 1667 Lelia Dr.	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify) LLC Full Name James Y. Palmer, LLC Mailing Address 1667 Lelia Dr. City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required)	Date (Mo., Day, Year) 05/10/2022 Aggregate	Amount of each receipt this period \$250.00
Tother (please specify) LLC Full Name James Y. Palmer, LLC Mailing Address 1667 Lelia Dr. City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00
Under (please specify) LLC Full Name James Y. Palmer, LLC Mailing Address 1667 Lelia Dr. City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$1,250.00 Amount of each receipt this period
Under (please specify) Full Name James Y. Palmer, LLC Mailing Address 1667 Lelia Dr. City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Linda Wilkins	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$1,250.00 Amount of each receipt this period
City, State, Zip Code Source: Corporation PAC Individual Coan Cother (please specify) Source: Corporation PAC Individual Coan Cother (please specify) Full Name Linda Wilkins Mailing Address 1935 Mount Pleasant Road	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$1,250.00 Amount of each receipt this period

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Tate for Governor

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12/31/2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Under (please specify)	20/00/2002	
Donaid 1. Boilinger	09/29/2022	\$15,000.00
Mailing Address 400 Poydras St. STE 2480		
City, State, Zip Code New Orleans, LA 70130-3218		
Name of Employer (Required) Bollinger LLC		
Occupation (Required) President	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan 1 Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 857-858 Beau Chene LLC	09/28/2022	\$1,000.00
Mailing Address 809 Jefferson Hwy		
City, State, Zip Code New Orleans, LA 70121-2522		
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 recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John E. Turba	=	receipt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name John E. Turba	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 04/17/2022 Aggregate	recelpt this period \$500.00
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/17/2022 Aggregate Year-to-date Date	recelpt this period \$500.00 \$1,500.00 Amount of each recelpt
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 04/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$500.00 \$1,500.00 Amount of each recelpt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Riverhills Capital Corporation	(Mo., Day, Year) 04/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$500.00 \$1,500.00 Amount of each recelpt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Riverhills Capital Corporation Mailing Address PO Box 608	(Mo., Day, Year) 04/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$500.00 \$1,500.00 Amount of each recelpt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas C. Shelton	11/04/2022	\$250.00
Mailing Address 131 Woodstock Dr		
City, State, Zip Code Vicksburg, MS 39180-5746		
Name of Employer (Required) Retired		
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
Full Name Robert L. Spinks	05/04/2022	\$250.00
Mailing Address 305 Waterbury Cove		
City, State, Zip Code Flowood, MS 39232-8692		
Name of Employer (Required) Self		
Occupation (Required) Insurance	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 Fred Farrell	11/09/2022	\$250.00
Mailing Address 105 Woodbine Drive		
City, State, Zip Code Vicksburg, MS 39180-5334		
Name of Employer (Required) Falco Lime		
Occupation (Required) Executive	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 James Herring	05/04/2022	\$1,000.00
Mailing Address 232 E Semmes Street		
City, State, Zip Code Canton, MS 39046-4530		
Name of Employer (Required) Herring, Long, and Crews		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,500.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Prewett Holdings, LLC	10/17/2022	\$5,000.00
Mailing Address 6230 Stateline Road		
City, State, Zip Code Walls, MS 38680-7101		
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 Danny W. Cordell II	09/27/2022	\$1,000.00
Mailing Address 206 Commissary Dr.		
City, State, Zip Code Olive Branch, MS 38654-7338		
Name of Employer (Required) Civil-Link LLC		
Occupation (Required) Principal	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorothy Graham	08/09/2022	\$1,000.00
Mailing Address 900 46th Street		
City, State, Zip Code Meridian, MS 39305		
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 George B. Pickett	12/30/2022	\$1,000.00
Mailing Address 217 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2505		
Name of Employer (Required) Pickett, Bradford & Assoc., PA		
Occupation (Required) Life Insurance Agent	Aggregate Year-to-date	\$2,500.00

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Name of Candidate or Committee		Tate for Governor	
Reporting Period	01/01/2022	through	3 ==

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Nancy F. Yates	11/09/2022	\$5,000.00
Mailing Address 304 Dogwood Street		
City, State, Zip Code Philadelphia, MS 39350-3312		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	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 Matthew Bogue	06/16/2022	\$250.00
Mailing Address 433 Greenbriar Dr.		
City, State, Zip Code Columbus, MS 39705		
Name of Employer (Required) Dutch Oil Company		
	-	
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)		\$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road City, State, Zip Code Olive Branch, MS 38654-6924	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road City, State, Zip Code Olive Branch, MS 38654-6924 Name of Employer (Required) Bridgforth Realty, Inc.	Year-to-date Date (Mo., Day, Year) 05/16/2022 Aggregate	Amount of each receipt this period \$1,000,00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road City, State, Zip Code Olive Branch, MS 38654-6924 Name of Employer (Required) Bridgforth Realty, Inc. Occupation (Required) President, Director Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road City, State, Zip Code Olive Branch, MS 38654-6924 Name of Employer (Required) Bridgforth Realty, Inc. Occupation (Required) President, Director Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road City, State, Zip Code Olive Branch, MS 38654-6924 Name of Employer (Required) Bridgforth Realty, Inc. Occupation (Required) President, Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Leonardo Seoane	Aggregate Year-to-date Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Barry W. Bridgforth Mailing Address 3606 Bridgeforth Road City, State, Zip Code Olive Branch, MS 38654-6924 Name of Employer (Required) Bridgforth Realty, Inc. Occupation (Required) President, Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Leonardo Seoane Mailing Address 1011 Nashville Ave	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Noble	01/22/2022	\$200.00
Mailing Address 104 Seymour Dr.		
City, State, Zip Code Indianola, MS 38751-2616		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$200,00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Skipper Holliman	08/10/2022	\$1,667.00
Mailing Address 2234 Pecan Hill Ln.		
City, State, Zip Code Tupelo, MS 38801-7112		
Name of Employer (Required) Homestretch		
Occupation (Required) Furniture Management	Aggregate Year-to-date	\$1,667.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Despotation 2 120 missings	1	recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bennett York	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue City, State, Zip Code Hattiesburg, MS 39402-3108	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue City, State, Zip Code Hattiesburg, MS 39402-3108 Name of Employer (Required) Hattiesburg Oral Surgery of South MS, P.A. Occupation (Required)	(Mo., Day, Year) 09/27/2022 Aggregate	recelpt this period \$1,000.00
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue City, State, Zip Code Hattiesburg, MS 39402-3108 Name of Employer (Required) Hattiesburg Oral Surgery of South MS, P.A. Occupation (Required) Oral Surgeon Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue City, State, Zip Code Hattiesburg, MS 39402-3108 Name of Employer (Required) Hattiesburg Oral Surgery of South MS, P.A. Occupation (Required) Oral Surgeon Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue City, State, Zip Code Hattiesburg, MS 39402-3108 Name of Employer (Required) Hattiesburg Oral Surgery of South MS, P.A. Occupation (Required) Oral Surgeon Source: Corporation PAC Individual Loan Other (please specify) Full Name George B. Pickett	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Bennett York Mailing Address 1421 S 28th Avenue City, State, Zip Code Hattiesburg, MS 39402-3108 Name of Employer (Required) Hattiesburg Oral Surgery of South MS, P.A. Occupation (Required) Oral Surgeon Source: Corporation PAC Individual Loan Other (please specify) Full Name George B. Pickett Mailing Address 217 Brae Burn Dr	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt 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 AT&T Mississippi Political Action Committee	05/10/2022	\$2,500.00
Mailing Address 209 E Capitol St		
City, State, Zip Code Jackson, MS 39201-2402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vicente Rangel	04/28/2022	\$15,000.00
Mailing Address 4444 Westheimer Rd Unit 325		
City, State, Zip Code Houston, TX 77027-4800		
Name of Employer (Required) Ranman USA		
Occupation (Required) CEO	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joan Blanks	11/15/2022	\$100.00
Mailing Address 350 TOWN CENTER WAY STE 203		
City, State, Zip Code Flowood, MS 39232-6016		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name James Daniel	11/18/2022	\$2,500.00
Mailing Address PO Box 676		
City, State, Zip Code Corinth, MS 38835-0676		
Name of Employer (Required) SMC Recycling		
Citio i teojemis		

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	= 4	tills period
Full Name Agility Restoration, LLC	09/28/2022	\$25,000.00
Mailing Address 16051 Addison Road STE 300		
City, State, Zip Code Addison, TX 75001-3271		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray L. Wesson Jr.	01/26/2022	\$100.00
Mailing Address 618 N. Central Ave.		
City, State, Zip Code Waveland, MS 39576-4310		
Name of Employer (Required) Bank Plus		
Occupation (Required) President	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Ramsay S. Taylor	05/12/2022	\$500.00
Mailing Address 4703 Willow St.		
City, State, Zip Code Pascagoula, MS 39567-1659		
Name of Employer (Required) Tay's BBQ		
Occupation (Required) Owner	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 Blackbird, LLC	05/16/2022	\$1,500.00
Mailing Address 603 South Central Ave		
City, State, Zip Code New Albany, MS 38652-3706		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pinchers, LLC	08/23/2022	\$1,000.00
Mailing Address 5268 Pleasure St.		
City, State, Zip Code Bay Saint Louis, MS 39520-9588		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Ken Dulaney	10/18/2022	\$250.00
Mailing Address PO Box 49		
City, State, Zip Code Tupelo, MS 38802-0049		
Name of Employer (Required) Alliance		
Occupation (Required) Sales	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify) Yefund - Wer Corporate limit	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Norfolk Southern Corporation	12/31/2022	(\$1,000.00)
Mailing Address 650 W. Peachtree St. NW		
City, State, Zip Code Atlanta, GA 30308-1925		
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 recelpt this period
Full Name Bobby E. Brown	07/21/2022	\$1,000.00
Mailing Address PO Box 2525		
City, State, Zip Code Madison, MS 39130-2525		
Name of Employer (Required) Mississippi for Progress		
Occupation (Required) ED	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Chancellor Construction, LLC	08/02/2022	\$5,000.00
Mailing Address 25 Town Center Square		
City, State, Zip Code Hattiesburg, MS 39402-7040		
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 recelpt this period
Full Name Woods Eastland	11/15/2022	\$500.00
Mailing Address 1304 Bayou Drive		
City, State, Zip Code Indianola, MS 38751-2937		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
		Amount of each
Source: Corporation PAC Individual Loan Other (please specify) Limited Partnership	Date (Mo., Day, Year)	receipt this period
Source: Corporation C PAC C Individual C Corporation		receipt
Other (please specify) Limited Partnership	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
Cother (please specify) Limited Partnership Full Name Deviney Equipment/Rental & Supply Mailing Address PO Box 7179	(Mo., Day, Year)	receipt this period
City, State, Zip Code Corporation Devines Equipment/Rental & Supply Limited Partnership Limited Partnership Supply Address PO Box 7179 Jackson, MS 39282-7179	(Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Limited Partnership Limited Partnership Limited Partnership Limited Partnership Jackson, MS 39282-7179	(Mo., Day, Year) 09/07/2022 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Corporation PAC Individual Loan	(Mo., Day, Year) 09/07/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Victor Walsh	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Corporation Deviney Equipment/Rental & Supply Mailing Address PO Box 7179 City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Victor Walsh Mailing Address 4619 Main Street Suite A	Aggregate Year-to-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 of	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Mississippi Dental PAC	11/15/2022	\$2,000.00
Mailing Address 439B Katherine Drive		
City, State, Zip Code Flowood, MS 39232-9781		
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 recelpt this period
Full Name Duane Stevens	01/23/2022	\$200.00
Mailing Address 106 Cherry Cv		
City, State, Zip Code Madison, MS 39110-8557		
Name of Employer (Required) Stevens Mechanical Systems, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt
Other (please specify)	(INO., Day, Year)	this period
Full Name Southern Farm Bureau Life Insurance Company	02/05/2022	this period \$1,000.00
Euli Nama	-	
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City State Zin Code	-	
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98	-	
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City, State, Zip Code Jackson, MS 39205-0098	-	
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City, State, Zip Code Jackson, MS 39205-0098 Name of Employer (Required)	02/05/2022 Aggregate	\$1,000.00
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City, State, Zip Code Jackson, MS 39205-0098 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City, State, Zip Code Jackson, MS 39205-0098 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each recelpt this period
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City, State, Zip Code Jackson, MS 39205-0098 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bricklee Miller	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each recelpt this period
Full Name Southern Farm Bureau Life Insurance Company Mailing Address PO Box 98 City, State, Zip Code Jackson, MS 39205-0098 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bricklee Miller Mailing Address 3189 Old Hwy 25	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each recelpt this period

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Name of Candidate	or Committee
Deporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Voulters Medical Consultants Inc	10/05/2022	\$1,000.00
Mailing Address 927 E Scenic Dr.		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required)		
Occupation (Required)	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
Full Name Friends Of MSMS	09/12/2022	\$1,000.00
Mailing Address 1202 S 34th Ave		
City, State, Zip Code Hattiesburg, MS 39402-3060		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
		4 4 4
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Clark PAC		receipt
Other (please specify) Clark PAC	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd City, State, Zip Code Oakland, KY 42159-9766	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd City, State, Zip Code Oakland, KY 42159-9766 Name of Employer (Required)	(Mo., Day, Year) 11/03/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd City, State, Zip Code Oakland, KY 42159-9766 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/03/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd City, State, Zip Code Oakland, KY 42159-9766 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 \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Clark PAC Mailing Address 300 Oakland Flatrock Rd City, State, Zip Code Oakland, KY 42159-9766 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Colin Maloney	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 Clark PAC Mailing Address 300 Oakland Flatrock Rd City, State, Zip Code Oakland, KY 42159-9766 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Colin Maloney Mailing Address PO Box 1366	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	01/01/2022

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ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Wirt Yerger III	01/21/2022	\$2,000.00
Mailing Address 300 Concourse Blvd. Suite 101		
City, State, Zip Code Ridgeland, MS 39157-2091		
Name of Employer (Required) Glacier Holdings, LLC		
Occupation (Required) Manager	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
Full Name Southeastern Timber Products, LLC	05/04/2022	\$1,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
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
double. — osipotation — · · · ·		receipt
Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Full Name Parish Transport Logistics LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City, State, Zip Code Eilisville, MS 39437-0159	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City, State, Zip Code Ellisville, MS 39437-0159 Name of Employer (Required)	(Mo., Day, Year) 11/21/2022 Aggregate	receipt this period \$2,500.00
Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City, State, Zip Code Ellisville, MS 39437-0159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$4,000.00 Amount of each receipt
Tother (please specify) Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City, State, Zip Code Ellisville, MS 39437-0159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$4,000.00 Amount of each receipt this period
Tother (please specify) Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City, State, Zip Code Ellisville, MS 39437-0159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Divine	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$4,000.00 Amount of each receipt this period
Full Name Parish Transport Logistics LLC Mailing Address PO Box 159 City, State, Zip Code Ellisville, MS 39437-0159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$4,000.00 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 Build Mississippi PAC	12/28/2022	\$50,000.00
Mailing Address 4209 Lakeland Dr # 214		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$50,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Friedkin Group Inc	12/20/2022	\$1,000.00
Mailing Address P.O. Box 441887		
City, State, Zip Code Houston, TX 77244-1887		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source Corporation PAC Individual Loan		Amount of each
Source: Corporation — FAO — materials — 2000	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Coan Other (please specify) Full Name Denise Pratt		
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane	(Mo., Day, Year)	this period
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane	(Mo., Day, Year)	this period
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane City, State, Zip Code Hernando, MS 38632-9655	(Mo., Day, Year)	this period
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane City, State, Zip Code Hernando, MS 38632-9655 Name of Employer (Required) First Pharmacy Services LLC Occupation (Required)	(Mo., Day, Year) 10/17/2022 Aggregate	this period \$9,500.00
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane City, State, Zip Code Hernando, MS 38632-9655 Name of Employer (Required) First Pharmacy Services LLC Occupation (Required) Principal Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date	\$9,500.00 \$9,500.00 \$9,500.00 Amount of each receipt
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane City, State, Zip Code Hernando, MS 38632-9655 Name of Employer (Required) First Pharmacy Services LLC Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$9,500.00 \$9,500.00 \$9,500.00 Amount of each receipt this period
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane City, State, Zip Code Hernando, MS 38632-9655 Name of Employer (Required) First Pharmacy Services LLC Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael A. Bradshaw Mailing Address 327 Tatum Camp Rd	(Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$9,500.00 \$9,500.00 \$9,500.00 Amount of each receipt this period
Other (please specify) Full Name Denise Pratt Mailing Address 5787 Ginners Lane City, State, Zip Code Hernando, MS 38632-9655 Name of Employer (Required) First Pharmacy Services LLC Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael A. Bradshaw Mailing Address 327 Tatum Camp Rd	(Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$9,500.00 \$9,500.00 \$9,500.00 Amount of each receipt this period

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Name of Candidate or Committee		Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name B. Bryan Jones III	11/10/2022	\$250.00
Mailing Address 134 Hidden Heights	111111111111111111111111111111111111111	42 50.50
City State 7in Code		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
Retired	Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Timothy B. Smith	05/10/2022	\$5,000.00
Mailing Address 4704 N Harper Rd.		
City, State, Zip Code Corinth, MS 38834-7070		
Name of Employer (Required) Avectus Healthcare Solutions		
Occupation (Required) Founder	Aggregate Year-to-date	\$5,000.00
	111111111111111111111111111111111111111	
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 Michael William Chancellor Mailing Address 908 Dove Blvd	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael William Chancellor Mailing Address 908 Dove Blvd	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael William Chancellor Mailing Address 908 Dove Blvd City, State, Zip Code Bay Saint Louis, MS 39520-8841	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael William Chancellor Mailing Address 908 Dove Blvd City, State, Zip Code Bay Saint Louis, MS 39520-8841 Name of Employer (Required) Chancellor, Inc. Occupation (Required)	Date (Mo., Day, Year) 08/02/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Michael William Chancellor Mailing Address 908 Dove Blvd City, State, Zip Code Bay Saint Louis, MS 39520-8841 Name of Employer (Required) Chancellor, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/02/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Michael William Chancellor Mailing Address 908 Dove Blvd City, State, Zip Code Bay Saint Louis, MS 39520-8841 Name of Employer (Required) Chancellor, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/02/2022 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 Michael William Chancellor Mailing Address 908 Dove Blvd City, State, Zip Code Bay Saint Louis, MS 39520-8841 Name of Employer (Required) Chancellor, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff C. Bowman Mailing Address 102 Wild Mdws	Date (Mo., Day, Year) 08/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tull Name Michael William Chancellor Mailing Address 908 Dove Blvd City, State, Zip Code Bay Saint Louis, MS 39520-8841 Name of Employer (Required) Chancellor, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff C. Bowman Mailing Address 102 Wild Mdws	Date (Mo., Day, Year) 08/02/2022 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 Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russell G. Newman	05/10/2022	\$1,000.00
Mailing Address 2531 Old Brandon Road		
City, State, Zip Code Pearl, MS 39208-4604		
Name of Employer (Required) MS Bonding Company		
Occupation (Required) Vice President	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
Full Name John W McPherson Jr.	12/31/2022	\$2,500.00
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required) Double Quick Inc		
Occupation (Required)	Aggregate	\$5,000.00
VF	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968 Name of Employer (Required) Waggoner Engineering Occupation (Required)	Date (Mo., Day, Year) 12/01/2022 Aggregate	Amount of each recelpt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968 Name of Employer (Required) Waggoner Engineering Occupation (Required) CEO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date	Amount of each recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968 Name of Employer (Required) Waggoner Engineering Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) LP	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968 Name of Employer (Required) Waggoner Engineering Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) LP Full Name Sunrise Partners, LP	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Waggoner Mailing Address 1458 Highland Park Drive City, State, Zip Code Jackson, MS 39211-5968 Name of Employer (Required) Waggoner Engineering Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) LP Full Name Sunrise Partners, LP Mailing Address 4 River Bend Place Ste 110	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt 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 Sidney P. Allen Jr.	07/07/2022	\$500.00
Mailing Address 200 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2504		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	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
Full Name Loss Prevention Services LLC	04/27/2022	\$20,000.00
Mailing Address PO Box 1827		
City, State, Zip Code Natchez, MS 39121-1827		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$21,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Breerwood		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Breerwood Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St. City, State, Zip Code Poplarville, MS 39470-7469	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St. City, State, Zip Code Poplarville, MS 39470-7469 Name of Employer (Required) PRCC Occupation (Required)	(Mo., Day, Year) 08/30/2022 Aggregate	receipt this period \$100.00
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St. City, State, Zip Code Poplarville, MS 39470-7469 Name of Employer (Required) PRCC Occupation (Required) VP Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/30/2022 Aggregate Year-to-date Date	receipt this period \$100.00 \$100.00 Amount of each receipt
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St. City, State, Zip Code Poplarville, MS 39470-7469 Name of Employer (Required) PRCC Occupation (Required) VP Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$100.00 Amount of each receipt this period
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St. City, State, Zip Code Poplarville, MS 39470-7469 Name of Employer (Required) PRCC Occupation (Required) VP Source: Corporation PAC Individual Loan Other (please specify) Full Name Troy S. Griffin	(Mo., Day, Year) 08/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$100.00 Amount of each receipt this period
Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St. City, State, Zip Code Poplarville, MS 39470-7469 Name of Employer (Required) PRCC Occupation (Required) VP Source: Corporation PAC Individual Loan Other (please specify) Full Name Troy S. Griffin Mailing Address PO Box 188	(Mo., Day, Year) 08/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$100.00 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 Robert Carroll King	03/29/2022	\$2,500.00
Mailing Address 110 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) Triangle Development LLC		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tourism Mississippi PAC	09/26/2022	\$5,000.00
Mailing Address PO Box 2745		
City, State, Zip Code Madison, MS 39130-2745		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
	leat-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jonathan Jones	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jonathan Jones Mailing Address 16 Office Park Dr.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jonathan Jones Mailing Address 16 Office Park Dr. City, State, Zip Code Hattiesburg, MS 39402-6020	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jonathan Jones Mailing Address 16 Office Park Dr. City, State, Zip Code Hattiesburg, MS 39402-6020	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jonathan Jones Mailing Address 16 Office Park Dr. City, State, Zip Code Hattiesburg, MS 39402-6020 Name of Employer (Required) The Jones Companies, LLC Occupation (Required)	Date (Mo., Day, Year) 09/12/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Jonathan Jones Mailing Address 16 Office Park Dr. City, State, Zip Code Hattiesburg, MS 39402-6020 Name of Employer (Required) The Jones Companies, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 09/12/2022 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	Date (Mo., Day, Year) 09/12/2022 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	Date (Mo., Day, Year) 09/12/2022 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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Name of Candidate	or Committee
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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 Max Dyar	08/02/2022	\$2,000.00
Mailing Address 145 Wild Meadows		
City, State, Zip Code Hattiesburg, MS 39402-8108		
Name of Employer (Required) In Dyar Need LLC		
Occupation (Required) Owner	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
Full Name Walter Rose	06/03/2022	\$500.00
Mailing Address 601 Magnolia Drive		
City, State, Zip Code Indianola, MS 38751-2529		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Occupation (Required) Retired Source: Corporation PAC Individual Loan Description LLC		\$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Compass Pointe Apartments Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Compass Pointe Apartments Mailing Address PO Box 286	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Compass Pointe Apartments Mailing Address PO Box 286 City, State, Zip Code Greenwood, MS 38935-0286	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Compass Pointe Apartments Mailing Address PO Box 286 City, State, Zip Code Greenwood, MS 38935-0286 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 11/29/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Compass Pointe Apartments Mailing Address PO Box 286 City, State, Zip Code Greenwood, MS 38935-0286 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Compass Pointe Apartments Mailing Address PO Box 286 City, State, Zip Code Greenwood, MS 38935-0286 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Compass Pointe Apartments Mailing Address PO Box 286 City, State, Zip Code Greenwood, MS 38935-0286 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Morris	Aggregate Year-to-date Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Compass Pointe Apartments Mailing Address PO Box 286 City, State, Zip Code Greenwood, MS 38935-0286 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Morris Mailing Address PO Box 994	Aggregate Year-to-date Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Charles J. Hilborn	08/29/2022	\$2,000.00
Mailing Address 6407 Jim Ramsay Road		
City, State, Zip Code Vancleave, MS 39565-9634		
Name of Employer (Required) Riverside Dental		
Occupation (Required) Dentist	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
Full Name Malcolm Portera	08/09/2022	\$10,000.00
Mailing Address 769 Carleton St		
City, State, Zip Code Tuscaloosa, AL 35406-3140		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	\$10,000.00
Consultant	Year-to-date	\$10,000.00
Consultant Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Consultant	Date	Amount of each receipt
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc.	Date (Mo., Day, Year)	Amount of each receipt this period
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive	Date (Mo., Day, Year)	Amount of each receipt this period
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive	Date (Mo., Day, Year)	Amount of each receipt this period
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive City, State, Zip Code Lake Saint Louis, MO 63367-1861	Date (Mo., Day, Year)	Amount of each receipt this period
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive City, State, Zip Code Lake Saint Louis, MO 63367-1861 Name of Employer (Required)	Date (Mo., Day, Year) 12/01/2022 Aggregate	Amount of each receipt this period \$1,000.00
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive City, State, Zip Code Lake Saint Louis, MO 63367-1861 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive City, State, Zip Code Lake Saint Louis, MO 63367-1861 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 Amount of each receipt this period
Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive City, State, Zip Code Lake Saint Louis, MO 63367-1861 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Loss Prevention Services LLC	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MTM, Inc. Mailing Address 16 Hawk Ridge Drive City, State, Zip Code Lake Saint Louis, MO 63367-1861 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Loss Prevention Services LLC Mailing Address PO Box 1827	Date (Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 Amount of each receipt this period

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Reporting Period	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		
David Bridgers	07/09/2022	\$1,500.00
Mailing Address 3528 Manor Dr		
City, State, Zip Code Vicksburg, MS 39180-5693		
Name of Employer (Required) Bridgers CPA's		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Regions	11/16/2022	\$1,000.00
Mailing Address 201 Monroe St. STE 200		
City, State, Zip Code Montgomery, AL 36104-3735		
Name of Employer (Required)		
Occupation (Required)	Aggregate	84,000,00
• • •	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name VBC, LLC Mailing Address	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name VBC, LLC Mailing Address 1879 North Coley Road	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan The Other (please specify) Full Name VBC, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931	Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name VBC, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required)	Date (Mo., Day, Year) 06/14/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name VBC, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date	Amount of each recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt
Source: Corporation PAC Individual Loan Tother (please specify) Full Name VBC, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) Full Name VBC, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bob L Chain Jr.	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name VBC, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bob L Chain Jr. Mailing Address 3 GRAND BAYOU CIR	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Mississippi Dental Association 5th District PAC	01/07/2022	(\$5,000.00)
Mailing Address 1213 Broad Ave Ste 1		
City, State, Zip Code Gulfport, MS 39501-2475		
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 Christopher Ellis	05/10/2022	\$250.00
Mailing Address 178 Woodlands Glen Cr.		
City, State, Zip Code Brandon, MS 39047-7107		
Name of Employer (Required) Self		
Occupation (Required) Self	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Lawrence C. Long	1	recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lawrence C. Long	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lawrence C. Long Mailing Address 65 Holly Ridge Rd	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lawrence C. Long Mailing Address 65 Holly Ridge Rd City, State, Zip Code Indianola, MS 38751-9691	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lawrence C. Long Mailing Address 65 Holly Ridge Rd City, State, Zip Code Indianola, MS 38751-9691 Name of Employer (Required) Saint Rest Planting Co. Occupation (Required)	(Mo., Day, Year) 11/10/2022 Aggregate	recelpt this period \$250.00
Other (please specify) Full Name Lawrence C. Long Mailing Address 65 Holly Ridge Rd City, State, Zip Code Indianola, MS 38751-9691 Name of Employer (Required) Saint Rest Planting Co. Occupation (Required) Partner Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 11/10/2022 Aggregate Year-to-date Date	recelpt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 11/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 11/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 11/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt 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 recelpt this period
Full Name Rebecca Finlay	06/14/2022	\$10,000.00
Mailing Address 517 East Beach Dr.		
City, State, Zip Code Ocean Springs, MS 39564-5108		
Name of Employer (Required) Nautilus Properties LLC		
Occupation (Required) Executive	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 Douglas Rogers	11/03/2022	\$1,000.00
Mailing Address PO Box 1805		
City, State, Zip Code Collins, MS 39428-1805		
Name of Employer (Required) Peoples Bank		
Name of Employer (Required) Peoples Bank Occupation (Required) SVP	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		\$1,000.00 Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City State Zin Code	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014 Name of Employer (Regulred)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014 Name of Employer (Required) Self Occupation (Required)	Year-to-date Date (Mo., Day, Year) 11/21/2022 Aggregate	Amount of each receipt this period \$200.00
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014 Name of Employer (Required) Self Occupation (Required) Cattle, Timber Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$200.00 \$800.00 Amount of each receipt
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014 Name of Employer (Required) Self Occupation (Required) Cattle, Timber Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$800.00 Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014 Name of Employer (Required) Self Occupation (Required) Cattle, Timber Source: Corporation PAC Individual Loan Other (please specify) Full Name John David Fagan	Year-to-date Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$800.00 Amount of each receipt this period
Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ben Solomon Moody Malling Address Po Box 14 City, State, Zip Code Poplarville, MS 39470-0014 Name of Employer (Required) Self Occupation (Required) Cattle, Timber Source: Corporation PAC Individual Loan Other (please specify) Full Name John David Fagan Mailing Address 106 Lakewood Hills	Year-to-date Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$800.00 Amount of each receipt this period

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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 Charles F. Humphrey	04/21/2022	\$500.00
Mailing Address 36873 Hwy 430		
City, State, Zip Code Coila, MS 38923-6965		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 John Dane III	06/20/2022	\$10,000.00
Mailing Address 11638 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-6151		
Name of Employer (Required) United States Marine, Inc.		
Оссираtion (Required) Chairman	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Conner House		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Conner House Mailing Address PO Box 614	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614 Name of Employer (Required) Good Hope Inc Occupation (Required)	(Mo., Day, Year) 09/10/2022 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614 Name of Employer (Required) Good Hope Inc Occupation (Required) Forester Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/10/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614 Name of Employer (Required) Good Hope Inc Occupation (Required) Forester Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614 Name of Employer (Required) Good Hope Inc Occupation (Required) Forester Source: Corporation PAC Individual Loan Other (please specify) Full Name Voulters Medical Consultants Inc	(Mo., Day, Year) 09/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Conner House Mailing Address PO Box 614 City, State, Zip Code Natchez, MS 39121-0614 Name of Employer (Required) Good Hope Inc Occupation (Required) Forester Source: Corporation PAC Individual Loan Other (please specify) Will Name Voulters Medical Consultants Inc Mailing Address 927 E Scenic Dr.	(Mo., Day, Year) 09/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$2,500.00 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 Edwin Nordan	09/17/2022	\$2,500.00
Mailing Address 186 Oak Drive		
City, State, Zip Code Greenville, MS 38701-7706		
Name of Employer (Required) Greenville Animal Clinic		
Occupation (Required) Veterinarian	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name BNSF RailPAC	12/02/2022	\$1,000.00
Mailing Address PO Box 961039		
City, State, Zip Code Fort Worth, TX 76161-0039		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
oodpans (Noganita)	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297 City, State, Zip Code Woodville, MS 39669-1297	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297 City, State, Zip Code Woodville, MS 39669-1297 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 11/21/2022 Aggregate	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297 City, State, Zip Code Woodville, MS 39669-1297 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date	Amount of each recelpt this period \$200.00 \$400.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297 City, State, Zip Code Woodville, MS 39669-1297 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297 City, State, Zip Code Woodville, MS 39669-1297 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan Other (please specify) Full Name Thad Varner	Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore Mailing Address PO Box 1297 City, State, Zip Code Woodville, MS 39669-1297 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan Other (please specify) Full Name Thad Varner Mailing Address 2460 Meadowbrook Road	Date (Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$200.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify)		
Full Name Betty Lou Jones	07/28/2022	\$250.00
Mailing Address 3637 Parkway Boulevard		
City, State, Zip Code Meridian, MS 39305-3869		
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
Full Name Mississippi Association Of Health Plans	05/15/2022	\$1,000.00
Mailing Address 200 North Congress St Ste 201		
City, State, Zip Code Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Pear-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Douglas M. Wright Jr.	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services	Date (Mo., Day, Year) 08/25/2022 Aggregate	Amount of each receipt this period \$1,000.00
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/25/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Burroughs	Date (Mo., Day, Year) 08/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Burroughs Mailing Address PO Box 4451	Date (Mo., Day, Year) 08/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)	(, =, ,	this period
Full Name Montgomery Enterprises, Inc.	08/24/2022	\$1,000.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
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 perlod
Full Name Justin Bakes	12/01/2022	\$1,000.00
Mailing Address 301 Linden St.		
City, State, Zip Code Wellesley Hills, MA 02481-4914		
Name of Employer (Required) Forward Financing		
Occupation (Required) Executive	Aggregate	\$1,000.00
LACOUNT	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
	Date	recelpt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3307	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3307 Name of Employer (Required) Butler Snow	Date (Mo., Day, Year) 12/13/2022 Aggregate	recelpt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3307 Name of Employer (Required) Butler Snow Occupation (Required) GR Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/13/2022 Aggregate Year-to-date Date	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3307 Name of Employer (Required) Butler Snow Occupation (Required) GR Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/13/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3307 Name of Employer (Required) Butler Snow Occupation (Required) GR Source: Corporation PAC Individual Loan Other (please specify) Full Name Christopher L. Bullock	Date (Mo., Day, Year) 12/13/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph K. Sims Mailing Address 3540 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3307 Name of Employer (Required) Butler Snow Occupation (Required) GR Source: Corporation PAC Individual Loan Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St.	Date (Mo., Day, Year) 12/13/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Candidate	ог	Committee
				14/04/2022

12/31/2022

Reporting Period 01/01/2022

ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name E. Bruce Martin	08/09/2022	\$10,000.00
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	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David L Stokes	11/26/2022	\$250.00
Mailing Address 1889 Lake Washington Rd E		
City, State, Zip Code Hollandale, MS 38748-9791		
Name of Employer (Required) Trey Childs Electrical		
Occupation (Required) Electrician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Source. — Corporation — 170 — maintage	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kimberly J. Fritz Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd. City, State, Zip Code Biloxi, MS 39532-4603	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd. City, State, Zip Code Biloxi, MS 39532-4603 Name of Employer (Required) Fritz Development Occupation (Required)	Date (Mo., Day, Year) 10/03/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd. City, State, Zip Code Biloxi, MS 39532-4603 Name of Employer (Required) Fritz Development Occupation (Required) Contractor Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/03/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$350.00 Amount of each receipt
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd. City, State, Zip Code Biloxi, MS 39532-4603 Name of Employer (Required) Fritz Development Occupation (Required) Contractor Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/03/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$350.00 Amount of each receipt this period
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd. City, State, Zip Code Biloxi, MS 39532-4603 Name of Employer (Required) Fritz Development Occupation (Required) Contractor Source: Corporation PAC Individual Loan Other (please specify) Full Name Hunter Lipscomb	Date (Mo., Day, Year) 10/03/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$350.00 Amount of each receipt this period
Other (please specify) Full Name Kimberly J. Fritz Mailing Address 765 Destiny Plantation Blvd. City, State, Zip Code Biloxi, MS 39532-4603 Name of Employer (Required) Fritz Development Occupation (Required) Contractor Source: Corporation PAC Individual Loan Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct.	Date (Mo., Day, Year) 10/03/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$350.00 Amount of each receipt this period

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Name of Candidate o	r Committee	Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny L. Crane Jr.	03/23/2022	\$2,000.00
Mailing Address 116 Francis Dr.		
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) President	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
Full Name Ares GroupLLC	08/02/2022	\$1,000.00
Mailing Address 54 Montclaire		
City, State, Zip Code Hattiesburg, MS 39402-8164		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Custom Alloys Corp.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Custom Alloys Corp. Mailing Address P.O. Box 554	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Custom Alloys Corp. Mailing Address P.O. Box 554	(Mo., Day, Year)	receipt this period
Custom Alloys Corp. Mailing Address P.O. Box 554 City, State, Zip Code New Albany, MS 38652-0554	(Mo., Day, Year)	receipt this period
Custom Alloys Corp. Mailing Address P.O. Box 554 City, State, Zip Code New Albany, MS 38652-0554 Name of Employer (Required)	(Mo., Day, Year) 05/16/2022 Aggregate	receipt this period \$1,000.00
Custom Alloys Corp. Mailing Address P.O. Box 554 City, State, Zip Code New Albany, MS 38652-0554 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Custom Alloys Corp. Mailing Address P.O. Box 554 City, State, Zip Code New Albany, MS 38652-0554 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/16/2022 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 Custom Alloys Corp. Mailing Address P.O. Box 554 City, State, Zip Code New Albany, MS 38652-0554 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy R. Folkes	(Mo., Day, Year) 05/16/2022 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 Custom Alloys Corp. Mailing Address P.O. Box 554 City, State, Zip Code New Albany, MS 38652-0554 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy R. Folkes Mailing Address 63 Herbert Trigg Rd	(Mo., Day, Year) 05/16/2022 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 John N. Palmer	11/14/2022	\$250.00
Mailing Address PO Box 3747		
City, State, Zip Code Jackson, MS 39207-3747		
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
Full Name Henry N. Reichle Jr.	11/29/2022	\$2,500.00
Mailing Address 1301 Riverbend Dr.		
City, State, Zlp Code Greenwood, MS 38930-3322		
Name of Employer (Required) Staplcotn		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Denton B. Biglane		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Denton B. Biglane Mailing Address PO Box 988	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988 Name of Employer (Required) Self Occupation (Required) Land Management Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/20/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988 Name of Employer (Required) Self Occupation (Required) Land Management	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988 Name of Employer (Required) Self Occupation (Required) Land Management Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary E. Copeland	(Mo., Day, Year) 04/20/2022 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 Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988 Name of Employer (Required) Self Occupation (Required) Land Management Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd	(Mo., Day, Year) 04/20/2022 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 Denton B. Biglane Mailing Address PO Box 988 City, State, Zip Code Natchez, MS 39121-0988 Name of Employer (Required) Self Occupation (Required) Land Management Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd	(Mo., Day, Year) 04/20/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	-	tino period
Full Name Cornerstone Government Affairs, Inc.	09/16/2022	\$1,000.00
Mailing Address 800 Maine Avenue SW, 7th Floor		
City, State, Zip Code Washington, DC 20024-2805		
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 Greg Prine	11/29/2022	\$500.00
Mailing Address 60 Dyess Circle		
City, State, Zip Code Columbia, MS 39429-9254		
Name of Employer (Required) Beacon Supply Co.		
Occupation (Required) Manager	Aggregate	\$500.00
Managor	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	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 Gary Parker III Mailing Address	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd City, State, Zip Code Flowcod, MS 39232-9021	Date (Mo., Day, Year)	receipt this period \$50.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd City, State, Zip Code Flowood, MS 39232-9021 Name of Employer (Required) N/A Occupation (Required)	Date (Mo., Day, Year) 08/21/2022	receipt this period \$50.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd City, State, Zip Code Flowcod, MS 39232-9021 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/21/2022 Aggregate Year-to-date Date	receipt this period \$50.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd City, State, Zip Code Flowood, MS 39232-9021 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd City, State, Zip Code Flowcod, MS 39232-9021 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Home Builders Association of Mississippi (Build PAC)	Date (Mo., Day, Year) 08/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary Parker III Mailing Address 102 Belle Meade Blvd City, State, Zip Code Flowood, MS 39232-9021 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Home Builders Association of Mississippi (Build PAC) Mailing Address 290 Commerce Park Dr Ste B	Date (Mo., Day, Year) 08/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$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 Keith T. Petagna	10/03/2022	\$250.00
Mailing Address 710 E Second St.		
City, State, Zip Code Pass Christian, MS 39571-4614		
Name of Employer (Required) Donovan Marine Inc		
Occupation (Required) Sales MGR	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Brad Yarbrough	04/15/2022	\$100.00
Mailing Address 3 E Pins Ct.		
City, State, Zip Code Natchez, MS 39120-9369		
Name of Employer (Required) Natchez Ford		
Occupation (Required) Car Dealer	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan	Date (Ma. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Gother (please specify) Full Name Jeff Michael Zimmerman	01/26/2022	this period \$100.00
Full Name		
Full Name Jeff Michael Zimmerman		
Full Name Jeff Michael Zimmerman Mailing Address 1213 Broad Ave STE #1		
Full Name Jeff Michael Zimmerman Mailing Address 1213 Broad Ave STE #1 City, State, Zip Code Gulfport, MS 39501-2475		
Full Name Jeff Michael Zimmerman Mailing Address 1213 Broad Ave STE #1 City, State, Zip Code Gulfport, MS 39501-2475 Name of Employer (Required) Zimmerman Family Dentistry Occupation (Required)	01/26/2022 Aggregate	\$100.00
Full Name Jeff Michael Zimmerman 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 Source: Corporation PAC Individual Loan	O1/26/2022 Aggregate Year-to-date Date	\$100.00 \$100.00 Amount of each receipt
Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each receipt this period
Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each receipt this period
Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Minton-Walker	10/12/2022	\$250.00
Mailing Address 151 Aspen Trail		
City, State, Zip Code Columbia, SC 29206-4978		
Name of Employer (Required) Self		
Occupation (Required) Consultant	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 Anna Marie Barnes	01/24/2022	\$200.00
Mailing Address 3980 Council Circle		
City, State, Zip Code Jackson, MS 39206-5811		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 120 — manteuz		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required)	(Mo., Day, Year) 10/18/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/18/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/18/2022 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 Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name John Witcher	(Mo., Day, Year) 10/18/2022 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 Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name John Witcher Mailing Address 111 Oakridge Trail	(Mo., Day, Year) 10/18/2022 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 C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Verde Services LLC	09/16/2022	\$1,000.00
Mailing Address	00/10/2022	
PO Box 144		
City, State, Zip Code Laurel, MS 39441-0144		
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 recelpt this period
Full Name Mississippi Lumber Manufacturers Association	09/15/2022	\$1,000.00
Mailing Address PO Box 5241		
City, State, Zip Code Jackson, MS 39296-5241		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
Occupation (Keduneu)	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		Amount of each receipt this period
	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008 City, State, Zip Code Coldwater, MS 38618-1008	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008 City, State, Zip Code Coldwater, MS 38618-1008 Name of Employer (Required) North MS Grain Co	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008 City, State, Zip Code Coldwater, MS 38618-1008 Name of Employer (Required) North MS Grain Co Occupation (Required) PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date	Amount of each recelpt this period \$250.00 \$250.00 Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008 City, State, Zip Code Coldwater, MS 38618-1008 Name of Employer (Required) North MS Grain Co Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph A. Mohamed II	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008 City, State, Zip Code Coldwater, MS 38618-1008 Name of Employer (Required) North MS Grain Co Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph A. Mohamed II Mailing Address 5412 Fletchers Chapel Road	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerome B. Slocum Mailing Address PO Box 1008 City, State, Zip Code Coldwater, MS 38618-1008 Name of Employer (Required) North MS Grain Co Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Joseph A. Mohamed II Mailing Address 5412 Fletchers Chapel Road	Year-to-date Date (Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period \$250.00 \$250.00 Amount of each recelpt this period

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Name of Candidate or Committee		Tate for Governor		
Reporting Period	01/01/2022		through	12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G. O. Griffith Jr.	05/10/2022	\$5,000.00
Mailing Address 625 Oakland Terrace		
City, State, Zip Code Alexandria, VA 22302-4114		
Name of Employer (Required) BGR Group		
Occupation (Required) Chairman	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 Samir Tomajian	01/25/2022	\$1,000.00
Mailing Address 10740 Plantation Ln		
City, State, Zip Code Gulfport, MS 39503-4058		
Name of Employer (Required) Physician		
Occupation (Required) Memorial Hospital	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 Amplify, Inc.	12/20/2022	\$1,000.00
Mailing Address 735 N. Congress St.		
City, State, Zip Code Jackson, MS 39202-3009		
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 Jonathan Walker Jones	11/28/2022	\$500.00
Mailing Address 605 Rue Maupesant		
City, State, Zip Code Ocean Springs, MS 39564-3065		
Name of Employer (Required) Sr. VP & GM		
Occupation (Required) Caesars Entertainment	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Preston Lamm	01/27/2022	\$500.00
Mailing Address 7467 Swinnea Road		
City, State, Zip Code Southaven, MS 38671-6009		
Name of Employer (Required) RCMG		
Occupation (Required) CEO	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 Rhonda Keenum	10/17/2022	\$1,000.00
Mailing Address 155 Morrill Road		
City, State, Zip Code Starkville, MS 39759-7676		
Name of Employer (Required) Self		
Occupation (Required) Public Relations	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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Guy Matthew Clayton		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Guy Matthew Clayton Mailing Address 1305 Charleston Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Guy Matthew Clayton Mailing Address 1305 Charleston Blvd	(Mo., Day, Year)	receipt this period
Guy Matthew Clayton Mailing Address 1305 Charleston Blvd City, State, Zip Code Tupelo, MS 38801-6924	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Guy Matthew Clayton Mailing Address 1305 Charleston Blvd City, State, Zip Code Tupelo, MS 38801-6924 Name of Employer (Required) CBMC, LLC	(Mo., Day, Year) 06/22/2022 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Guy Matthew Clayton Mailing Address 1305 Charleston Blvd City, State, Zip Code Tupelo, MS 38801-6924 Name of Employer (Required) CBMC, LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/22/2022 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name Guy Matthew Clayton Mailing Address 1305 Charleston Blvd City, State, Zip Code Tupelo, MS 38801-6924 Name of Employer (Required) CBMC, LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	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 Guy Matthew Clayton Mailing Address 1305 Charleston Blvd City, State, Zip Code Tupelo, MS 38801-6924 Name of Employer (Required) CBMC, LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Erickson	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 Guy Matthew Clayton Mailing Address 1305 Charleston Blvd City, State, Zip Code Tupelo, MS 38801-6924 Name of Employer (Required) CBMC, LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Erickson Mailing Address 137 Lake Ridge Drive	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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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name RW Whitaker	11/21/2022	\$1,000.00
Mailing Address 4206 Ridgemont Dr		
City, State, Zip Code Belden, MS 38826-9783		
Name of Employer (Required) Whitaker Sales Inc.		
Occupation (Required) Sales	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 Daniel Burton	08/29/2022	\$5,000.00
Mailing Address PO Box 7605		
City, State, Zip Code Gulfport, MS 39506-7605		
Name of Employer (Required) Self		
Occupation (Required) CPA	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 Robert R. Bailess	11/15/2022	\$1,000.00
Mailing Address PO Box 991		
City, State, Zip Code Vicksburg, MS 39181-0991		
Name of Employer (Required) Bailess & Rector		
Occupation (Required) Attorney	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
Full Name Lisa Hollister	01/26/2022	\$1,000.00
Mailing Address 56 Midtown Park West		
City, State, Zip Code Mobile, AL 36606-4148		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,000.00

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BankPlus PAC for Responsible Government	11/07/2022	\$2,500.00
Mailing Address 1068 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8807		
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 recelpt this period
Full Name Jonathan M Krebs	06/28/2022	\$5,000.00
Mailing Address 114 Dogwood Dr.		
City, State, Zip Code Hattiesburg, MS 39402-3303		
Name of Employer (Required) Horne		
Occupation (Required) CFA	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 James P. Owen	09/30/2022	\$250.00
Full Name James P. Owen Mailing Address P.O. Box 843	09/30/2022	\$250.00
Mailing Address P.O. Box 843	09/30/2022	\$250.00
Mailing Address P.O. Box 843	09/30/2022	\$250.00
Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843	Aggregate Year-to-date	\$250.00 \$250.00
Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required)	Aggregate	
Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required) President Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$250.00 Amount of each receipt
Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary Sunderman	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary Sunderman Mailing Address 32 Old Oak Lane	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period

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Committee	late for Governor		
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	Committee 01/01/2022	Committee	12/31/2022

		Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name MS Pawnbrokers PAC	11/21/2022	\$1,000.00
Mailing Address 1425 University Blvd		V 2/2
City State 7in Code		
Jackson, MS 39204-3130 Name of Employer (Required)		
	Aggregate	
Occupation (Required)	Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Economic Development Foundation	11/28/2022	\$1,000.00
Mailing Address 1622 Washington St. STE 201		
City, State, Zip Code Vicksburg, MS 39180-3542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	Ten-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard C Waring	Date	recelpt
Other (please specify)	Date (Mo., Day, Year)	recelpt this period
Full Name Howard C Waring Mailing Address P.O. Box 66	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Howard C Waring Mailing Address P.O. Box 66	Date (Mo., Day, Year)	recelpt this period
City, State, Zip Code Vicksburg, MS 39181-0066 Vicksburg, MS 39181-0066	Date (Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Howard C Waring Mailing Address P.O. Box 66 City, State, Zip Code Vicksburg, MS 39181-0066 Name of Employer (Required) Waring Oil Co. Occupation (Required)	Date (Mo., Day, Year) 11/28/2022 Aggregate	recelpt this period \$500.00
Other (please specify) Full Name Howard C Waring Mailing Address P.O. Box 66 City, State, Zip Code Vicksburg, MS 39181-0066 Name of Employer (Required) Waring Oil Co. Occupation (Required) executive Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/28/2022 Aggregate Year-to-date Date	recelpt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Howard C Waring Mailing Address P.O. Box 66 City, State, Zip Code Vicksburg, MS 39181-0066 Name of Employer (Required) Waring Oil Co. Occupation (Required) executive Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Howard C Waring Mailing Address P.O. Box 66 City, State, Zip Code Vicksburg, MS 39181-0066 Name of Employer (Required) Waring Oil Co. Occupation (Required) executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Harvey Gulf International Marine, LLC Mailing Address 701 Poydras St. One Shell Square STE 3700	Date (Mo., Day, Year) 11/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Howard C Waring Mailing Address P.O. Box 66 City, State, Zip Code Vicksburg, MS 39181-0066 Name of Employer (Required) Waring Oil Co. Occupation (Required) executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Harvey Gulf International Marine, LLC Mailing Address 701 Poydras St. One Shell Square STE 3700	Date (Mo., Day, Year) 11/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt 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 Justin Allen	08/29/2022	\$1,000.00
Mailing Address PO Box 442		
City, State, Zip Code Ocean Springs, MS 39566-0442		
Name of Employer (Required) Gulf Coast Real Estate		
Occupation (Required) Realtor	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 Susan Morris	05/16/2022	\$500.00
Mailing Address 600 Pinecrest Cove		
City, State, Zip Code New Albany, MS 38652-4705		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wakkas Tayara		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Wakkas Tayara	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required)	(Mo., Day, Year) 11/29/2022 Aggregate	receipt this period \$100.00
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date	receipt this period \$100.00 \$350.00 Amount of each receipt
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$350.00 Amount of each receipt this period
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Brandon Lighting, Inc.	(Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$350.00 Amount of each receipt this period
Other (please specify) Full Name Wakkas Tayara Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Brandon Lighting, Inc. Mailing Address PO Box 542	(Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$350.00 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 Covington Civil and Environmental LLC	04/05/2022	\$15,000.00
Mailing Address 2510 14th St, Ste 1010		
City, State, Zip Code Guifport, MS 39501-1984		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Robert Marthouse	01/25/2022	\$1,000.00
Mailing Address 50 East Pier Rd		
City, State, Zip Code Gulfport, MS 39501		
Name of Employer (Required) Ocean Aero Inc		
Occupation (Required)	Aggregate	\$1,000.00
200	Year-to-date	Ψ1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505 Name of Employer (Required) Summers, Green and Leroux Occupation (Required)	Date (Mo., Day, Year) 02/15/2022 Aggregate	Amount of each recelpt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505 Name of Employer (Required) Summers, Green and Leroux Occupation (Required) CPA Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 02/15/2022 Aggregate Year-to-date Date	Amount of each recelpt this period \$250.00 \$250.00 Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505 Name of Employer (Required) Summers, Green and Leroux Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 02/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505 Name of Employer (Required) Summers, Green and Leroux Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Lisa Hollister	Date (Mo., Day, Year) 02/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald F. Summers Mailing Address 218 Lake Terrace Place City, State, Zip Code Brandon, MS 39047-9505 Name of Employer (Required) Summers, Green and Leroux Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Lisa Hollister Mailing Address 56 Midtown Park West	Date (Mo., Day, Year) 02/15/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Gayle Callahan	07/31/2022	\$250.00
Mailing Address 5725 Highway 39		
City, State, Zip Code Meridian, MS 39305-1460		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Billy R. Folkes	11/17/2022	\$100.00
Mailing Address 63 Herbert Trigg Rd		
City, State, Zip Code Seminary, MS 39479-4352		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Murry A. Haslip		recelpt
Other (please specify) Full Name Murry A. Haslip	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Murry A. Haslip Mailing Address 290 Ross Road	(Mo., Day, Year)	recelpt this period
Cother (please specify) Full Name Murry A. Haslip Mailing Address 290 Ross Road City, State, Zip Code Olive Branch, MS 38654-9091	(Mo., Day, Year)	recelpt this period
City, State, Zip Code Olive Branch, MS 38654-9091	(Mo., Day, Year)	recelpt this period
Cother (please specify) Full Name Murry A. Haslip Mailing Address 290 Ross Road City, State, Zip Code Olive Branch, MS 38654-9091 Name of Employer (Required) Allison Hay Farms Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/17/2022 Aggregate	receipt this period \$250.00
Coupation (Required) Coupation (Required)	(Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Cother (please specify) Full Name Murry A. Haslip Mailing Address 290 Ross Road City, State, Zip Code Olive Branch, MS 38654-9091 Name of Employer (Required) Allison Hay Farms Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Truck PAC	(Mo., Day, Year) 10/17/2022 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 Murry A. Haslip Mailing Address 290 Ross Road City, State, Zip Code Olive Branch, MS 38654-9091 Name of Employer (Required) Allison Hay Farms Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Truck PAC Mailing Address 825 N President St	(Mo., Day, Year) 10/17/2022 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 Murry A. Haslip Mailing Address 290 Ross Road City, State, Zip Code Olive Branch, MS 38654-9091 Name of Employer (Required) Allison Hay Farms Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Truck PAC Mailing Address 825 N President St	(Mo., Day, Year) 10/17/2022 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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ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Capital Air Balance Inc.	05/05/2022	\$250.00
Mailing Address PO Box 957		
City, State, Zip Code Terry, MS 39170-0957		
Name of Employer (Required)		
Occupation (Required)	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 Surprise Real Estate Holdings LLC	09/23/2022	\$500.00
Mailing Address 524 Metairie Road		
City, State, Zip Code Metairie, LA 70005-4308		
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
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr City, State, Zip Code Brandon, MS 39047-6449	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr City, State, Zip Code Brandon, MS 39047-6449 Name of Employer (Required)	(Mo., Day, Year) 05/10/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr City, State, Zip Code Brandon, MS 39047-6449 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	recelpt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr City, State, Zip Code Brandon, MS 39047-6449 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 \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr City, State, Zip Code Brandon, MS 39047-6449 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Denmiss LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name G. Edward Tucker, CPA Mailing Address 1214 Martin Dr City, State, Zip Code Brandon, MS 39047-6449 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Denmiss LLC Mailing Address 1368 Old Fannin Road, Suite 100	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 Chip Crane II	08/05/2022	\$1,000.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) F.L. Crane & Sons, Inc.		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name John Colette	05/16/2022	\$250.00
Mailing Address 407 Bay Cove		
City, State, Zip Code Ridgeland, MS 39157-9238		
Name of Employer (Required) Colette Law	-	
Occupation (Required) Attorney	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
Source: Li Corporation Li PAG Li morrissa.		receipt
Full Name Vick Etheridge Enterprises LLC	(Mo., Day, Year)	receipt this period
Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road	(Mo., Day, Year)	receipt this period
Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road	(Mo., Day, Year)	receipt this period
Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road City, State, Zip Code Corinth, MS 38834-2407	(Mo., Day, Year)	receipt this period
Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road City, State, Zip Code Corinth, MS 38834-2407 Name of Employer (Required)	(Mo., Day, Year) 05/10/2022 Aggregate	receipt this period \$2,500.00
Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road City, State, Zip Code Corinth, MS 38834-2407 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Source: Corporation LLC Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road City, State, Zip Code Corinth, MS 38834-2407 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Composition Composition	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Source: Corporation LLC Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road City, State, Zip Code Corinth, MS 38834-2407 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James E. Turner III Mailing Address 407 Norman Circle	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 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)		
Full Name Kathryn B. Stewart	12/14/2022	\$500.00
Mailing Address 119 Shore Line Drive		
City, State, Zip Code Madison, MS 39110-6829		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		l
Occupation (Required) Government Relations	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
Full Name Louise H. Moffett	10/21/2022	\$5,000.00
Mailing Address 3300 West Esplanade Ave S STE 100		
City, State, Zip Code Metairie, LA 70002-7406		
Name of Employer (Required) N/A		
Occupation (Required)	Aggregate	\$5,000.00
Retired	Year-to-date	\$5,000.00
Retired Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes	Date (Mo., Day, Year)	Amount of each recelpt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City State Zin Code	Date (Mo., Day, Year)	Amount of each recelpt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City, State, Zip Code Osyka, MS 39657-8039	Date (Mo., Day, Year)	Amount of each recelpt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City, State, Zip Code Osyka, MS 39657-8039 Name of Employer (Required) Cox Operating, LLC	Date (Mo., Day, Year) 12/16/2022 Aggregate	Amount of each receipt this period \$500.00
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City, State, Zip Code Osyka, MS 39657-8039 Name of Employer (Required) Cox Operating, LLC Occupation (Required) PAC Individual Loan	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date	Amount of each recelpt this period \$500.00 \$500.00 Amount of each receipt
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City, State, Zip Code Osyka, MS 39657-8039 Name of Employer (Required) Cox Operating, LLC Occupation (Required) PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City, State, Zip Code Osyka, MS 39657-8039 Name of Employer (Required) Cox Operating, LLC Occupation (Required) Petroleum Engineer Source: Corporation PAC Individual Loan Other (please specify) Full Name H. Larry Fortenberry	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas R. Dykes Mailing Address 6653 Ms Highway 568 City, State, Zip Code Osyka, MS 39657-8039 Name of Employer (Required) Cox Operating, LLC Occupation (Required) Petroleum Engineer Source: Corporation PAC Individual Loan Other (please specify) Full Name H. Larry Fortenberry Mailing Address PO Box 16566	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period

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_ through _

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Michael McCabe Jr.	05/02/2022	\$500.00
Mailing Address 3 Holly Ct		
City, State, Zip Code Gulfport, MS 39503-6211		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	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 Bridgforth Rutledge	11/02/2022	\$500.00
Mailing Address PO Box 5331		
City, State, Zip Code Jackson, MS 39296-5331		
Name of Employer (Required) Phelps Dunbar		1#
Occupation (Required) Attorney	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
Full Name Jim A Armstrong	11/28/2022	\$250.00
Full Name Jim A Armstrong Mailing Address	11/28/2022	\$250.00
Full Name Jim A Armstrong Mailing Address 5 Pond Side Drive	11/28/2022	\$250.00
Full Name Jim A Armstrong Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946	11/28/2022	\$250.00
Full Name Jim A Armstrong Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946	Aggregate Year-to-date	\$250.00 \$500.00
Full Name Jim A Armstrong Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946 Name of Employer (Required) Self Employed Occupation (Required)	Aggregate	
Full Name Jim A Armstrong Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946 Name of Employer (Required) Self Employed Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$500.00 Amount of each receipt
Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946 Name of Employer (Required) Self Employed Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Sartin's Vital Care Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946 Name of Employer (Required) Self Employed Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Sartin's Vital Care Inc. Mailing Address 1311 Broad Ave	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Address 5 Pond Side Drive City, State, Zip Code Jackson, MS 39211-5946 Name of Employer (Required) Self Employed Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Sartin's Vital Care Inc. Mailing Address 1311 Broad Ave	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period

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Name of Candidate or Committee	Tate for Governor	
Reporting Period 01/01/2022	through12/31/2022	

TI LIVIIZED RECEIN TO		
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Knox W. Ross Jr.	01/20/2022	\$250.00
Mailing Address PO Box 369		
City, State, Zip Code Pelahatchie, MS 39145-0369		
Name of Employer (Required) Ross & Betts		
Occupation (Required) CPA	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 Todd Wanek	09/30/2022	\$25,000.00
Mailing Address 1600 E. 8th Avenue STE A210		
City, State, Zip Code Tampa, FL 33605-3737		
Name of Employer (Required) Ashley Furniture		
Occupation (Required) Executive	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name		
Wakkas Tayara	01/26/2022	\$200.00
Wakkas Tayara Mailing Address 7059 Greenview Cv	01/26/2022	\$200.00
Wakkas layara Mailing Address	01/26/2022	\$200.00
Mailing Address 7059 Greenview Cv City State Zin Code	01/26/2022	\$200.00
Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required)	Aggregate Year-to-date	\$200.00
Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required)	Aggregate	
Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$200.00 Amount of each receipt
Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$200.00 Amount of each receipt this period
Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Samuel Neil Crosby	Aggregate Year-to-date Date (Mo., Day, Year)	\$200.00 Amount of each receipt this period
Mailing Address 7059 Greenview Cv City, State, Zip Code Pass Christian, MS 39571-7007 Name of Employer (Required) MHG Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Samuel Neil Crosby Mailing Address 165 Dover Trace	Aggregate Year-to-date Date (Mo., Day, Year)	\$200.00 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 recelpt this perlod
Full Name Gibson Steele IV	11/10/2022	\$2,500.00
Mailing Address 40 Riverside Rd		
City, State, Zip Code Hollandale, MS 38748-9743		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name William D North	07/07/2022	\$1,000.00
Mailing Address 2421 Southwood Road		
City, State, Zip Code Jackson, MS 39211-6215		
Name of Employer (Required) Runnels & North		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Kevin Courville	04/26/2022	\$2,500.00
NOTH COUNTING	04/20/2022	42/002.00
Mailing Address 19506 Perkins Road East	04/20/2022	V 2 003.00
Mailing Address 19506 Perkins Road East City State 7ip Code	04/20/2022	V 2,00000
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010	04/20/2022	V 2,00000
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010	Aggregate Year-to-date	\$2,500.00
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010 Name of Employer (Required) Performance Contractors, Inc.	Aggregate	
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010 Name of Employer (Required) Performance Contractors, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$2,500.00 Amount of each receipt
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010 Name of Employer (Required) Performance Contractors, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 Amount of each receipt this period
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010 Name of Employer (Required) Performance Contractors, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Hunter Engineering Company PAC Mailing Address 11250 Hunter Dr	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 Amount of each receipt this period
Mailing Address 19506 Perkins Road East City, State, Zip Code Baton Rouge, LA 70810-6010 Name of Employer (Required) Performance Contractors, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Hunter Engineering Company PAC Mailing Address 11250 Hunter Dr	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 Amount of each receipt this period

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e or Committee	Tate for Governor		
01/01/2022	through	12/31/2022	
	01/01/2022	04/04/2022	04/04/2022 12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kay Lea	07/08/2022	\$25.00
Mailing Address 3082 Wallace Drive SW		
City, State, Zip Code Bogue Chitto, MS 39629-9472		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$275.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James W. Hood	12/15/2022	\$5,000.00
Mailing Address PO Box 4931		
City, State, Zip Code Jackson, MS 39296-4931		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate	\$5,000.00
Kellieu	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue City, State, Zip Code Newton, MS 39345-2856	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue City, State, Zip Code Newton, MS 39345-2856 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 08/05/2022	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue City, State, Zip Code Newton, MS 39345-2856 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/05/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$350.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue City, State, Zip Code Newton, MS 39345-2856 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$350.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue City, State, Zip Code Newton, MS 39345-2856 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Seetala W. Woods	Date (Mo., Day, Year) 08/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$350.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue City, State, Zip Code Newton, MS 39345-2856 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Seetala W. Woods Mailing Address 225 Losher St.	Date (Mo., Day, Year) 08/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$350.00 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 Optometry For Progress	10/26/2022	\$12,500.00
Mailing Address 141 Executive Drive Suite 5		
City, State, Zip Code Madison, MS 39110-8457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arlington Development Company, LLC	09/27/2022	\$250.00
Mailing Address 8888 Midsouth Drive STE 116		
City, State, Zip Code Olive Branch, MS 38654-2908		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
	The second secon	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Empower PAC		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Empower PAC	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Empower PAC Mailing Address 1000 Northpark Dr	(Mo., Day, Year)	receipt this period
Gity, State, Zip Code Ridgeland, MS 39157-5299	(Mo., Day, Year)	receipt this period
Gity, State, Zip Code Ridgeland, MS 39157-5299 Name of Employer (Required)	(Mo., Day, Year) 12/05/2022 Aggregate	receipt this period \$5,000.00
Gity, State, Zip Code Ridgeland, MS 39157-5299 Name of Employer (Required) Cocupation (Required) Ridgeland PAC Individual Loan	(Mo., Day, Year) 12/05/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$6,500.00 Amount of each receipt
Gother (please specify) Full Name Empower PAC Mailing Address 1000 Northpark Dr City, State, Zip Code Ridgeland, MS 39157-5299 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$5,000.00 \$6,500.00 Amount of each receipt this period
Gother (please specify) Full Name Empower PAC Mailing Address 1000 Northpark Dr City, State, Zip Code Ridgeland, MS 39157-5299 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name The Westervelt Company	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$5,000.00 \$6,500.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$5,000.00 \$6,500.00 Amount of each receipt this period

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Name of Candidate or Committee		Tate for Governor		
Reporting Period	01/01/2022	through	12/31/2022	

112111222112		
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andy Barlow	08/29/2022	\$1,000.00
Mailing Address 266 County Road 506		
City, State, Zip Code Shannon, MS 38868-9780		
Name of Employer (Required) Chiropractic Neurology Consultant, PC		
Occupation (Required) Chiropractor	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 NextEra Energy Resources LLC	12/28/2022	\$1,000.00
Mailing Address 700 Universe Blvd		
City, State, Zip Code Juno Beach, FL 33408-2657		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520 City, State, Zip Code Tupelo, MS 38804-4854	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520 City, State, Zip Code Tupelo, MS 38804-4854 Name of Employer (Required) Five Star Limited LLC Occupation (Required)	Date (Mo., Day, Year) 08/08/2022	Amount of each receipt this period \$1,667.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520 City, State, Zip Code Tupelo, MS 38804-4854 Name of Employer (Required) Five Star Limited LLC Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/08/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,667.00 \$1,667.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520 City, State, Zip Code Tupelo, MS 38804-4854 Name of Employer (Required) Five Star Limited LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,667.00 \$1,667.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520 City, State, Zip Code Tupelo, MS 38804-4854 Name of Employer (Required) Five Star Limited LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Routt	Date (Mo., Day, Year) 08/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,667.00 \$1,667.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wilbert G Holliman Mailing Address 201 S. Spring St. STE 520 City, State, Zip Code Tupelo, MS 38804-4854 Name of Employer (Required) Five Star Limited LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St	Date (Mo., Day, Year) 08/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,667.00 \$1,667.00 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
Full Name	01/18/2022	\$500.00
Elizabeth Ames Coleman Mailing Address D. D	01/16/2022	\$300.00
P.O. Box 309		
City, State, Zip Code Rosedale, MS 38769-0309		
Name of Employer (Required) Self		
Occupation (Required) Consultant	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 Christopher Stant	01/25/2022	\$300.00
Mailing Address 377 Forest Brook Blvd		
City, State, Zip Code Mandeville, LA 70448-8474		
Name of Employer (Required) OSC Securities		
Occupation (Required) President	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan		Amount of each
Source: Corporation 2 780 2 months	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jimmy Patridge		-
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify) Full Name	(Mo., Day, Year)	this period
Other (please specify) Full Name	(Mo., Day, Year)	this period
Other (please specify) Full Name	(Mo., Day, Year)	this period
Other (please specify) Full Name	(Mo., Day, Year) 12/08/2022 Aggregate	this period \$250.00
Other (please specify) Full Name	(Mo., Day, Year) 12/08/2022 Aggregate Year-to-date Date	\$250.00 \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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 Ed Holliday	08/09/2022	\$250.00
Mailing Address 1526 Morning Glory Cr		,
City, State, Zip Code Tupelo, MS 38801-8446		
Name of Employer (Required) Ed Holliday, D.M.D. Inc.		
Occupation (Required) President, Director, Treasurer	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 Woolsey Road Group	09/27/2022	\$250.00
Mailing Address 8888 Midsouth Dr.		
City, State, Zip Code Olive Branch, MS 38654-2908		
Name of Employer (Required)		
Occupation (Required)	Aggregate	24.050.00
oospansi (requires)	Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	\$1,250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr City, State, Zip Code Belden, MS 38826-9783	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgement Dr City, State, Zip Code Belden, MS 38826-9783 Name of Employer (Required) Whitaker Sales Inc.	Date (Mo., Day, Year) 07/08/2022	Amount of each receipt this period \$500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr City, State, Zip Code Belden, MS 38826-9783 Name of Employer (Required) Whitaker Sales Inc. Occupation (Required) Sales Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/08/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$1,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr City, State, Zip Code Belden, MS 38826-9783 Name of Employer (Required) Whitaker Sales Inc. Occupation (Required) Sales Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr City, State, Zip Code Belden, MS 38826-9783 Name of Employer (Required) Whitaker Sales Inc. Occupation (Required) Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Frederick A. Corder	Date (Mo., Day, Year) 07/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name RW Whitaker Mailing Address 4206 Ridgemont Dr City, State, Zip Code Belden, MS 38826-9783 Name of Employer (Required) Whitaker Sales Inc. Occupation (Required) Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Frederick A. Corder Mailing Address PO Box 600	Date (Mo., Day, Year) 07/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$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 Interfor U.S. Inc.	09/14/2022	\$1,000.00
Mailing Address 700 Westpark Drive STE 100		
City, State, Zip Code Peachtree City, GA 30269-3554		
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 perlod
Full Name Charles R Veazey III	11/29/2022	\$1,000.00
Mailing Address 25 Sunset Drive		
City, State, Zip Code Indianola, MS 38751-2562		
Name of Employer (Required) Gresham Petroleum Co		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
	THE RESERVE THE PERSON NAMED IN COLUMN	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Alan Wilson		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Give Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548	(Mo., Day, Year)	receipt this period
Gity, State, Zip Code Jackson, MS 39236-3548 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548 City, State, Zip Code Jackson, MS 39236-3548 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/10/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548 City, State, Zip Code Jackson, MS 39236-3548 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548 City, State, Zip Code Jackson, MS 39236-3548 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548 City, State, Zip Code Jackson, MS 39236-3548 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Alan Wilson Mailing Address PO Box 13548 City, State, Zip Code Jackson, MS 39236-3548 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir	Aggregate Year-to-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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Date (Mo., Day, Year)	Amount of each receipt this period
12/15/2022	\$4,000.00
+	
Aggragate	
Year-to-date	\$4,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/04/2022	\$1,000.00
Aggregate Year-to-date	\$2,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
09/15/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each recelpt this period
09/30/2022	\$250.00
Aggregate Year-to-date	\$350.00
	(Mo., Day, Year) 12/15/2022 Aggregate Year-to-date Date (Mo., Day, Year) 10/04/2022 Aggregate Year-to-date Date (Mo., Day, Year) 09/15/2022 Aggregate Year-to-date Date (Mo., Day, Year) 09/30/2022 Aggregate Year-to-date

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Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	recelpt this period
Full Name Kenneth Windham	04/25/2022	\$250.00
Mailing Address 94 Grandview Circle		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) iHeart Media		
Occupation (Required) Market President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name R.B. Dossett Jr.	08/09/2022	\$1,000.00
Mailing Address 2540 Lakeshire Drive		
City, State, Zip Code Tupelo, MS 38804-6977		
Name of Employer (Required) Dossett Big 4		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr	(Mo., Day, Year)	receipt this period
Gother (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required)	(Mo., Day, Year) 07/08/2022 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/08/2022 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$15,000.00 Amount of each receipt
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$15,000.00 Amount of each receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name McGuffee Drug Store	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$15,000.00 Amount of each receipt this period
Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name McGuffee Drug Store Mailing Address 102 N. Main St.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$15,000.00 Amount of each receipt this period

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		04/04/2022	04/04/2022 12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Michael Joe Cannon	08/15/2022	\$5,000.00
Mailing Address		\$5,000.00
1009 Hayes Ave City, State, Zip Code		
Oxford, MS 38655-4617 Name of Employer (Required)	-	
Cannon Motors		w
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Chris Johns	12/30/2022	\$500.00
Mailing Address 1026 Emileigh Dr.		
City, State, Zip Code Summit, MS 39666-4700		
Name of Employer (Required) Family Choice Financial		
Occupation (Required)	Aggregate	\$500,00
President	Year-to-date	400.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Kinard	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR City, State, Zip Code Oxford, MS 38655-8143	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR City, State, Zip Code Oxford, MS 38655-8143 Name of Employer (Required) Willow Pain and Wellness, LLC Occupation (Required)	Date (Mo., Day, Year) 05/01/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR City, State, Zip Code Oxford, MS 38655-8143 Name of Employer (Required) Willow Pain and Wellness, LLC Occupation (Required) Doctor Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/01/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR City, State, Zip Code Oxford, MS 38655-8143 Name of Employer (Required) Willow Pain and Wellness, LLC Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR City, State, Zip Code Oxford, MS 38655-8143 Name of Employer (Required) Willow Pain and Wellness, LLC Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify) Full Name Lew Yoder	Date (Mo., Day, Year) 05/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Kirk Kinard Mailing Address 3824 MAJESTIC OAKS DR City, State, Zip Code Oxford, MS 38655-8143 Name of Employer (Required) Willow Pain and Wellness, LLC Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify) Full Name Lew Yoder Mailing Address PO Box 1842 City, State Zin Code	Date (Mo., Day, Year) 05/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Francis C. Lee	04/29/2022	\$5,000.00
Mailing Address 417 Liberty Park Dr		
City, State, Zip Code Flowood, MS 39232-8632		
Name of Employer (Required) First Tower Corp.		
Occupation (Required) President and CEO	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 Joel Cunningham	07/11/2022	\$250.00
Mailing Address PO Box 675		
City, State, Zip Code Belzoni, MS 39038-0675		
Name of Employer (Required) Self		
Occupation (Required) Accountant	Aggregate Year-to-date	\$250.00
	7.4	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Lee Valentine		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lee Valentine Mailing Address 7326 Savannah Drive	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lee Valentine Mailing Address 7326 Savannah Drive	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Lee Valentine Mailing Address 7326 Savannah Drive City, State, Zip Code Marion, MS 39342-9003	(Mo., Day, Year)	recelpt this period
City, State, Zip Code Marion, MS 39342-9003 Name of Employer (Required) Self	(Mo., Day, Year) 08/09/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Lee Valentine Mailing Address 7326 Savannah Drive City, State, Zip Code Marion, MS 39342-9003 Name of Employer (Required) Self Occupation (Required) Physician Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date	recelpt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$250.00 \$250.00 Amount of each receipt this period

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Name of Candidate	or Committee
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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 Bob Merchent	02/01/2022	\$1,000.00
Mailing Address 900 Bayou Cassotte Pkwy		
City, State, Zip Code Pascagoula, MS 39581-9602		
Name of Employer (Required) Halter Marine		
Occupation (Required) CEO	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 Mary Melissa Covington	05/04/2022	\$500.00
Mailing Address 1611 Lissa Drive		
City, State, Zip Code McComb, MS 39648-2007		
Name of Employer (Required) E.D. Covington, L.P.		
Occupation (Required) General Partner	Aggregate	\$500.00
Centeral Future	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan	Date	recelpt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name A&M Spray Foam Insulation LLC Mailing Address	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name A&M Spray Foam Insulation LLC Malling Address 18516 Old Joe Moran Road	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name A&M Spray Foam Insulation LLC Mailing Address 18516 Old Joe Moran Road City, State, Zip Code Kiln, MS 39556-8219	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name A&M Spray Foam Insulation LLC Mailing Address 18516 Old Joe Moran Road City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required)	Date (Mo., Day, Year) 01/26/2022 Aggregate	recelpt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name A&M Spray Foam Insulation LLC Mailing Address 18516 Old Joe Moran Road City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/26/2022 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) LLC Full Name A&M Spray Foam Insulation LLC Mailing Address 18516 Old Joe Moran Road City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name A&M Spray Foam Insulation LLC Mailing Address 18516 Old Joe Moran Road City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name The O'Neill Firm PLLC	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name A&M Spray Foam Insulation LLC Mailing Address 18516 Old Joe Moran Road City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name The O'Neill Firm PLLC Mailing Address 5252 Westchester STE 210	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each recelpt 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 William E. West	04/25/2022	\$250.00
MailieM Address		· · · · · · · · · · · · · · · · · · ·
248 E Capitol St. STE 040		
Jackson, M2 24201-2303		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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 Mid-South Scaffold	10/17/2022	\$1,000.00
Mailing Address 6180 Hwy 161 N		
City, State, Zip Code Walls, MS 38680-9710		
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 Tremont Floral Supplies, Inc.	06/14/2022	\$1,000.00
Mailing Address P.O. Box 37		
City, State, Zip Code Tremont, MS 38876-0037		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan 1 Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bayou Concrete, LLC	03/30/2022	\$500.00
Mailing Address P.O. Box 3868		
City, State, Zip Code Gulfport, MS 39505-3868		
Name of Employer (Required)		

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Source: Corporation PAC Individual Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jimmy Gouras Properties LLC	11/04/2022	\$250.00
Mailing Address 725 Fort Hill Dr.		
City, State, Zip Code Vicksburg, MS 39183-2014		
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 Mrs. D.P. Waring Jr.	11/11/2022	\$250.00
Mailing Address 101 Woodstock		
City, State, Zip Code Vicksburg, MS 39180-5773		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate	\$250.00
Vernen	Year-to-date	4200.00
Source: Corporation PAC Individual Loan Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Malling Address 3528 Manor Dr.	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr. City, State, Zip Code Vicksburg, MS 39180-5693	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr. City, State, Zip Code Vicksburg, MS 39180-5693 Name of Employer (Required)	Date (Mo., Day, Year) 11/08/2022	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr. City, State, Zip Code Vicksburg, MS 39180-5693 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/08/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr. City, State, Zip Code Vicksburg, MS 39180-5693 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr. City, State, Zip Code Vicksburg, MS 39180-5693 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bradley E. Williams	Date (Mo., Day, Year) 11/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr. City, State, Zip Code Vicksburg, MS 39180-5693 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bradley E. Williams Mailing Address 2074 Brecon Drive	Date (Mo., Day, Year) 11/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 J & A Management	05/10/2022	\$2,500.00
Mailing Address PO Box 180		
City, State, Zip Code Corinth, MS 38835-0180		
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 Braxton Coombs	05/16/2022	\$500.00
Mailing Address 415 Rogers Dr.		
City, State, Zip Code New Albany, MS 38652-2602		
Name of Employer (Required) Coombs Gas		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Francis C. Lee	11/21/2022	\$5,000.00
Mailing Address 417 Liberty Park Dr		
City, State, Zip Code Flowood, MS 39232-8632		
News of Employer (Paguired)		
FIOWOOD, MIS 39232-8032	Aggregate Year-to-date	\$35,000.00
Name of Employer (Required) President and CEO Source: Corporation PAC Individual Loan		\$35,000.00 Amount of each recelpt this period
Name of Employer (Required) Occupation (Required) President and CEO	Year-to-date Date	Amount of each receipt
Name of Employer (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Peter Wilson	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Name of Employer (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Peter Wilson Mailing Address 453 Carmargue Lane	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Name of Employer (Required) First Tower Corp. Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Peter Wilson Mailing Address 453 Carmargue Lane	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Kay Lea	01/24/2022	\$250.00
Mailing Address 3082 Wallace Drive SW		
City, State, Zip Code Bogue Chitto, MS 39629-9472		
Name of Employer (Required) Retired		
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
Full Name Darwin Deason	12/23/2022	\$10,000.00
Mailing Address 3953 Maple Ave STE 150		
City, State, Zip Code Dallas, TX 75219-3220		
Name of Employer (Required) Deason Capital		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Theresa G. Jones	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Theresa G. Jones Mailing Address 831 E Scenic Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Theresa G. Jones Malling Address 831 E Scenic Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Theresa G. Jones Mailing Address 831 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Theresa G. Jones Mailing Address 831 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 10/26/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Theresa G. Jones Malling Address 831 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/26/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Theresa G. Jones Mailing Address 831 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Theresa G. Jones Mailing Address 831 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan Other (please specify) Full Name Powell G. Ogletree Jr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Theresa G. Jones Mailing Address 831 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571 Name of Employer (Required) Self Occupation (Required) Dentist Source: Corporation PAC Individual Loan Other (please specify) Full Name Powell G. Ogletree Jr. Mailing Address 600 Long Leaf Cv	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Robert Yarber	08/24/2022	\$1,000.00
Malling Address 3030 Orchid Circle		
City, State, Zip Code Tupelo, MS 38801-8210		
Name of Employer (Required) ENT Physicians of North MS		
Occupation (Required) Physician	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 Richard Kuebler	04/01/2022	\$500.00
Mailing Address 108 Bradford Green		
City, State, Zip Code Madison, MS 39110-9074		
Name of Employer (Required) LSU Medical Center		
Occupation (Required) Assistant Professor	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: — Corporation — 170 — married.		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Danny R. Huston Mailing Address	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway	(Mo., Day, Year) 02/22/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 02/22/2022 Aggregate Year-to-date Date	\$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 02/22/2022 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 Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Bill Russell	(Mo., Day, Year) 02/22/2022 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 Danny R. Huston Mailing Address 616 W Jackson St City, State, Zip Code Parker City, IN 47368-9524 Name of Employer (Required) North American Midway Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Bill Russell Mailing Address PO Box 9180	(Mo., Day, Year) 02/22/2022 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 Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brentwood Behavioral Healthcare Of MS	12/09/2022	\$1,000.00
Mailing Address 3531 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8639		
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 Robert R. Bailess	02/07/2022	\$500.00
Mailing Address PO Box 991		
City, State, Zip Code Vicksburg, MS 39181-0991		
Name of Employer (Required) Bailess & Rector		
Occupation (Required) Attorney	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 Bart J. Edmiston	05/12/2022	\$2,500.00
Mailing Address 11513 Carondelet St.		
City, State, Zip Code Gulfport, MS 39503-3106		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Mobashir Solangi	10/12/2022	\$1,000.00
Mailing Address 8288 Jennifer Lane		
City, State, Zip Code Long Beach, MS 39560-8200		
Name of Employer (Required) Institute for Marine Mammal Studies		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Warner Alford	09/27/2022	\$250.00
Mailing Address 106 Cedar Hill Drive		
City, State, Zip Code Oxford, MS 38655-6129		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$550.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Kenneth Austin	01/19/2022	\$1,000.00
Mailing Address 126 Fleitas Ave		
City, State, Zip Code Pass Christian, MS 39571-4507		
Name of Employer (Required) Coast Realty		
Occupation (Required) Realtor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, 1car)	this period
Full Name Mark Cumbest	05/12/2022	\$500.00
Full Name	_	
Full Name Mark Cumbest	_	
Full Name Mark Cumbest Mailing Address 17725 MS-63	_	
Full Name Mark Cumbest Mailing Address 17725 MS-63 City, State, Zip Code Moss Point, MS 39562	_	
Full Name Mark Cumbest Mailing Address 17725 MS-63 City, State, Zip Code Moss Point, MS 39562 Name of Employer (Required) Cumbest Realty Inc. Occupation (Required)	05/12/2022 Aggregate	\$500.00
Full Name Mark Cumbest Mailing Address 17725 MS-63 City, State, Zip Code Moss Point, MS 39562 Name of Employer (Required) Cumbest Realty Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$500.00 \$500.00 Amount of each receipt
Full Name Mark Cumbest Mailing Address 17725 MS-63 City, State, Zip Code Moss Point, MS 39562 Name of Employer (Required) Cumbest Realty Inc. Occupation (Required) Owner 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
Full Name Mark Cumbest Mailing Address 17725 MS-63 City, State, Zip Code Moss Point, MS 39562 Name of Employer (Required) Cumbest Realty Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Hand Campbell Jr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Mark Cumbest Mailing Address 17725 MS-63 City, State, Zip Code Moss Point, MS 39562 Name of Employer (Required) Cumbest Realty Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Hand Campbell Jr. Mailing Address 225 West Canebrake Blvd	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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	or Committee 01/01/2022	04/04/2022	04/04/2022 12/31/2022

Source: Corporation PAC Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name William Wingfield	05/13/2022	\$2,500.00
Mailing Address 915 E Scenic Drive		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required) Wingfield Properties		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name John Rodgers Brashier	11/15/2022	\$2,500.00
Mailing Address 28 Eureka Plantation Road		
City, State, Zip Code Indianola, MS 38751-2387		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
T diffici	rear-to-date	
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) LLC	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Summit Holdings, LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan To Other (please specify) Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City State Zin Code	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan To Other (please specify) Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City, State, Zip Code Laurel, MS 39440-3808	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City, State, Zip Code Laurel, MS 39440-3808 Name of Employer (Required)	Date (Mo., Day, Year) 11/14/2022 Aggregate	receipt this period \$2,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City, State, Zip Code Laurel, MS 39440-3808 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/14/2022 Aggregate Year-to-date Date	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City, State, Zip Code Laurel, MS 39440-3808 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City, State, Zip Code Laurel, MS 39440-3808 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Glen Haab	Date (Mo., Day, Year) 11/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Summit Holdings, LLC Mailing Address 1228 West 5th St. City, State, Zip Code Laurel, MS 39440-3808 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Glen Haab Mailing Address 274 Wood St.	Date (Mo., Day, Year) 11/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 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 Joseph R. Beattie	01/26/2022	\$100.00
Mailing Address 35 Old Oak Lane		
City, State, Zip Code Gulfport, MS 39503-6226		
Name of Employer (Required) BXS Insurance		
Occupation (Required) Vice President	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suresh K Chawla	11/29/2022	\$2,500.00
Mailing Address 902 Jane Lane		
City, State, Zip Code Greenwood, MS 38930-2510		
Name of Employer (Required) Delta Motels		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
	Cul-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	recelpt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Heidelberg	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592	Date (Mo., Day, Year)	recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger	Date (Mo., Day, Year) 01/25/2022 Aggregate	recelpt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/25/2022 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 James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01/25/2022 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 James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Intervest Corporation Mailing Address PO Box 2118	Date (Mo., Day, Year) 01/25/2022 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 James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Intervest Corporation Mailing Address PO Box 2118	Date (Mo., Day, Year) 01/25/2022 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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Reporting Period	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda S Marshall	11/21/2022	\$250.00
Mailing Address 41 Knight St		V
City State 7in Code		
Philadelphia, MS 39350-2062 Name of Employer (Required)		
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
Full Name Ellen L Ambrosino	01/20/2022	\$1,000.00
Mailing Address 781 Mannsdale Road		
City, State, Zip Code Madison, MS 39110-9491		
Name of Employer (Required) PSC Corp/Parkway Development		
Occupation (Required) Business Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Mary R. Monsted	10/12/2022	\$250.00
Mailing Address 943 E Scenic Dr.		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required) Self		
Occupation (Required) Musician	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 Gerald Scott Swanson Jr.	09/17/2022	\$2,500.00
Full Name	09/17/2022	\$2,500.00
Full Name Gerald Scott Swanson Jr. Mailing Address	09/17/2022	\$2,500.00
Full Name Gerald Scott Swanson Jr. Mailing Address 105 Glenwood Bend City State Zin Code	09/17/2022	\$2,500.00

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Name of Candidate	or Committee
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Source: Corneration PAC Individual Loan	T T	Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Brad Yarbrough	12/20/2022	\$200.00
Mailing Address 3 E Pins Ct.		
City, State, Zip Code Natchez, MS 39120-9369		
Name of Employer (Required) Natchez Ford		
Occupation (Required) Car Dealer	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James S. Simmons	02/03/2022	\$200.00
Mailing Address PO Box 116		
City, State, Zip Code Florence, MS 39073-0116		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Parker III	04/14/2022	\$100.00
Mailing Address 102 Belle Meade Blvd		
City, State, Zip Code Flowood, MS 39232-9021		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William B. Rayburn	08/15/2022	\$5,000.00
Mailing Address 9 Industrial Park Drive Ste 114		
City, State, Zip Code Oxford, MS 38655-9332		
Name of Employer (Required) CMDC, Inc.		
Occupation (Required)	Aggregate	

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hankins Lumber Company, Inc.	03/03/2022	\$1,000.00
Mailing Address PO Box 1397		
City, State, Zip Code Grenada, MS 38902-1397		
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 Rick Barry	02/14/2022	\$500.00
Mailing Address 5141 Windsor Road		
City, State, Zip Code Meridian, MS 39305-9394		
Name of Employer (Required) Barry, Thaggard, May & Bailey		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
	41-	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name George R. Rea Jr.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
George R. Rea Jr. Mailing Address 509 N Hills St	(Mo., Day, Year)	receipt this period
George R. Rea Jr. Mailing Address 509 N Hills St	(Mo., Day, Year)	receipt this period
George R. Rea Jr. Mailing Address 509 N Hills St City, State, Zip Code Meridian, MS 39305-2038	(Mo., Day, Year)	receipt this period
City, State, Zip Code Meridian, MS 39305-2038 Name of Employer (Required) RSG&S, LLP	(Mo., Day, Year) 01/22/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name George R. Rea Jr. Mailing Address 509 N Hills St City, State, Zip Code Meridian, MS 39305-2038 Name of Employer (Required) RSG&S, LLP Occupation (Required) CPA Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/22/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name George R. Rea Jr. Mailing Address 509 N Hills St City, State, Zip Code Meridian, MS 39305-2038 Name of Employer (Required) RSG&S, LLP Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01/22/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name George R. Rea Jr. Mailing Address 509 N Hills St City, State, Zip Code Meridian, MS 39305-2038 Name of Employer (Required) RSG&S, LLP Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary Nicaud Bunch	(Mo., Day, Year) 01/22/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name George R. Rea Jr. Mailing Address 509 N Hills St City, State, Zip Code Meridian, MS 39305-2038 Name of Employer (Required) RSG&S, LLP Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary Nicaud Bunch Mailing Address PO Box 141	(Mo., Day, Year) 01/22/2022 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 Jim Tackett	11/17/2022	\$2,500.00
Mailing Address 1012 Grand Blvd		
City, State, Zip Code Greenwood, MS 38930-2208		
Name of Employer (Required) Self		
Occupation (Required) Farmer	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 Carter Poultry & Cattle, LLC	05/08/2022	\$250.00
Mailing Address 105 Glenartney St.		
City, State, Zip Code Brandon, MS 39042-3436		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
		A second ad a sele
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Hite M. Lane		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hite M. Lane	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hite M. Lane Mailing Address 108 Kathryn Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hite M. Lane Mailing Address 108 Kathryn Drive City, State, Zip Code Brandon, MS 39042-9625	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hite M. Lane Mailing Address 108 Kathryn Drive City, State, Zip Code Brandon, MS 39042-9625 Name of Employer (Required) Retired Occupation (Required)	(Mo., Day, Year) 05/10/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Hite M. Lane Mailing Address 108 Kathryn Drive City, State, Zip Code Brandon, MS 39042-9625 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Hite M. Lane Mailing Address 108 Kathryn Drive City, State, Zip Code Brandon, MS 39042-9625 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/10/2022 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 Hite M. Lane Mailing Address 108 Kathryn Drive City, State, Zip Code Brandon, MS 39042-9625 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess	(Mo., Day, Year) 05/10/2022 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 Hite M. Lane Mailing Address 108 Kathryn Drive City, State, Zip Code Brandon, MS 39042-9625 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953	(Mo., Day, Year) 05/10/2022 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
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ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Candidate Campaign Committee	(MO., Day, real)	this period
Friends Of Lee Yancey	05/10/2022	\$250.00
Mailing Address 423 Woodlands Cir		
City, State, Zip Code Brandon, MS 39047-8099		
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 Barrett Blake Teller	11/11/2022	\$250.00
Mailing Address 118 Country Club Drive		
City, State, Zip Code Vicksburg, MS 39180-4537		
Name of Employer (Required) Teller, Hassell, & Hopson LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — TAC — Interview.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bettye B. Forster Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bettye B. Forster Mailing Address 209 East Ridge Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bettye B. Forster Mailing Address 209 East Ridge Drive City, State, Zip Code Louisville, MS 39339-2350	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bettye B. Forster Mailing Address 209 East Ridge Drive City, State, Zip Code Louisville, MS 39339-2350 Name of Employer (Required) Forster Farms, LP	(Mo., Day, Year) 07/06/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Bettye B. Forster Mailing Address 209 East Ridge Drive City, State, Zip Code Louisville, MS 39339-2350 Name of Employer (Required) Forster Farms, LP Occupation (Required) Partner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/06/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Bettye B. Forster Mailing Address 209 East Ridge Drive City, State, Zip Code Louisville, MS 39339-2350 Name of Employer (Required) Forster Farms, LP Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) LLC	(Mo., Day, Year) 07/06/2022 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 Bettye B. Forster Mailing Address 209 East Ridge Drive City, State, Zip Code Louisville, MS 39339-2350 Name of Employer (Required) Forster Farms, LP Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Point One Strategies, LLC	(Mo., Day, Year) 07/06/2022 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 Bettye B. Forster Mailing Address 209 East Ridge Drive City, State, Zip Code Louisville, MS 39339-2350 Name of Employer (Required) Forster Farms, LP Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Point One Strategies, LLC Mailing Address P.O. Box 3015	(Mo., Day, Year) 07/06/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		uno penod
Full Name Jeff L. Hudson	10/11/2022	\$2,000.00
Mailing Address 117 Pecan Acres		
City, State, Zip Code Hattiesburg, MS 39402-8095		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Farley Surveying LLC	04/27/2022	\$500.00
Mailing Address 235 West Chulahoma Ave		
City, State, Zip Code Holly Springs, MS 38635-2801		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
	1001	
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Mcright Services, LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Meright Services, LLC Mailing Address PO Box 4812 City State Zin Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Mcright Services, LLC Mailing Address PO Box 4812 City, State, Zip Code Greenville, MS 38704-4812	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Mcright Services, LLC Mailing Address PO Box 4812 City, State, Zip Code Greenville, MS 38704-4812 Name of Employer (Required)	Date (Mo., Day, Year) 10/31/2022 Aggregate	receipt this period \$5,000.00
Tother (please specify) Full Name Mcright Services, LLC Mailing Address PO Box 4812 City, State, Zip Code Greenville, MS 38704-4812 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/31/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify) Full Name Meright Services, LLC Mailing Address PO Box 4812 City, State, Zip Code Greenville, MS 38704-4812 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/31/2022 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 Meright Services, LLC Mailing Address PO Box 4812 City, State, Zip Code Greenville, MS 38704-4812 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John E. Turba	Date (Mo., Day, Year) 10/31/2022 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 Mcright Services, LLC Mailing Address PO Box 4812 City, State, Zip Code Greenville, MS 38704-4812 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE	Date (Mo., Day, Year) 10/31/2022 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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Name of Candidate	or Committee	Tate for Governor		
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		A
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify)	A 4 10 5 10 0 0 0	
Trey Albright	01/25/2022	\$500.00
Mailing Address PO Box 840		
City, State, Zip Code Corinth, MS 38835-0840		
Name of Employer (Required) self		
Occupation (Required) Businessman	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Victor Walsh	05/09/2022	\$1,500.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
	Tear-to-date	
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 Corwin Harper Mailing Address 15060 Dendinger Drive	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Corwin Harper Mailing Address 15060 Dendinger Drive	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 12/13/2022 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/13/2022 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 Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 12/13/2022 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 Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Windham Body Shop LLC	Date (Mo., Day, Year) 12/13/2022 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 Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Windham Body Shop LLC Mailing Address 818 W Bankhead St.	Date (Mo., Day, Year) 12/13/2022 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 J. M. Wheat	05/12/2022	\$250.00
Mailing Address 3125 Campbell Ave		
City, State, Zip Code Moss Point, MS 39563-2403		
Name of Employer (Required) Ingalls		
Occupation (Required) Administrator	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 Murray Fulgham	09/17/2022	\$2,000.00
Mailing Address 2552 Hwy 61 S		
City, State, Zip Code Boyle, MS 38730-9612		
Name of Employer (Required) Self		-<
Occupation (Required) Horse Supplements	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
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Regan Kane	I I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Regan Kane	(Mo., Day, Year)	receipt this period
Gits State Zin Code	(Mo., Day, Year)	receipt this period
Gity, State, Zip Code Bay Saint Louis, MS 39520-4616 Control of Employer (Required) Control o	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Regan Kane Mailing Address 119 Mcdonald Lane City, State, Zip Code Bay Saint Louis, MS 39520–4616 Name of Employer (Required) John McDonald Realty Occupation (Required)	(Mo., Day, Year) 01/26/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name John Regan Kane Mailing Address 119 Mcdonald Lane City, State, Zip Code Bay Saint Louis, MS 39520-4616 Name of Employer (Required) John McDonald Realty Occupation (Required) Broker Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name John Regan Kane Mailing Address 119 Mcdonald Lane City, State, Zip Code Bay Saint Louis, MS 39520-4616 Name of Employer (Required) John McDonald Realty Occupation (Required) Broker Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 01/26/2022 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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Reporting Period	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Ball	04/20/2022	\$1,000.00
Mailing Address 533 Duncan Avenue		
City, State, Zip Code Natchez, MS 39120-4014		
Name of Employer (Required) Self		
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 William G. Yates Jr.	11/09/2022	\$12,500.00
Mailing Address PO Box 456		
City, State, Zip Code Philadelphia, MS 39350-0456		
Name of Employer (Required) Yates Construction		
Occupation (Required)	Aggregate	\$12,500.00
CEO	Year-to-date	\$12,500.00
Source: CEO Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: CEO Individual Coan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City, State, Zip Code Ridgeland, MS 39157-5215	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City, State, Zip Code Ridgeland, MS 39157-5215 Name of Employer (Required)	Date (Mo., Day, Year) 12/16/2022 Aggregate	Amount of each receipt this period \$10,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City, State, Zip Code Ridgeland, MS 39157-5215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City, State, Zip Code Ridgeland, MS 39157-5215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City, State, Zip Code Ridgeland, MS 39157-5215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael W. Castle Jr.	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name MADA AutoPAC Mailing Address 800 Woodlands Parkway Suite 100 City, State, Zip Code Ridgeland, MS 39157-5215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd	Date (Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Seemann Composites, LLC	01/21/2022	\$1,000.00
Mailing Address PO Box 3449		
City, State, Zip Code Gulfport, MS 39505-3449		
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 Candace Hunt	12/02/2022	\$100.00
Mailing Address 3088 Plantation Circle W		
City, State, Zip Code Tupelo, MS 38804		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$350.00
	1001-10-0010	
Source: Corporation PAC Individual Loan Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: La Corporation La PAO La marriada. La Lacina	Date	receipt
Other (please specify)Limited Partnership	Date (Mo., Day, Year)	recelpt this period
Tother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906	Date (Mo., Day, Year)	recelpt this period
Tother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906	Date (Mo., Day, Year)	recelpt this period
Tother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906 City, State, Zip Code Laurel, MS 39442-2906	Date (Mo., Day, Year)	recelpt this period
Tother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906 City, State, Zip Code Laurel, MS 39442-2906 Name of Employer (Required)	Date (Mo., Day, Year) 08/18/2022 Aggregate	receipt this period \$500.00
Tother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906 City, State, Zip Code Laurel, MS 39442-2906 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/18/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Cother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906 City, State, Zip Code Laurel, MS 39442-2906 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Limited Partnership Full Name West Leasing Co. Mailing Address PO Box 2906 City, State, Zip Code Laurel, MS 39442-2906 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name T. Delton Moore	Date (Mo., Day, Year) 08/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
City State 7in Code Cother (please specify) Limited Partnership Limit	Date (Mo., Day, Year) 08/18/2022 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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Name of Candidate o	r 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 Harry J. Blevins	05/12/2022	\$500.00
Mailing Address 3007 Northwood Ave		
City, State, Zip Code Pascagoula, MS 39567-7535		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Victor Walsh	12/09/2022	\$500.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$2,750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
adulte. — corporation — 1710 — mantana	l l	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Gity State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edwin E. Meek Mailing Address 1 Oak Pł.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edwin E. Meek Mailing Address 1 Oak Pl. City, State, Zip Code Oxford, MS 38655-2519	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edwin E. Meek Mailing Address 1 Oak Pł. City, State, Zip Code Oxford, MS 38655-2519 Name of Employer (Required) New Media Lab LLC Occupation (Required)	(Mo., Day, Year) 08/15/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name	(Mo., Day, Year) 08/15/2022 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) 08/15/2022 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 Edwin E. Meek Mailing Address 1 Oak Pl. City, State, Zip Code Oxford, MS 38655-2519 Name of Employer (Required) New Media Lab LLC Occupation (Required) Founder Source: Corporation PAC Individual Loan Other (please specify) Full Name Stanley A. Salter	(Mo., Day, Year) 08/15/2022 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	(Mo., Day, Year) 08/15/2022 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	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Teal)	this period
Full Name Sandeep Sethi	03/31/2022	\$1,000.00
Mailing Address 1554 W Peace St		
City, State, Zip Code Canton, MS 39046-5325		
Name of Employer (Required) Self		
Occupation (Required) Commercial Real Estate Developer	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
Full Name Electric Cooperatives of Mississippi PAC	10/21/2022	\$30,000.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$30,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Brant Pettis	05/09/2022	\$1,000.00
Mailing Address 46 54th St.		
City, State, Zip Code Gulfport, MS 39507-4609		
Name of Employer (Required) Balch & Bingham LLP		
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 Larry Routt	11/07/2022	\$25.00
Mailing Address 107 S Natchez St		
City, State, Zip Code Kosciusko, MS 39090-3741		
Name of Employer (Required) Rout Eye Clinic		
Occupation (Required) Optometrist	Aggregate Year-to-date	\$175.00

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Reporting Period	01/01/2022	through	12/31/2022	

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify)		tina periou
Full Name George W Butler Jr.	05/05/2022	\$200.00
Mailing Address 2110 Brackenshire Circle		
City, State, Zip Code Jackson, MS 39211-5836		
Name of Employer (Required) Grantham Poole		
Occupation (Required) CPA	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert E. Luke	08/09/2022	\$10,000.00
Mailing Address 1862 Hunters Run		
City, State, Zip Code Meridian, MS 39305-9335		
Name of Employer (Required) LPK Architects		
Occupation (Required) Principal	Aggregate	\$10,000.00
глиора	Year-to-date	V.0,000
Source: Corporation PAC Individual Loan Other (please specify)	Pear-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City, State, Zip Code Flowood, MS 39232-9592	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City, State, Zip Code Flowood, MS 39232-9592 Name of Employer (Required) Temp Staff Occupation (Required)	Date (Mo., Day, Year) 11/30/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City, State, Zip Code Flowood, MS 39232-9592 Name of Employer (Required) Temp Staff Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$2,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City, State, Zip Code Flowood, MS 39232-9592 Name of Employer (Required) Temp Staff Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Candidate Committee	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City, State, Zip Code Flowood, MS 39232-9592 Name of Employer (Required) Temp Staff Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Candidate Committee Full Name Committee To Elect Jeremy England	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Carolyn Boteler Mailing Address 2282 Lakeland Dr. City, State, Zip Code Flowood, MS 39232-9592 Name of Employer (Required) Temp Staff Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Candidate Committee Full Name Committee To Elect Jeremy England Mailing Address PO Box 6363	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	01/01/2022
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		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	recelpt this period
Other (please specify)		
Full Name Steven G Rogers	11/29/2022	\$500.00
Mailing Address 414 Greenwood Ln		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required) Rogers and Associates		
Occupation (Required) Realtor	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 Jimmy Alexander	08/09/2022	\$10,000.00
Mailing Address PO Box 307		
City, State, Zip Code Marion, MS 39342-0307		
Name of Employer (Required) A&B Electric		
Occupation (Required) Owner	Aggregate	\$10,000.00
Owner	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 07/18/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/18/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$450.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$450.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Tracy Pittman	Date (Mo., Day, Year) 07/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$450.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Tracy Pittman Mailing Address 5921 Oak Bayou Lane	Date (Mo., Day, Year) 07/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$450.00 Amount of each receipt this period

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	e or Committee 01/01/2022	04/04/2022	04/04/2022 12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Sull Name	00/45/0022	
Jonnny Morgan	08/15/2022	\$15,000.00
Mailing Address PO Box 309		
City, State, Zip Code Oxford, MS 38655-0309		
Name of Employer (Required) Morgan White Group		
Occupation (Required) President	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jennifer Garrett	05/10/2022	\$2,500.00
Mailing Address 2012 Shiloh Road		
City, State, Zip Code Corinth, MS 38834-3727		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	
Opthalmologist	Year-to-date	\$2,500.00
Opthalmologist Source: ** Corporation		\$2,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Opthalmologist Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Opthalmologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City State Zin Code	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 12/07/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 12/07/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 12/07/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Acadia Healthcare Company, Inc. FEDPAC	Year-to-date Date (Mo., Day, Year) 12/07/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Acadia Healthcare Company, Inc. FEDPAC Mailing Address 6100 Tower Cir Ste 1000	Year-to-date Date (Mo., Day, Year) 12/07/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Pace Auto Sales LLC	11/14/2022	\$1,000.00
Mailing Address 6812 Hwy 98W		
City, State, Zip Code Hattiesburg, MS 39402		
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 Kelle Barfield	11/19/2022	\$1,000.00
Mailing Address 1970 Mount Alban Rd		
City, State, Zip Code Vicksburg, MS 39180-1057		
Name of Employer (Required) Bookstore Owner	-	
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Corporation LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — corporation — the	Date	receipt
Tother (please specify) LLC Full Name 739 Iberville, LLC	Date (Mo., Day, Year)	receipt this period
Full Name 739 Iberville, LLC Mailing Address 739 Iberville St.	Date (Mo., Day, Year)	receipt this period
TOther (please specify) LLC Full Name 739 Iberville, LLC Mailing Address 739 Iberville St.	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name 739 Iberville, LLC Mailing Address 739 Iberville St. City, State, Zip Code New Orleans, LA 70130-2323	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name 739 Iberville, LLC Mailing Address 739 Iberville St. City, State, Zip Code New Orleans, LA 70130-2323 Name of Employer (Required)	Date (Mo., Day, Year) 01/26/2022 Aggregate	receipt this period \$20,000.00
Tother (please specify) Full Name 739 Iberville, LLC Mailing Address 739 Iberville St. City, State, Zip Code New Orleans, LA 70130-2323 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date	\$20,000.00 \$20,000.00 \$20,000.00 Amount of each receipt
Tother (please specify) Full Name 739 Iberville, LLC Mailing Address 739 Iberville St. City, State, Zip Code New Orleans, LA 70130-2323 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Irl Dean Rhodes	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$20,000.00 \$20,000.00 \$20,000.00 Amount of each receipt this period
Tother (please specify) Full Name 739 Iberville, LLC Mailing Address 739 Iberville St. City, State, Zip Code New Orleans, LA 70130-2323 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Irl Dean Rhodes Mailing Address 107 AIRLINE TER	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$20,000.00 \$20,000.00 \$20,000.00 Amount of each receipt this period
Tother (please specify) Full Name 739 Iberville, LLC Mailing Address 739 Iberville St. City, State, Zip Code New Orleans, LA 70130-2323 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Irl Dean Rhodes Mailing Address 107 AIRLINE TER	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$20,000.00 \$20,000.00 \$20,000.00 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 recelpt this period
Full Name Case Land Company, LLC	12/05/2022	\$1,000.00
Mailing Address 773 Hwy 61 N		
Clty, State, Zip Code Natchez, MS 39120-8456		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hi Grade Gin Corp.	04/21/2022	\$1,000.00
Mailing Address 796 Hwy 82 East		
City, State, Zip Code Winona, MS 38967-9124		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
Occupation (Nequireo)	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)		\$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rhonda L. Dunaway	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N.	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N. City, State, Zip Code Biloxi, MS 39532-8305	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N. City, State, Zip Code Biloxi, MS 39532-8305 Name of Employer (Required) Coastal Family Health Center	Year-to-date Date (Mo., Day, Year) 01/21/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N. City, State, Zip Code Biloxi, MS 39532-8305 Name of Employer (Required) Coastal Family Health Center Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 01/21/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N. City, State, Zip Code Biloxi, MS 39532-8305 Name of Employer (Required) Coastal Family Health Center Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year) 01/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N. City, State, Zip Code Biloxi, MS 39532-8305 Name of Employer (Required) Coastal Family Health Center Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name Diamond Grove Center For Children	Aggregate Year-to-date Date (Mo., Day, Year) 01/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Rhonda L. Dunaway Mailing Address 10673 Oakcrest Drive N. City, State, Zip Code Biloxi, MS 39532-8305 Name of Employer (Required) Coastal Family Health Center Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name Diamond Grove Center For Children Mailing Address 2311 Highway 15 S	Aggregate Year-to-date Date (Mo., Day, Year) 01/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Treadway Law Firm	10/10/2022	\$250.00
Mailing Address 6208 Hwy 305 N		
City, State, Zip Code Olive Branch, MS 38654-3007		
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 Rodney C. Richardson	01/20/2022	\$500.00
Mailing Address 1609 24th Ave		
City, State, Zip Code Meridian, MS 39301-3112		
Name of Employer (Required) Self		
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
Full Name William E. Whitfield III	12/02/2022	\$100.00
Mailing Address PO Box 1002		
City, State, Zip Code Perkinston, MS 39573-0017		
Name of Employer (Required) Copeland Cook Taylor and Bush		
Occupation (Required) Attorney	Aggregate Year-to-date	\$550.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. La corporation		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William P. Litton	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William P. Litton Mailing Address 114 E Jeff Davis Ave	(Mo., Day, Year)	receipt this period

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Reporting Period	01/01/2022	through	12/31/2022	
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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name C. Phillip Buffington Jr.	04/19/2022	\$1,000.00
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	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wendell Hudson	08/10/2022	\$1,000.00
Mailing Address PO Box 100		
City, State, Zip Code Purvis, MS 39475-0100		
Name of Employer (Required) Purivs Forest Products		
Occupation (Required)	Aggregate	#4 000 00
Executive	Year-to-date	\$1,000.00
Executive Source: Corporation PAC Individual Loan Other (please specify)		Amount of each recelpt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James Daniel Mailing Address PO Box 676	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James Daniel Mailing Address PO Box 676	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James Daniel Mailing Address PO Box 676 City, State, Zip Code Corinth, MS 38835-0676	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James Daniel Mailing Address PO Box 676 City, State, Zip Code Corinth, MS 38835-0676 Name of Employer (Required) SMC Recycling Occupation (Required)	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate	Amount of each recelpt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name James Daniel Mailing Address PO Box 676 City, State, Zip Code Corinth, MS 38835-0676 Name of Employer (Required) SMC Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name James Daniel Mailing Address PO Box 676 City, State, Zip Code Corinth, MS 38835-0676 Name of Employer (Required) SMC Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 James Daniel Mailing Address PO Box 676 City, State, Zip Code Corinth, MS 38835-0676 Name of Employer (Required) SMC Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank E. Johnson	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 James Daniel Mailing Address PO Box 676 City, State, Zip Code Corinth, MS 38835-0676 Name of Employer (Required) SMC Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank E. Johnson Mailing Address 610 Dunklin Avenue	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan	Date (Ma. Day Yoas)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name David Couch	05/16/2022	\$2,500.00
Mailing Address 9950 Center Hill Rd.		
City, State, Zip Code Collierville, TN 38017-9202		
Name of Employer (Required) Couch Realty Investments, LLC		
Occupation (Required) Executive	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 Cascio Sanford Government Law Group PLLC	10/12/2022	\$500.00
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 recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Sue Bridges		receipt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Sue Bridges Mailing Address	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Sue Bridges Mailing Address 148 Sellers Cooley Dr.	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Sue Bridges Mailing Address 148 Sellers Cooley Dr. City, State, Zip Code Laurel, MS 39443-7386	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Sue Bridges Mailing Address 148 Sellers Cooley Dr. City, State, Zip Code Laurel, MS 39443-7386 Name of Employer (Required) International Fire & Safety Inc Occupation (Required)	(Mo., Day, Year) 08/18/2022 Aggregate	recelpt this period \$1,000.00
Other (please specify) Full Name Sue Bridges Mailing Address 148 Sellers Cooley Dr. City, State, Zip Code Laurel, MS 39443-7386 Name of Employer (Required) International Fire & Safety Inc Occupation (Required) President Source: Corporation PAC Individual Loan	Aggregate Year-to-date	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Sue Bridges Mailing Address 148 Sellers Cooley Dr. City, State, Zip Code Laurel, MS 39443-7386 Name of Employer (Required) International Fire & Safety Inc Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Sue Bridges Mailing Address 148 Sellers Cooley Dr. City, State, Zip Code Laurel, MS 39443-7386 Name of Employer (Required) International Fire & Safety Inc Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Polk	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Cocupation (Required) Cocupation Cocupation PAC Cocupation Individual Cocupation Cocupation Cocupation Source: Corporation PAC Cocupation Individual Cocupation Source: Cocupation Source: Cocupation Source: Cocupation PAC Cocupation Source: Cocupation So	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt 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	01/01/2022	through	12/31/2022	

Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Baidridge Law Firm, PLLC	04/20/2022	\$500.00
Mailing Address PO Box 4026		
City, State, Zip Code Madison, MS 39130-4026		
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 Dennis Bragg	11/23/2022	\$5,000.00
Mailing Address 1406 Grimwood Road		
City, State, Zip Code Toney, AL 35773-8743		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate	\$5,000.00
) attici	Year-to-date	
Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individuat Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name VMCPP, LLC	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individuat Loan Other (please specify) LLC Full Name VMCPP, LLC Mailing Address 1879 North Coley Road City, State Zin Code	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name VMCPP, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name VMCPP, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required)	Date (Mo., Day, Year) 06/14/2022 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name VMCPP, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06/14/2022 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 VMCPP, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name VMCPP, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Anthony L. Jones Mailing Address	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name VMCPP, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Anthony L. Jones Mailing Address 6181 SIERRA DR	Date (Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Reporting Period

Tate for Governor

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12/31/2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name David Divine	02/12/2022	\$100.00
Mailing Address 959 Lake Harbour Drive Apt. 505		
City, State, Zip Code Ridgeland, MS 39157-1068		
Name of Employer (Required) Southern Farm Bureau Life Insurance Company		
Occupation (Required) Portfolio Manager	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John M Luckett	04/10/2022	\$250.00
Mailing Address 502 Brame Road		
City, State, Zip Code Ridgeland, MS 39157-9734		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	\$500.00
Attorney	Year-to-date	\$35.00
Source: Corporation PAC Individual Loan	Pear-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr City, State, Zip Code Brandon, MS 39047-7398	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) St. Dominics	Date (Mo., Day, Year) 12/02/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) St. Dominics Occupation (Required) Physician Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/02/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) St. Dominics Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 12/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) St. Dominics Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Positive Steps Fertility, PLLC	Date (Mo., Day, Year) 12/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jennifer Bryan Mailing Address 88 Grandview Cr City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) St. Dominics Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Positive Steps Fertility, PLLC Mailing Address 149 Fountains Blvd	Date (Mo., Day, Year) 12/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt this period

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Name	of	Candi	date	or	Committee
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through 12/31/2022

Reporting Period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		ino peneu
Full Name Angus R. Cooper III	09/12/2022	\$5,000.00
Mailing Address PO Box 1566		
City, State, Zip Code Mobile, AL 36633-1566		
Name of Employer (Required) Cooper T Smith Corp		
Occupation (Required) Executive	Aggregate Year-to-date	\$30,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Richard Sliman	05/02/2022	\$500.00
Mailing Address 11460 Stanton Circle		
City, State, Zip Code Gulfport, MS 39503-6113		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Bob A Dunaway	07/02/2022	\$300.00
Mailing Address 501 E Northside Dr. Apt 134		
City, State, Zip Code Clinton, MS 39056-3635		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 Thomas	09/06/2022	\$2,500.00
Mailing Address 27 E Lakeshore Dr.		
City, State, Zip Code Starkville, MS 39759-6113		
Name of Employer (Required) Shuqualak Lumber Company		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00

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Name	of	Candidate	or	Committee

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RLS Tree Farms, LLC	10/01/2022	\$1,000.00
Mailing Address 7 E Commerce St.	10/0 1/2022	Ψ1,000.00
City State 7in Code		
Hernando, MS 38632-2215		
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 Mar-Cal Forestry LLC	09/14/2022	\$1,000.00
Mailing Address 951 Cato Road		
City, State, Zip Code Mendenhall, MS 39114-4450		
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
	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Claiborne D. Adcock Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088-0159 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088-0159 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 09/17/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088-0159 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/17/2022 Aggregate Year-to-date Date	\$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088-0159 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088-0159 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Creekmore	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Claiborne D. Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088-0159 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Creekmore Mailing Address 404 S 11th St. STE 5	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period

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Tate for Governor

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12/31/2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name Wayne Washington	07/08/2022	\$250.00
Mailing Address 2301 Country Club Rd		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required) Washington Insurance Agency		
Occupation (Required) President	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name MNG Services LLC	05/10/2022	\$250.00
Mailing Address 208 Bent Tree Cove		
City, State, Zip Code Flowood, MS 39232-8689		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$250.00
Goodpanor (respanse)	Year-to-date	Ψ250.00
Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288 City, State, Zip Code Starkville, MS 39759-0281	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288 City, State, Zip Code Starkville, MS 39759-0281 Name of Employer (Required) Self	Date (Mo., Day, Year) - 06/16/2022	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288 City, State, Zip Code Starkville, MS 39759-0281 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288 City, State, Zip Code Starkville, MS 39759-0281 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288 City, State, Zip Code Starkville, MS 39759-0281 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC	Date (Mo., Day, Year) 06/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles Yoste Mailing Address PO Box 80288 City, State, Zip Code Starkville, MS 39759-0281 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard	Date (Mo., Day, Year) 06/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period

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12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold W. Hankins	07/08/2022	\$250.00
Mailing Address 106 Forest Gate Road		
City, State, Zip Code Ripley, MS 38663-9051		
Name of Employer (Required) Hankins, Inc.		
Occupation (Required) Owner	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 George B. Pickett	09/08/2022	\$500.00
Mailing Address 217 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2505		
340A5011, 1410 352 11-2303		
Name of Employer (Required) Pickett, Bradford & Assoc., PA		
Nome of Employer (Paguired)	Aggregate Year-to-date	\$1,500.00
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan		\$1,500.00 Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent	Year-to-date Date	Amount of each receipt
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc.	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Description (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive City, State, Zip Code Madison, MS 39110-7028	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive City, State, Zip Code Madison, MS 39110-7028 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 12/29/2022 Aggregate	Amount of each receipt this period \$300.00
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive City, State, Zip Code Madison, MS 39110-7028 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 12/29/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive City, State, Zip Code Madison, MS 39110-7028 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 12/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive City, State, Zip Code Madison, MS 39110-7028 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Bryan	Year-to-date Date (Mo., Day, Year) 12/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
Name of Employer (Required) Pickett, Bradford & Assoc., PA Occupation (Required) Life Insurance Agent Source: Corporation PAC Individual Loan Other (please specify) Full Name Stevens Mechanical Systems, Inc. Mailing Address 110 Lone Wolf Drive City, State, Zip Code Madison, MS 39110-7028 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James D. Bryan Mailing Address PO Box 636	Year-to-date Date (Mo., Day, Year) 12/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period

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Reporting Period

Tate for Governor

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12/31/2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Other (please specify)		uns period
Full Name Jeptha Barbour IV	09/17/2022	\$2,500.00
Mailing Address 151 Oakhurst Trl		
City, State, Zip Code Ridgeland, MS 39157-8641		
Name of Employer (Required) Self Employed		
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 recelpt this perlod
Full Name Denton B. Biglane	11/30/2022	\$1,000.00
Mailing Address PO Box 988		
City, State, Zip Code Natchez, MS 39121-0988		
Name of Employer (Required) Self		
Occupation (Required) Land Management	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Creech		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert Creech	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E City, State, Zip Code Southaven, MS 38672-6429	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E City, State, Zip Code Southaven, MS 38672-6429 Name of Employer (Required) DAC Fitness Occupation (Required)	(Mo., Day, Year) 10/05/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E City, State, Zip Code Southaven, MS 38672-6429 Name of Employer (Required) DAC Fitness Occupation (Required) owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E City, State, Zip Code Southaven, MS 38672-6429 Name of Employer (Required) DAC Fitness Occupation (Required) owner Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E City, State, Zip Code Southaven, MS 38672-6429 Name of Employer (Required) DAC Fitness Occupation (Required) owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Dorothy Tate Lewis	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Robert Creech Mailing Address 3146 Goodman Road E City, State, Zip Code Southaven, MS 38672-6429 Name of Employer (Required) DAC Fitness Occupation (Required) owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Dorothy Tate Lewis Mailing Address 103 Lake Front Lane	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Reporting Period

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Date (Mo., Day, Year)	Amount of each receipt this period
04/04/2022	\$500.00
Aggregate Year-to-date	\$500.00
Date (Mo., Day, Year)	Amount of each receipt this period
05/04/2022	\$20,000.00
Aggregate Year-to-date	\$20,000.00
1	\$20,000.00 Amount of each recelpt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate	Amount of each receipt this period \$500.00
Year-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt
Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Pear-to-date Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
	(Mo., Day, Year) 04/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Name of Candidate	or Committee
Depositing Period	01/01/2022

Reporting Period

Tate for Governor

_through _

12/31/2022

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Langton	08/30/2022	\$250.00
Mailing Address PO Box 15637		
City, State, Zip Code Hattiesburg, MS 39404-5637		
Name of Employer (Required) Grand Bank		
Occupation (Required) Executive	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 George W Butler Jr.	11/15/2022	\$100.00
Mailing Address 2110 Brackenshire Circle		
City, State, Zip Code Jackson, MS 39211-5836		
Name of Employer (Required) Grantham Poole		
Occupation (Required)	Aggregate	\$500.00
CPA	Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
CPA	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr City, State, Zip Code Flowood, MS 39232-8632	Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr City, State, Zip Code Flowood, MS 39232-8632 Name of Employer (Required) First Tower Corp.	Date (Mo., Day, Year) 10/27/2022 Aggregate	Amount of each receipt this period \$25,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr City, State, Zip Code Flowood, MS 39232-8632 Name of Employer (Required) First Tower Corp. Occupation (Required) President and CEO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/27/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr City, State, Zip Code Flowood, MS 39232-8632 Name of Employer (Required) First Tower Corp. Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr City, State, Zip Code Flowood, MS 39232-8632 Name of Employer (Required) First Tower Corp. Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Tom Kline	Date (Mo., Day, Year) 10/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$30,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis C. Lee Mailing Address 417 Liberty Park Dr City, State, Zip Code Flowood, MS 39232-8632 Name of Employer (Required) First Tower Corp. Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Tom Kline Mailing Address 409 South Spring St.	Date (Mo., Day, Year) 10/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$25,000.00 \$30,000.00 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 perlod
Full Name Susan Haslam	10/14/2022	\$5,000.00
Mailing Address PO Box 10528		
City, State, Zip Code Knoxville, TN 37939-0528		
Name of Employer (Required) RIVR Media		
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 Kent Stribling	06/25/2022	\$250.00
Mailing Address 1054 Airpark Road		
City, State, Zip Code Philadelphia, MS 39350-3368		
Name of Employer (Required) Philadelphia Eye Care		
Occupation (Required) Optometrist	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 this period
Other (please specify) LLC	(Mo., Day, Year)	receipt
Full Name Northeast Mississippi Holdings LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City. State. Zip Code	(Mo., Day, Year)	receipt this period
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City, State, Zip Code Booneville, MS 38829-0242	(Mo., Day, Year)	receipt this period
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City, State, Zip Code Booneville, MS 38829-0242 Name of Employer (Required)	(Mo., Day, Year) 12/30/2022 Aggregate	receipt this period \$15,000.00
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City, State, Zip Code Booneville, MS 38829-0242 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/30/2022 Aggregate Year-to-date Date	receipt this period \$15,000.00 \$30,000.00 Amount of each receipt
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City, State, Zip Code Booneville, MS 38829-0242 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 12/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$15,000.00 \$30,000.00 Amount of each receipt this period
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City, State, Zip Code Booneville, MS 38829-0242 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Janson Durr Boyles	(Mo., Day, Year) 12/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$15,000.00 \$30,000.00 Amount of each receipt this period
Full Name Northeast Mississippi Holdings LLC Mailing Address PO Box 242 City, State, Zip Code Booneville, MS 38829-0242 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Janson Durr Boyles Mailing Address 215 Winged Foot Cir City, State Zip Code	(Mo., Day, Year) 12/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$15,000.00 \$30,000.00 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
Full Name Wakkas Tayara	07/16/2022	\$50.00
Mailing Address 7059 Greenview Cv		
Pass Christian, MS 3937 1-7001		
Occupation (Required) Cardiologist	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 Richard E. Herring	08/18/2022	\$250.00
Mailing Address 144 Herring Hill Drive		
City, State, Zip Code Saltillo, MS 38866-5504		
Name of Employer (Required) Herring Environmental, LLC		
Occupation (Required) Owner	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 James Y. Palmer, LLC	01/24/2022	\$1,000.00
Mailing Address 1667 Lelia Dr.		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthony J Morgan	08/02/2022	\$1,500.00
Malling Address 234 West Canebrake Blvd		
234 West Callebrake Divu		
234 West Callebrane Divu		

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ella M. Maisch	09/30/2022	\$200.00
Mailing Address 106 San Souci Avenue		
City, State, Zip Code Ocean Springs, MS 39564-5311		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Robert L. Harris	02/22/2022	\$1,000.00
Mailing Address 109 Oakhurst Trail		
City, State, Zip Code Ridgeland, MS 39157-8655		
Name of Employer (Required) Baptist Health Systems		
Baptiot Floatin Systems	1	
Occupation (Required) Gynecologist	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		\$1,000.00 Amount of each receipt this period
Occupation (Required) Gynecologist Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Gynecologist Source: Corporation PAC Individual Loan Tother (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Gynecologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Gynecologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Gynecologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386 City, State, Zip Code Southaven, MS 38671-0005	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Gynecologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386 City, State, Zip Code Southaven, MS 38671-0005 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 06/16/2022 Aggregate	Amount of each receipt this period \$10,000.00
Gynecologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386 City, State, Zip Code Southaven, MS 38671-0005 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 06/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Gynecologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386 City, State, Zip Code Southaven, MS 38671-0005 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year) O6/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386 City, State, Zip Code Southaven, MS 38671-0005 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Van-Atkins Jewerly Mailing Address 129 W Bankhead St.	Aggregate Year-to-date Date (Mo., Day, Year) O6/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Prewett Services LLC Mailing Address PO Box 386 City, State, Zip Code Southaven, MS 38671-0005 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Van-Atkins Jewerly Mailing Address 129 W Bankhead St.	Aggregate Year-to-date Date (Mo., Day, Year) O6/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00 \$10,000.00 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
Other (please specify)		
Full Name Jay L. Davidson	07/18/2022	\$10,000.00
Mailing Address PO Box 5738		
City, State, Zip Code Meridian, MS 39302-5738		
Name of Employer (Required) Southern Pipe		
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 Cannon Cleary McGraw	08/15/2022	\$5,000.00
Mailing Address 800 College Hill Road #5101		
City, State, Zip Code Oxford, MS 38655-2780		
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 Clyde Muse	11/08/2022	\$250.00
Mailing Address 228 Trace Cir		
City, State, Zip Code Raymond, MS 39154-9518		
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
Full Name Henry Zuber III	05/12/2022	\$1,000.00
Mailing Address 503 Minor Lane		
City, State, Zip Code Ocean Springs, MS 39564-4714		
Name of Employer (Required) State of MS		
Occupation (Required) Representative	Aggregate Year-to-date	\$1,000.00

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Date (Mo., Day, Year)	Amount of each receipt this period
10/11/2022	\$5,000.00
Aggregate Year-to-date	\$5,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/12/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
12/27/2022	\$2,500.00
Aggregate Year-to-date	\$2,500.00
Date (Mo., Day, Year)	Amount of each receipt this period
08/23/2022	\$5,000.00
	(Mo., Day, Year) 10/11/2022 Aggregate Year-to-date Date (Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date (Mo., Day, Year) 12/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C-REALOB, LLC	05/12/2022	\$5,000.00
Mailing Address 2510 14th St Ste 1010		
City, State, Zip Code Gulfport, MS 39501-1984		
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 Mary E Hays	10/17/2022	\$250.00
Mailing Address 2059 Peyton Road		
City, State, Zip Code Coldwater, MS 38618-4020		
Name of Employer (Required) Hays Properties LLC		
Occupation (Required) Officer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neel-Schaffer	05/16/2022	\$250.00
Mailing Address PO Box 22625		
City, State, Zip Code Jackson, MS 39225-2625		
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 recelpt this period
Full Name Carelyn Potolog		\$1,000.00
Carolyn Boteler	04/28/2022	Ψ1,000.00
Mailing Address 2282 Lakeland Dr.	04/28/2022	Ψ1,000.00
Mailing Address	04/28/2022	Ψ1,000.00
Mailing Address 2282 Lakeland Dr.	04/28/2022 Aggregate	Ψ1,000.00

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Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Waggoner Engineering, Inc.	11/29/2022	\$1,000.00
Mailing Address P.O. Box 12227		
City, State, Zip Code Jackson, MS 39236-2227		
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 Shelby Brantley	09/17/2022	\$1,500.00
Mailing Address 2550 Flowood Dr. STE 200		
City, State, Zip Code Flowood, MS 39232-9305		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	\$1,500.00
Physician	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ray Montgomery Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ray Montgomery Mailing Address 5319 I-55 North	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ray Montgomery Mailing Address 5319 I-55 North City, State, Zip Code Jackson, MS 39206-4105	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ray Montgomery Mailing Address 5319 I-55 North City, State, Zip Code Jackson, MS 39206-4105 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 09/28/2022 Aggregate	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ray Montgomery Mailing Address 5319 !-55 North City, State, Zip Code Jackson, MS 39206-4105 Name of Employer (Required) Self Occupation (Required) Finance Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/28/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ray Montgomery Mailing Address 5319 I-55 North City, State, Zip Code Jackson, MS 39206-4105 Name of Employer (Required) Self Occupation (Required) Finance Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Ray Montgomery Mailing Address 5319 I-55 North City, State, Zip Code Jackson, MS 39206-4105 Name of Employer (Required) Self Occupation (Required) Finance Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams	Date (Mo., Day, Year) 09/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Ray Montgomery Mailing Address 5319 I-55 North City, State, Zip Code Jackson, MS 39206-4105 Name of Employer (Required) Self Occupation (Required) Finance Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Mailing Address PO Box 239	Date (Mo., Day, Year) 09/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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
Full Name Carey Johnston	08/05/2022	\$250.00
Mailing Address 1064 Stokes Road		
City, State, Zip Code Canton, MS 39046-8407		
Name of Employer (Required) Endodontic Associates PLLC		
Occupation (Required) Dentist	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 Marshall Paul Belenchia	02/05/2022	\$500.00
Mailing Address 2036 Saint Ives Lane		
City, State, Zip Code Hernando, MS 38632-7693		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Management & Training Corp PAC	10/13/2022	\$5,000.00
Mailing Address PO Box 10		
City, State, Zip Code Centerville, UT 84014-0010		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
		\$5,000.00 Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name R. Price Johnson	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name R. Price Johnson Mailing Address PO Box 608	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rouse's Enterprises LLC	11/03/2022	\$25,000.00
Mailing Address P.O. Box 5358		, , , , , , , , , , , , , , , , , , , ,
City, State, Zip Code Thibodaux, LA 70302-5358		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Triumph Campaigns	03/31/2022	\$250.00
Mailing Address PO Box 12243		
City, State, Zip Code Jackson, MS 39236-2243		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
	Teal-to-uate	
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 Andrew M. Gilich Jr. Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew M. Gilich Jr. Mailing Address 2026 Tuilleries Cove	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew M. Gilich Jr. Mailing Address 2026 Tuilleries Cove City, State, Zip Code Biloxi, MS 39531-2423	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew M. Gilich Jr. Mailing Address 2026 Tuilleries Cove City, State, Zip Code Biloxi, MS 39531-2423 Name of Employer (Required) City of Biloxi Occupation (Required)	Date (Mo., Day, Year) 01/26/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Andrew M. Gilich Jr. Mailing Address 2026 Tuilleries Cove City, State, Zip Code Biloxi, MS 39531-2423 Name of Employer (Required) City of Biloxi Occupation (Required) Mayor Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 01/26/2022 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	Date (Mo., Day, Year) 01/26/2022 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 Andrew M. Gilich Jr. Mailing Address 2026 Tuilleries Cove City, State, Zip Code Biloxi, MS 39531-2423 Name of Employer (Required) City of Biloxi Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Little Bluff, LLC Mailing Address P.O. Box 1437	Date (Mo., Day, Year) 01/26/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name Marshall Bennett	02/11/2022	\$500.00
Mailing Address 1803 Howard St.		
City, State, Zip Code Jackson, MS 39202-1326		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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 Great River Utility Operating Company LLC	05/09/2022	\$5,000.00
Mailing Address 1650 Des Peres Road STE 303		
City, State, Zip Code Saint Louis, MO 63131-1853		
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 Yazoo Development Properties LLC	10/11/2022	\$250.00
Mailing Address 5627 Getwell Road Bldg C5		
City, State, Zip Code Southaven, MS 38672-7325		
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 Bill D. Buffington	12/02/2022	\$5,000.00
Mailing Address 12 Ashton Garden		
City, State, Zip Code Jackson, MS 39211		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,000.00

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Source:			
Mailing Address 517 East Beach Dr. City, State, Zip Code Ocean Springs, MS 39564-5108 Name of Employer (Required)			recelpt
City, State, Zip Code Cocupation (Required) Cocupation City, State, Zip Code Cocupation (Required) City, State, Zip Code Cocupation (Required) Cocupation (Required) Cocupation City, State, Zip Code Cocupation City, State	Full Name	10/05/2022	\$250.00
Name of Employer (Required) Naulilus Properties LLC Cocupation (Required) Source: Corporation PAC Individual Country PAC Source: Corporation PAC Source: Pass Christian, MS 39571-9731 Name of Employer (Required) Self Cocupation (Required) Self Cocupation (Required) Source: Corporation PAC Source: Pass Christian, MS 39571-9731 Name of Employer (Required) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period Amount of each receipt this period Cocupation (Required) Self Cocupation (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Amount of each secretary Amount of each receipt (Mo., Day, Year) Cocupation (Required) John Fayard Moving & Warehousing LLC Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Guifport Memorial Hospital Cocupation (Required) Cocupation (Required) Cocupation (Required) Guifport Memorial Hospital Cocupation (Required) Co	Mailing Address 517 East Beach Dr.		
Name of Employer (Required) Coccupation (Required) Executive Og/26/2022 \$250.00 Address 9526 Benesheewah Trail City, State, Zip Code Pass Christian, MS 39571-9731 Self Coccupation (Required) Self Self Coccupation (Required) Fall Name Fall & Associates, PLS, LLC Aggregate Year-to-date Amount of each receipt this period This period This period This period This period This period Executive Fresident Executive Fall Name Fall Name of Employer (Required) Fresident Fresile Admontorial Hospital Fresident Fresident Fresident Fresident Fresident Fresident Fresident Fresident Fresident Fresipt Fresident Fresident Fresident Fresident Fresident Fres	City, State, Zip Code Ocean Springs, MS 39564-5108		
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Don Ried Oorcupation (Required) Self Occupation (Required) Cocupation (Required) Other (please specify) Ried & Associates, PLS, LLC Orporation PAC Individual Loan Oorcupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John Fayard Jr. Individual Loan Oorcupation (Required) Full Name Oorcupation (Required) Full Name Oorcupation (Required) Full Name John Fayard Jr. Individual Loan Oorcupation (Required) Full Name Oorcupation (Required) Full Name John Fayard Jr. Individual Loan Oorcupation (Required) Full Name Oorcupation (Required) Full Name Oorcupation (Required) Oorcupation (Required) Oorcupation (Required) Oorcupation (Required) Fresident Oorcupation (Required)	Name of Employer (Required)		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Treceipt this period	Occupation (Required) Executive		\$10,250.00
Malling Address 9526 Benesheewah Trail City, State, Zip Code Pass Christian, MS 39571-9731 Name of Employer (Required) Self Occupation (Required) Ried & Associates, PLS, LLC Source: Corporation PAC Individual Loan Date (Mo., Day, Year) this period Full Name John Fayard Jr. 10/05/2022 \$1,000.00 Malling Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President Aggregate Year-to-date \$1,100.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Occupation (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President Date (Mo., Day, Year) This period Full Name Kent Nicaud O9/21/2022 \$10,000.00 Malling Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Gulfport Memorial Hospital			receipt
City, State, Zip Code Pass Christian, MS 39571-9731 Name of Employer (Required) Self Occupation (Required) Ried & Associates, PLS, LLC Source: Corporation PAC Individual Loan Date (Mo., Day, Year) this period Full Name John Fayard Jr. 10/05/2022 \$1,000.00 Mailing Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President Aggregate Year-to-date (Mo., Day, Year) This period Full Name Kent Nicaud 09/21/2022 \$1,000.00 Aggregate Year-to-date \$1,100.00 Amount of each receipt (Mo., Day, Year) This period Full Name Kent Nicaud 09/21/2022 \$10,000.00 Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital	Full Name Don Ried	09/26/2022	\$250.00
Name of Employer (Required) Self Occupation (Required) Ried & Associates, PLS, LLC Ried & Associates, PLS, LLC Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name John Fayard Jr. Mailing Address P.O. Box 2189 City, State, Zip Code Guifport, MS 39505-2189 Name of Employer (Required) President President Name PAC Individual Loan Amount of each receipt this period Aggregate \$1,100.00 Aggregate Year-to-date \$1,100.00 Aggregate (Mo., Day, Year) Full Name Kent Nicaud Og/21/2022 \$10,000.00 Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Guifport Memorial Hospital Occupation (Required) Cocupation (Required) Guifport Memorial Hospital	Mailing Address 9526 Benesheewah Trail		
Self Coccupation (Required) Ried & Associates, PLS, LLC Ried & Associates, PLS, LLC Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Coccupation PAC Individual Loan Date (Mo., Day, Year) This period Coccupation PAC Individual Loan Date (Mo., Day, Year) This period Paccipation PAC Individual Paccipation PAC Individual Loan Paccipation PAC Individual Loan Date (Mo., Day, Year) Paccipation PAC Individual Loan Date (Mo., Day, Year) Paccipation PAC Individual Loan Date (Mo., Day, Year) This period PAC Individual PACCipation PACCipatio	City, State, Zip Code Pass Christian, MS 39571-9731		
Ried & Associates, PLS, LLC Source: Corporation PAC Individual Loan Other (please specify) John Fayard Jr. Mailing Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) Other (please specify) President Aggregate Year-to-date \$1,100.00 Aggregate Year-to-date \$1,100.00 Amount of each receipt this period Aggregate Year-to-date \$1,100.00 Aggregate Year-to-date \$1,100.00 Amount of each receipt this period City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) Other (please specify) Full Name Kent Nicaud Amount of each receipt this period City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Gulfport Memorial Hospital	Name of Employer (Required) Self		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) this period Full Name John Fayard Jr. 10/05/2022 \$1,000.00 Mailing Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President Aggregate Year-to-date (Mo., Day, Year) This period Full Name Kent Nicaud 09/21/2022 \$10,000.00 Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate S40,000.00	Occupation (Required) Ried & Associates, PLS, LLC		\$250.00
Mailing Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Full Name Kent Nicaud 09/21/2022 \$10,000.00 Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$40,000.00	a Da ii Desa Masaidad Dilam		Amount of each
City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) Doccupation (Required) President President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$1,100.00 Amount of each receipt this period 09/21/2022 \$10,000.00 Aggregate S40,000.00 Aggregate	Course. — Corporation — 1700 — Monitered		receipt
Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President President President President President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$1,100.00 Amount of each receipt (Mo., Day, Year) this period Amount of each receipt this period Pay 10,000.00 Amount of each receipt this period Amount of each receipt this period Full Name Aggregate Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital	Other (please specify)	(Mo., Day, Year)	receipt this period
Occupation (Required) President President President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$1,100.00 Amount of each receipt this period 09/21/2022 \$10,000.00 Aggregate Pass Christian, MS 39571-4624 Name of Employer (Required) Aggregate \$40,000.00	Other (please specify) Full Name John Fayard Jr. Mailing Address	(Mo., Day, Year)	receipt this period
President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$1,100.00 Amount of each receipt this period 109/21/2022 \$10,000.00 Aggregate	☐ Other (please specify) Full Name John Fayard Jr. Mailing Address P.O. Box 2189 City, State, Zin Code	(Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Date receipt (Mo., Day, Year) Other (please specify) Full Name Kent Nicaud 09/21/2022 \$10,000.00 Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$40,000.00	City, State, Zip Code Gulfport, MS 39505-2189 Control of Employer (Required)	(Mo., Day, Year)	receipt this period
Mailing Address 849 E Scenic Dr City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$40,000,000	Other (please specify) Full Name John Fayard Jr. Mailing Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required)	(Mo., Day, Year) 10/05/2022 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Pass Christian, MS 39571-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$40,000,00	Other (please specify) Full Name	(Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,100.00 Amount of each receipt
Pass Christian, MS 395/1-4624 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Aggregate \$40,000,00	Other (please specify) Full Name	(Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,100.00 Amount of each receipt this period
Occupation (Required) Aggregate \$40,000,00	Other (please specify) Full Name	(Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,100.00 Amount of each receipt this period
**************************************	Other (please specify) Full Name John Fayard Jr. Mailing Address P.O. Box 2189 City, State, Zip Code Gulfport, MS 39505-2189 Name of Employer (Required) John Fayard Moving & Warehousing LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr	(Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,100.00 Amount of each receipt this period
	Other (please specify) Full Name	(Mo., Day, Year) 10/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,100.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Rodney Grogan	03/31/2022	\$500.00
Mailing Address 110 Chadwyck Court		
City, State, Zip Code Madison, MS 39110-6506		
Name of Employer (Required) MMC Materials, Inc.		
Occupation (Required) President	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 Ben Solomon Moody	01/08/2022	\$100.00
Mailing Address Po Box 14		
City, State, Zip Code Poplarville, MS 39470-0014		
Name of Employer (Required) Self		
Occupation (Required) Cattle, Timber	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Laney Jr.	01/26/2022	\$250.00
Mailing Address 150 Laney Rd.		
City, State, Zip Code Lyon, MS 38645-9475		
Name of Employer (Required) North Delta Farms		
Occupation (Required) Owner	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 Magellan Health Inc. Employee Committee for Good Government PAC	12/23/2022	\$50,000.00
Mailing Address 8621 Robert Fulton Dr		
City, State, Zip Code Columbia, MD 21046-2620		
Name of Employer (Required)		

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_		

Name of Candidate	or Committee
Reporting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Marilyn Avery Forbes	06/14/2022	\$5,000.00
Mailing Address 119 Hidden Oaks Trail		
City, State, Zip Code Ridgeland, MS 39157-6084		1
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	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 David Wansley	11/02/2022	\$2,500.00
Mailing Address 120 Brookwood Dr.		
City, State, Zip Code Vicksburg, MS 39183-8101		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan		Amount of each
Source: Corporation PAC Individual Loan **Dother (please specify) General Partnership	Date (Mo., Day, Year)	receipt this period
bource, — objectation — 1750 — materials. — Ioun		receipt
Other (please specify) General Partnership	(Mo., Day, Year)	receipt this period
Other (please specify) General Partnership Corporate Relations Management Mailing Address	(Mo., Day, Year)	receipt this period
Corporate Relations Management Mailing Address PO Box 84 City State Zin Code	(Mo., Day, Year)	receipt this period
Corporate Relations Management Mailing Address PO Box 84 City, State, Zip Code Canton, MS 39046-0084	(Mo., Day, Year)	receipt this period
Other (please specify) General Partnership Full Name Corporate Relations Management Mailing Address PO Box 84 City, State, Zip Code Canton, MS 39046-0084 Name of Employer (Required)	(Mo., Day, Year) 12/05/2022 Aggregate	receipt this period \$10,000,00
Other (please specify) General Partnership Full Name Corporate Relations Management Mailing Address PO Box 84 City, State, Zip Code Canton, MS 39046-0084 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/05/2022 Aggregate Year-to-date Date	receipt this period \$10,000,00 \$10,000.00 Amount of each receipt
Other (please specify) General Partnership Full Name Corporate Relations Management Mailing Address PO Box 84 City, State, Zip Code Canton, MS 39046-0084 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 12/05/2022 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) General Partnership Full Name Corporate Relations Management Mailing Address PO Box 84 City, State, Zip Code Canton, MS 39046-0084 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Compton Engineering	(Mo., Day, Year) 12/05/2022 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) General Partnership Full Name Corporate Relations Management Mailing Address PO Box 84 City, State, Zip Code Canton, MS 39046-0084 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Compton Engineering Mailing Address P.O. Box 686	(Mo., Day, Year) 12/05/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Marrian Cathi Marrian	11/25/2022	\$5,000.00
Mailing Address 106 Gabriel Place	7.1120.1202	V -7,
City, State, Zip Code Madison, MS 39110-8532		
Name of Employer (Required) Jackie's International		
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
Full Name Wallace Carter	05/04/2022	\$5,000.00
Mailing Address 1892 Courtney Lane		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) Team Waste LLC		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Rebecca Combs-Dulaney	08/09/2022	\$10,000.00
Mailing Address 5601 10th Ave		
City, State, Zip Code Meridian, MS 39305-1925		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Vice President for Community and Public Relations	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Marsha H. Dieckman	11/10/2022	\$1,000.00
Mailing Address 506 Lincoln Cove		
City, State, Zip Code Madison, MS 39110-7337		
Name of Employer (Required) Horne LLP		
Occupation (Required) Accountant	Aggregate Year-to-date	\$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 John P. Koehler	12/05/2022	\$200.00
Mailing Address 440 Sagamore Circle		
City, State, Zip Code Columbus, MS 39705-1148		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Conner House	09/10/2022	\$1,000.00
Mailing Address PO Box 614		
City, State, Zip Code Natchez, MS 39121-0614		
Name of Employer (Required) Good Hope Inc		
Occupation (Required) Forester	Aggregate Year-to-date	\$2,500.00
	Teat-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 Marty Davidson Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required)	Date (Mo., Day, Year) 11/30/2022 Aggregate	receipt this period \$75,000.00
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date	receipt this period \$75,000.00 \$102,500.00 Amount of each receipt
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$75,000.00 \$102,500.00 Amount of each receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name VT Halter Marine MS PAC	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$75,000.00 \$102,500.00 Amount of each receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name VT Halter Marine MS PAC Mailing Address PO Box 1328	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$75,000.00 \$102,500.00 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 John W. Shinn	09/30/2022	\$1,000.00
Mailing Address 1886 Courtney Ln		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) A Brite Mind		
Occupation (Required) Consultant	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
Full Name Southeastern Timber Products, LLC	09/14/2022	\$5,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$6,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Elizabeth Milne	10/10/2022	\$250.00
Mailing Address 500 Shadow Creek Apt 205		
City, State, Zip Code Oxford, MS 38655-6233		
Name of Employer (Required) Trade Smart UT		
Occupation (Required) Student	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 Shirley L. Eaves	01/22/2022	\$100.00
Mailing Address 223 Livingston Ln.		
City, State, Zip Code Columbus, MS 39702-9455		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$100.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald L. Andrews	11/01/2022	\$250.00
Mailing Address PO Box 741		4433.03
City, State, Zip Code Vicksburg, MS 39181-0741		
Name of Employer (Required) Vicksburg Insurance Agency		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Gregory Guida	10/13/2022	\$250.00
Mailing Address PO Box 6146		
City, State, Zip Code Gulfport, MS 39506-6146		
Name of Employer (Required) Foundation Gaming		
Occupation (Required) CEO	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 William E. Whitfield III	01/22/2022	\$100.00
Full Name William E. Whitfield III Mailing Address PO Box 1002	01/22/2022	
William E. Whittield III	01/22/2022	
William E. Whittield III Mailing Address PO Box 1002 City State Zin Code	01/22/2022	
William E. Whittield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required)	01/22/2022 Aggregate Year-to-date	
Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required)	Aggregate	\$100.00
Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$100.00 \$100.00 Amount of each recelpt
Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Cother (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each recelpt this period
Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Johnnie T Coombs	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each recelpt this period
Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Johnnie T Coombs Mailing Address 6740 CR 825	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each recelpt this period
Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Johnnie T Coombs Mailing Address 6740 CR 825 City, State, Zip Code Blue Mountain, MS 38610-9674	Aggregate Year-to-date Date (Mo., Day, Year)	\$100.00 \$100.00 Amount of each recelpt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INO., Day, Tear)	this period
Full Name Chatham H. Phillips	02/01/2022	\$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 recelpt this period
Full Name Moses H. Feagin	12/15/2022	\$1,000.00
Mailing Address 2019 Marisol Ct.		
City, State, Zip Code Biloxi, MS 39531-2412		
Name of Employer (Required) Mississippi Power Company		
Occupation (Required) Vice President, Treasurer, & CEO	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 Steve Rowell	12/07/2022	\$2,000.00
Mailing Address 2006 Aspen Cove		
City, State, Zip Code Brandon, MS 39042-2950		
Name of Employer (Required) Flagstar Construction Co., Inc.		
Occupation (Required) Owner	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
Full Name Fred Harrell Jr.	04/19/2022	\$250.00
Mailing Address P.O. Box 1825		
P.O. BOX 1023		
City, State, Zip Code Brandon, MS 39043-1825		
Alle Diete Vin Carlo	Aggregate	

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. Howard Cooper IV	03/11/2022	\$1,000.00
Mailing Address 200 Nash Cir		
City, State, Zip Code Mountain Brk, AL 35213-2512		
Name of Employer (Required) AmWins Group		
Occupation (Required) Executive	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 Grant Fox	05/10/2022	\$500.00
Mailing Address PO Box 310		
City, State, Zip Code Brandon, MS 39043-0310		
Name of Employer (Required) Fox Law Group		
Occupation (Required) Attorney	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 W. Howard Cooper IV	09/26/2022	\$1,000.00
Mailing Address 200 Nash Cir		
City, State, Zip Code Mountain Brk, AL 35213-2512		
Name of Employer (Required) AmWins Group		,
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
Full Name Bank Of Kilmichael	12/02/2022	\$1,000.00
Mailing Address PO Box 187		
City, State, Zip Code Kilmichael, MS 39747-0187		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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		4 :
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(, =, ,	this period
Full Name Norfolk Southern Corporation	09/20/2022	\$1,000.00
Mailing Address 650 W. Peachtree St. NW		
City, State, Zip Code Atlanta, GA 30308-1925		
Name of Employer (Required)		
Occupation (Required)	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
Full Name Koch Industries, Inc.	09/22/2022	\$750.00
Mailing Address 4111 E 37th St N		
City, State, Zip Code Wichita, KS 67220-3203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan 1 Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Interest Earnings	12/31/2022	\$40,559.37
Mailing Address 1667 Lelia Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$40,559.37
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Irl Dean Rhodes	11/17/2022	\$500.00
Mailing Address 107 AIRLINE TER		
City, State, Zip Code Pearl, MS 39208-4202		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,250.00

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Name of Candidate or Committee	Name	of	Candidate	or	Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Frank Chiles Insurance Agency, Inc.	06/16/2022	\$250.00
Mailing Address 306 HIGHWAY 12 W		-
City, State, Zip Code Starkville, MS 39759-3633		-
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
Full Name Bradley P. Patano	09/30/2022	\$1,000.00
Mailing Address 147 Pittman Road		
City, State, Zip Code Ocean Springs, MS 39564-1003		
Name of Employer (Required) Machado Patano		
Occupation (Required)	Aggregate	\$1,000.00
Principal	Year-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302 Name of Employer (Required)	Date (Mo., Day, Year) 05/05/2022 Aggregate	Amount of each receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Tother (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/05/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Tother (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Drew Maddox Mailing Address	Date (Mo., Day, Year) 05/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Drew Maddox Mailing Address 200 North Congress St. STE 201 City, State, Zip Code Jackson, MS 39201-1902	Date (Mo., Day, Year) 05/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) Full Name Land Holdings I, LLC Mailing Address 9380 Central Ave City, State, Zip Code Diberville, MS 39540-5302 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Drew Maddox Mailing Address 200 North Congress St. STE 201 City, State, Zip Code Jackson, MS 39201-1902	Date (Mo., Day, Year) 05/05/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Sylvia Shoemaker	04/05/2022	\$250.00
Mailing Address 68 Enclave Cr		
City, State, Zip Code Ridgeland, MS 39157-4513		
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
Full Name Satnam Lal Sethi	11/17/2022	\$151.00
Mailing Address 1554 W Peace St		
City, State, Zip Code Canton, MS 39046-5325		
Name of Employer (Required) Jackies International		
Occupation (Required) Owner	Aggregate Year-to-date	\$402.00
Officer	Tear-to-date	
Source: Corporation PAC Individual Loan	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) LLC	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Cother (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive City, State, Zip Code Hernando, MS 38632-8876	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive City, State, Zip Code Hernando, MS 38632-8876 Name of Employer (Required)	Date (Mo., Day, Year) 10/17/2022 Aggregate	receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive City, State, Zip Code Hernando, MS 38632-8876 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive City, State, Zip Code Hernando, MS 38632-8876 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Tother (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive City, State, Zip Code Hernando, MS 38632-8876 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Dallas Morris	Date (Mo., Day, Year) 10/17/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeff Norwood Consulting Mailing Address 1460 Hillshire Drive City, State, Zip Code Hernando, MS 38632-8876 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Dallas Morris Mailing Address 506 Orleans St.	Date (Mo., Day, Year) 10/17/2022 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 Joe F. Sanderson Jr.	04/01/2022	\$25,000.00
Mailing Address PO Box 988		
City, State, Zip Code Laurel, MS 39441-0988		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) CEO	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deano Orr	09/12/2022	\$1,000.00
Mailing Address 430 Monroe St.		
City, State, Zip Code Courtland, AL 35618-3136		
Name of Employer (Required) Weyerhaeuser		
Occupation (Required)	Aggregate	\$1,000.00
Public Affairs	Year-to-date	\$1,000.00
Public Affairs Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems	Date (Mo., Day, Year)	Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N	Date (Mo., Day, Year)	Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N City, State, Zip Code Gulfport, MS 39503-4110	Date (Mo., Day, Year)	Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N City, State, Zip Code Gulfport, MS 39503-4110 Name of Employer (Required)	Date (Mo., Day, Year) 12/09/2022 Aggregate	Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N City, State, Zip Code Gulfport, MS 39503-4110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/09/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N City, State, Zip Code Gulfport, MS 39503-4110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Public Affairs Source: Corporation PAC Individual Loan Other (please specify) Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N City, State, Zip Code Gulfport, MS 39503-4110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Angus R. Cooper III	Date (Mo., Day, Year) 12/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Gulfport Behavioral Health Systems Mailing Address 11150 Hwy 49 N City, State, Zip Code Gulfport, MS 39503-4110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Angus R. Cooper III Mailing Address PO Box 1566	Date (Mo., Day, Year) 12/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Date	Amount of each receipt
(Mo., Day, Year)	this period
04/30/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each recelpt this period
11/28/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
	receipt
(Mo., Day, Year)	receipt this period
(Mo., Day, Year) 11/11/2022 Aggregate	receipt this period \$250.00
(Mo., Day, Year) 11/11/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$500.00 Amount of each receipt
(Mo., Day, Year) 11/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
(Mo., Day, Year) 11/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
(Mo., Day, Year) 11/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
	(Mo., Day, Year) O4/30/2022 Aggregate Year-to-date Date (Mo., Day, Year) 11/28/2022 Aggregate

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Name of Candidate	or Committee
Reporting Period	01/01/2022

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Date (Mo., Day, Year)	Amount of each receipt this period
04/04/2022	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
06/21/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each recelpt this period
01/19/2022	\$100.00
	117
Aggregate Year-to-date	\$100.00
Date (Mo., Day, Year)	Amount of each recelpt this period
11/16/2022	\$500.00
Aggregate	\$500.00
	(Mo., Day, Year) 04/04/2022 Aggregate Year-to-date Date (Mo., Day, Year) 06/21/2022 Aggregate Year-to-date Date (Mo., Day, Year) 01/19/2022 Aggregate Year-to-date Date (Mo., Day, Year) 11/16/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebekah Staples	03/21/2022	\$1,000.00
Mailing Address 1688 Laurel Street		
City, State, Zip Code Jackson, MS 39202-1270		
Name of Employer (Required) Free State Strategies LLC		
Occupation (Required) Consultant	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 Vogue Home Furnishings, LLC	11/30/2022	\$1,000.00
Mailing Address 1020 N. Gloster St. #147		
City, State, Zip Code Tupelo, MS 38804-1202		
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 Dennis Ammann	11/03/2022	\$1,000.00
Mailing Address 609 Mangum Avenue		
City, State, Zip Code Mendenhall, MS 39114-3020		
Name of Employer (Required) The Peoples Bank		
Occupation (Required) Banker	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 Heritage Construction, LLC	07/28/2022	\$2,500.00
Mailing Address 4720 8th St.		
City, State, Zip Code Meridian, MS 39307-5805		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Source: Corporation PAC Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	, , , ,	this period
Full Name John N. Kamman Jr.	11/07/2022	\$250.00
Mailing Address 6129 Fisher Ferry Road		
City, State, Zip Code Vicksburg, MS 39180-6864		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Betty King	05/16/2022	\$500.00
Mailing Address 303 Apple Street		
City, State, Zip Code New Albany, MS 38652-3820		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
	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 John Dane III Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Dane III Mailing Address 11638 Bluff Lane	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Dane III Mailing Address 11638 Bluff Lane City, State, Zip Code Gulfport, MS 39503-6151	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name	Date (Mo., Day, Year) 05/12/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name	Date (Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 05/12/2022 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	Date (Mo., Day, Year) 05/12/2022 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 Dane III Mailing Address 11638 Bluff Lane City, State, Zip Code Gulfport, MS 39503-6151 Name of Employer (Required) United States Marine, Inc. Occupation (Required) Chairman Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy R. Folkes Mailing Address 63 Herbert Trigg Rd	Date (Mo., Day, Year) 05/12/2022 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 Tyler Norman	08/09/2022	\$10,000.00
Mailing Address PO Box 1350		
City, State, Zip Code Meridian, MS 39302-1350		
Name of Employer (Required) Norman Roofing		
Occupation (Required) Vice 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 perlod
Full Name Ahmed Daher	08/29/2022	\$250.00
Mailing Address 815 Beechnut St.		
City, State, Zip Code Tupelo, MS 38801-2315		
Name of Employer (Required) PediaStaff		
Occupation (Required) Manager	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 Roy Scott Nunley	04/26/2022	\$1,000.00
Mailing Address PO Box 389		
City, State, Zip Code Dennis, MS 38838-0389		
Name of Employer (Required) Sun Life		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$1,100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryan McDonald	04/06/2022	\$2,500.00
Mailing Address 114 Hidden Oaks Trail		
City, State, Zip Code Ridgeland, MS 39157-6084		
City, State, Zip Code Ridgeland, MS 39157-6084 Name of Employer (Required) Horne LLP		

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Date (Mo., Day, Year)	Amount of each receipt this period
08/24/2022	\$2,500.00
Aggregate Year-to-date	\$7,500.00
Date (Mo., Day, Year)	Amount of each receipt this period
08/30/2022	\$250.00
1	
Aggregate Year-to-date	\$250.00
	\$250.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 04/01/2022 Aggregate	Amount of each receipt this period \$300.00
Year-to-date Date (Mo., Day, Year) 04/01/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt
Year-to-date Date (Mo., Day, Year) 04/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 04/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 04/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
	(Mo., Day, Year) 08/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name Sage Advice, Inc.	12/19/2022	\$1,000.00
Mailing Address PO Box 1845		
City, State, Zip Code Madison, MS 39130-1845		
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 Hassell Franklin	02/01/2022	\$2,000.00
Mailing Address 203 Susan Drive		
City, State, Zip Code Houston, MS 38851-2420		
Name of Employer (Required) Franklin Corp.		
Occupation (Required) CEO	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
Full Name Thermo- Kool	08/29/2022	\$500.00
Mailing Address PO Box 989		
City, State, Zip Code Laurel, MS 39441-0989		
Normal Product (Dequired)		
Name of Employer (Required)		
Name of Employer (Required) Occupation (Required)	Aggregate Year-to-date	\$500.00
		\$500.00 Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Wayne Batte	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Wayne Batte Mailing Address 221 SCR 35-9	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, 2),	this period
Full Name Higgins Cigars, LLC	06/14/2022	\$5,000.00
Mailing Address 208 N. Spring Street		
City, State, Zip Code Tupelo, MS 38804-3995		
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 Michael Hulefeld	12/13/2022	\$1,000.00
Mailing Address 26 Newcomb Blvd		
City, State, Zip Code New Orleans, LA 70118-5528		
Name of Employer (Required) Ochsner		
Occupation (Required) Executive VP	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC lindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bart J. Edmiston Mailing Address	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St.	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 06/20/2022 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/20/2022 Aggregate Year-to-date Date	recelpt this period \$10,000.00 \$12,500.00 Amount of each recelpt
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) PLLC	(Mo., Day, Year) 06/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$10,000.00 \$12,500.00 Amount of each recelpt this period
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Hayes Law Firm PLLC	(Mo., Day, Year) 06/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$10,000.00 \$12,500.00 Amount of each recelpt this period
Other (please specify) Full Name Bart J. Edmiston Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) PLLC Full Name Hayes Law Firm PLLC Mailing Address 5740 Getwell Road Bldg #9 STE A	(Mo., Day, Year) 06/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$10,000.00 \$12,500.00 Amount of each recelpt 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 Capitol Resources PAC	12/15/2022	\$1,000.00
Mailing Address 200 N Congress St Ste 500		
City, State, Zip Code Jackson, MS 39201-1917		
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 W. Jackson Coleman	12/12/2022	\$500.00
Mailing Address P.O. Box 309		
City, State, Zip Code Rosedale, MS 38769-0309		
Name of Employer (Required) Energy North America		
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 John E. White	10/17/2022	\$1,000.00
Mailing Address 1123 David Road		
1/23 David Rodu		
City, State, Zip Code Coldwater, MS 38618-4001		
City, State, Zip Code Coldwater, MS 38618-4001	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code Coldwater, MS 38618-4001 Name of Employer (Required) Self Occupation (Required)		\$1,000.00 Amount of each recelpt this period
City, State, Zip Code Coldwater, MS 38618-4001 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
City, State, Zip Code Coldwater, MS 38618-4001 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
City, State, Zip Code Coldwater, MS 38618-4001 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
City, State, Zip Code Coldwater, MS 38618-4001 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Mailing Address 27020 Road 221	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
01/24/2022	\$300.00
	4000.00
Aggregate Year-to-date	\$300.00
Date (Mo., Day, Year)	Amount of each receipt this period
05/23/2022	(\$1,500.00)
Aggregate Year-to-date	\$1,000.00
	\$1,000.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 09/12/2022 Aggregate	Amount of each receipt this period \$1,000.00
Year-to-date Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Year-to-date Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
	(Mo., Day, Year) 01/24/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joan Blanks	01/21/2022	\$200.00
Mailing Address 350 TOWN CENTER WAY STE 203		
City, State, Zip Code Flowood, MS 39232-6016		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association for Home Care State PAC	12/14/2022	\$1,000.00
Mailing Address PO Box 115		
City, State, Zip Code Clinton, MS 39060-0115		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		Amount of each
Source: — Corporation — TRO — Internet	Date (Mo., Day, Year)	receipt this period
Source: Corporation — The — Internet		· ·
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr.	(Mo., Day, Year)	this period
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr.	(Mo., Day, Year)	this period
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr. City, State, Zip Code Vicksburg, MS 39183-8101	(Mo., Day, Year)	this period
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr. City, State, Zip Code Vicksburg, MS 39183-8101 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 02/12/2022 Aggregate	this period \$500.00
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr. City, State, Zip Code Vicksburg, MS 39183-8101 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	(Mo., Day, Year) 02/12/2022 Aggregate Year-to-date Date	\$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr. City, State, Zip Code Vicksburg, MS 39183-8101 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 02/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr. City, State, Zip Code Vicksburg, MS 39183-8101 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Cadence Bank PAC Mailing Address PO Box 789	(Mo., Day, Year) 02/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name David Wansley Mailing Address 120 Brookwood Dr. City, State, Zip Code Vicksburg, MS 39183-8101 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Cadence Bank PAC Mailing Address PO Box 789	(Mo., Day, Year) 02/12/2022 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		
Thomas M. Duff	12/17/2022	\$20,000.00
Mailing Address 73 Tidewater Rd		
City, State, Zip Code Hattiesburg, MS 39402-9780		
Name of Employer (Required) Southern Tire Mart		
Occupation (Required) Executive	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harry S Mayer	08/09/2022	\$1,000.00
Mailing Address 7641 Woodridge Circle		
City, State, Zip Code Meridian, MS 39305-9477		
Name of Employer (Required) Harry Mayer Clothiers		
Occupation (Required) owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Finley Brunetti Jr.	(Mo., Day, Year)	this period \$500.00
Full Name		
Full Name Finley Brunetti Jr.		
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City State Zin Code		
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City, State, Zip Code Shelby, MS 38774-1093		
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City, State, Zip Code Shelby, MS 38774-1093 Name of Employer (Required) Self Occupation (Required)	11/10/2022 Aggregate	\$500.00
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City, State, Zip Code Shelby, MS 38774-1093 Name of Employer (Required) Self Doccupation (Required) Farmer Source: Corporation PAC Individual Loan	11/10/2022 Aggregate Year-to-date Date	\$500.00 \$500.00 Amount of each receipt
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City, State, Zip Code Shelby, MS 38774-1093 Name of Employer (Required) Self Doccupation (Required) Farmer 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
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City, State, Zip Code Shelby, MS 38774-1093 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin T. Hubbard Jr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Finley Brunetti Jr. Mailing Address PO Box 1093 City, State, Zip Code Shelby, MS 38774-1093 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin T. Hubbard Jr. Mailing Address 604 Woodland Hills Drive	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 Jonathan Nass	01/19/2022	\$100.00
Mailing Address 132 Stennis St		
City, State, Zip Code Pass Christian, MS 39571-2434		
Name of Employer (Required) MSPA		
Occupation (Required) CEO	Aggregate Year-to-date	\$100.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name West Quality Food Services, Inc.	01/24/2022	\$1,000.00
Mailing Address PO Box 2906		
City, State, Zip Code Laurel, MS 39442-2906		
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
Source: Corporation C PAC C Individual C Corporation		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St.	(Mo., Day, Year)	receipt this period
TOther (please specify) LLC Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St.	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St. City, State, Zip Code Jackson, MS 39202-2561	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St. City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required)	(Mo., Day, Year) 04/20/2022 Aggregate	receipt this period \$500.00
Tother (please specify) LLC Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St. City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Corporation LLC Tull Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St. City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St. City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Blackline Corp	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Cascio Sanford Government Law Group PLLC Mailing Address 825 N President St. City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Blackline Corp Mailing Address 1902 15th St STE 101	(Mo., Day, Year) 04/20/2022 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	_	
John Murry Greenlee	12/29/2022	\$250.00
Mailing Address 4031 Link Road		
City, State, Zip Code Bentonia, MS 39040		
Name of Employer (Required) Bankplus		
Occupation (Required) VP	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 J. Rick Carter Sr.	01/26/2022	\$2,000.00
Mailing Address 4908 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	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
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M. Crossman		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John M. Crossman Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John M. Crossman Mailing Address 4412 Anson Lane	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John M. Crossman Mailing Address 4412 Anson Lane City, State, Zip Code Orlando, FL 32814-6003	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 01/25/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name	(Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

Name of Candidate	or Committee
Deporting Deried	01/01/2022

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tilla period
Full Name R. Scott Runnels Jr.	07/07/2022	\$5,000.00
Mailing Address PO Box 321060		
City, State, Zip Code Flowood, MS 39232-1060		
Name of Employer (Required) Runnels & North		
Occupation (Required) Physician	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 MGM Resorts International	01/14/2022	\$1,000.00
Mailing Address P.O. Box 77123		
City, State, Zip Code Las Vegas, NV 89177-7123		
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 Peter Wilson	11/17/2022	\$100.00
Mailing Address 453 Carmargue Lane		
City, State, Zip Code Biloxi, MS 39531-2252		
Name of Employer (Required) Self		
Occupation (Required) CFP	Aggregate Year-to-date	\$450.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Galtney	04/27/2022	\$5,000.00
Mailing Address 2229 San Felipe St Ste 1200		
City, State, Zip Code Houston, TX 77019-5672		
Name of Employer (Required) Galtney Group		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G. D. Boykin III	09/17/2022	\$500.00
Mailing Address 3141 Deerfield Road		
City, State, Zip Code Yazoo City, MS 39194-4874		
Name of Employer (Required) All Smiles LLC		
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 Ricky J. Cox	05/09/2022	\$500.00
Mailing Address 1344 E. Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-2253		
Name of Employer (Required) Balch & Bingham		
Occupation (Required)	Aggregate	\$500.00
Managing Partner	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy F. Thornton	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604 Name of Employer (Required) Mississippi Power	Date (Mo., Day, Year) 12/21/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604 Name of Employer (Required) Mississippi Power Occupation (Required) Vice President, Legislative & Regulatory Affairs Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604 Name of Employer (Required) Mississippi Power Occupation (Required) Vice President, Legislative & Regulatory Affairs Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604 Name of Employer (Required) Mississippi Power Occupation (Required) Vice President, Legislative & Regulatory Affairs Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Jones Mailing Address 15 Madewood	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604 Name of Employer (Required) Mississippi Power Occupation (Required) Vice President, Legislative & Regulatory Affairs Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Jones Mailing Address 15 Madewood	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Billy F. Thornton Mailing Address 8 Audubon Pointe City, State, Zip Code Gulfport, MS 39507-4604 Name of Employer (Required) Mississippi Power Occupation (Required) Vice President, Legislative & Regulatory Affairs Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Jones Mailing Address 15 Madewood City, State, Zip Code Hattiesburg, MS 39402	Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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
Other (please specify)	08/09/2022	\$250.00
Mailing Address 400 CU share we Tasil	06/09/2022	\$250.00
139 Chickasaw Ifali		
City, State, Zip Code Saltillo, MS 38866-9784		
Name of Employer (Required) Hematoglogy Ongology Assoicates		
Occupation (Required) Physician	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 Robert H. Dunlap	08/15/2022	\$15,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required) Dunlap & Kyle Co, Inc.		
Occupation (Required) Chairman	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. Corporation — The management		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road City, State, Zip Code Greenwood, MS 38930-7702	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road City, State, Zip Code Greenwood, MS 38930-7702 Name of Employer (Required)	(Mo., Day, Year) 11/21/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road City, State, Zip Code Greenwood, MS 38930-7702 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road City, State, Zip Code Greenwood, MS 38930-7702 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 \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Provine Helicopter Service, Inc. Mailing Address 308 Airport Road City, State, Zip Code Greenwood, MS 38930-7702 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Biewer Sawmill-Newton LLC	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 Provine Helicopter Service, Inc. Mailing Address 308 Airport Road City, State, Zip Code Greenwood, MS 38930-7702 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Biewer Sawmill-Newton LLC Mailing Address 812 S. Riverside	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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Name of Candidate	or Committee
Penarting Period	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joel Porter	02/01/2022	\$250.00
Mailing Address 1125 W Poplar		
City, State, Zip Code Collierville, TN 38017-3102		
Name of Employer (Required)		
Occupation (Required) N/A	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Ken Williams	05/15/2022	\$1,000.00
Mailing Address 132 Afton Dr.		
City, State, Zip Code Corinth, MS 38834-8644		
Name of Employer (Required) N/A		
Occupation (Required)	Aggregate	£4 000 00
Retired	Year-to-date	\$1,000.00
Retired Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan	Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City, State, Zip Code Galveston, TX 77552-7017	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City, State, Zip Code Galveston, TX 77552-7017 Name of Employer (Required) DRC Emergency Services	Date (Mo., Day, Year) 04/28/2022 Aggregate	Amount of each receipt this period \$5,000.00
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City, State, Zip Code Galveston, TX 77552-7017 Name of Employer (Required) DRC Emergency Services Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/28/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City, State, Zip Code Galveston, TX 77552-7017 Name of Employer (Required) DRC Emergency Services Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 04/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City, State, Zip Code Galveston, TX 77552-7017 Name of Employer (Required) DRC Emergency Services Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Millette Administrators, Inc.	Date (Mo., Day, Year) 04/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Sullivan Mailing Address PO Box 17017 City, State, Zip Code Galveston, TX 77552-7017 Name of Employer (Required) DRC Emergency Services Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Millette Administrators, Inc. Mailing Address 4619 Main Street Suite A	Date (Mo., Day, Year) 04/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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	Amount of each
Date (Mo., Day, Year)	recelpt this period
-	una period
01/22/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
05/10/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
	Amount of each
Date (Mo., Day, Year)	recelpt this period
	•
(Mo., Day, Year)	this period
(Mo., Day, Year) 11/08/2022 Aggregate	this period \$2,500.00
(Mo., Day, Year) 11/08/2022 Aggregate Year-to-date Date	\$2,500.00 \$3,500.00 Amount of each recelpt
Aggregate Year-to-date Date (Mo., Day, Year)	\$3,500.00 Amount of each recelpt this period
Aggregate Year-to-date Date (Mo., Day, Year)	\$3,500.00 Amount of each recelpt this period
Aggregate Year-to-date Date (Mo., Day, Year)	\$3,500.00 Amount of each recelpt this period
	Aggregate Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Benjamin G Chancellor	08/02/2022	\$2,500.00
Mailing Address 13 Summer Trace Blvd		V 2,000.00
City, State, Zip Code Laurel, MS 39440-2510		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 Pam Corbett	12/29/2022	\$1,000.00
Mailing Address 1600 Tysons Blvd STE 1400		
City, State, Zip Code Mc Lean, VA 22102-4893		
Name of Employer (Required) Maximus		
Occupation (Required)	Aggregate	
GR	Year-to-date	\$1,000.00
GR Source: Corporation PAC Individual Loan Other (please specify)		\$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City State Zin Code	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City, State, Zip Code Holly Springs, MS 38635-0490	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City, State, Zip Code Holly Springs, MS 38635-0490 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 11/17/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City, State, Zip Code Holly Springs, MS 38635-0490 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$0.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City, State, Zip Code Holly Springs, MS 38635-0490 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$0.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City, State, Zip Code Holly Springs, MS 38635-0490 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John E. Turba	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$0.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fidelity National Loans, Inc. Mailing Address PO Box 490 City, State, Zip Code Holly Springs, MS 38635-0490 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$0.00 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)		
Full Name Baker Services	09/07/2022	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
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 Henderson Trucking	03/11/2022	\$1,000.00
Mailing Address PO Box 580		
City, State, Zip Code Marion, MS 39342-0580		
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 James S. Simmons	07/19/2022	\$100.00
Mailing Address PO Box 116		
City, State, Zip Code Florence, MS 39073-0116		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Altria Client Services, LLC	05/06/2022	\$1,000.00
Mailing Address P.O. Box 85088		
City, State, Zip Code Richmond, VA 23285-5088		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Date (Mo., Day, Year)	Amount of each receipt this period
12/13/2022	\$250.00
Aggregate Year-to-date	\$500.00
Date (Mo., Day, Year)	Amount of each recelpt this period
08/09/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/15/2022	\$10,000.00
Aggregate Year-to-date	\$11,000.00
	\$11,000.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	(Mo., Day, Year) 12/13/2022 Aggregate Year-to-date Date (Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tilis period
Full Name Scott Favre	04/25/2022	\$100.00
Mailing Address 10665 Pecue Lane		
City, State, Zip Code Baton Rouge, LA 70810-3516		
Name of Employer (Required) Performance Contractors, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name North Bay Seafood, Inc.	01/25/2022	\$1,000.00
Mailing Address P.O. Box 6091		
City, State, Zip Code Biloxi, MS 39532		
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 Highland Building Services Inc.	05/16/2022	\$1,000.00
Mailing Address PO Box 537		
City, State, Zip Code Madison, MS 39130-0537		
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 perlod
Full Name Mary Phillips Витоw	05/12/2022	\$300.00
Mailing Address 1202 Gallery Street		
TECH CANCEL		
City, State, Zip Code Pascagoula, MS 39581-2310		
City Photo 7in Codo		
City, State, Zip Code Pascagoula, MS 39581-2310	Aggregate Year-to-date	\$300.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Mack Varner	11/05/2022	\$250.00
Mailing Address 9 Bugle Ridge Drive		
City, State, Zip Code Vicksburg, MS 39180-4314		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Roman Galey	10/26/2022	\$500.00
Mailing Address 112 Mandalay Drive		
City, State, Zip Code Hattiesburg, MS 39402-2032		
Name of Employer (Required) South Group Insurance Services		
Occupation (Required)	Aggregate	\$500.00
Sales	Year-to-date	\$500,000
Sales Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Sales	Date	Amount of each receipt
Sales Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman	Date (Mo., Day, Year)	Amount of each receipt this period
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street	Date (Mo., Day, Year)	Amount of each receipt this period
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street City, State, Zip Code Natchez, MS 39120-3458	Date (Mo., Day, Year)	Amount of each receipt this period
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street City, State, Zip Code Natchez, MS 39120-3458 Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors	Date (Mo., Day, Year) 04/11/2022 Aggregate	Amount of each receipt this period \$1,000.00
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street City, State, Zip Code Natchez, MS 39120-3458 Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors Occupation (Required) Broker Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/11/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$3,000.00 Amount of each receipt
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street City, State, Zip Code Natchez, MS 39120-3458 Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors Occupation (Required) Broker Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 04/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$3,000.00 Amount of each receipt this period
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street City, State, Zip Code Natchez, MS 39120-3458 Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors Occupation (Required) Broker Source: Corporation PAC Individual Loan Other (please specify) Full Name Joey Havens	Date (Mo., Day, Year) 04/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$3,000.00 Amount of each receipt this period
Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe W. Stedman Mailing Address 114 Main Street City, State, Zip Code Natchez, MS 39120-3458 Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors Occupation (Required) Broker Source: Corporation PAC Individual Loan Other (please specify) Full Name Joey Havens Mailing Address 141 Harper St.	Date (Mo., Day, Year) 04/11/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$3,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name William L. Kennedy	11/30/2022	\$1,000.00
Mailing Address 13 Kennedy Road		
City, State, Zip Code Inverness, MS 38753-9545		
Name of Employer (Required) Jimmy Sanders, Inc.		
Occupation (Required) Agriculture	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 Edwin Nordan	11/14/2022	\$500.00
Mailing Address 186 Oak Drive		
City, State, Zip Code Greenville, MS 38701-7706		
Name of Employer (Required) Greenville Animal Clinic		
Occupation (Required) Veterinarian	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Joe W. Stedman	04/27/2022	\$4,000.00
Mailing Address 114 Main Street		
City, State, Zip Code Natchez, MS 39120-3458		
Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors		
Occupation (Required) Broker	Aggregate Year-to-date	\$7,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 5R Farms, LLC	05/10/2022	\$250.00
Mailing Address 1021 Antioch Shiloh Rd		
City, State, Zip Code Pelahatchie, MS 39145-3544		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Date (Mo., Day, Year)	Amount of each receipt this period
11/07/2022	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
01/20/2022	\$200.00
Aggregate Year-to-date	\$200.00
Date	Amount of each receipt
(Mo., Day, Year)	this period
(Mo., Day, Year) 07/18/2022	this period \$50.00
07/18/2022 Aggregate	\$50.00
O7/18/2022 Aggregate Year-to-date Date	\$50.00 \$150.00 Amount of each receipt
Aggregate Year-to-date Date (Mo., Day, Year)	\$150.00 Amount of each recelpt this period
Aggregate Year-to-date Date (Mo., Day, Year)	\$150.00 Amount of each recelpt this period
Aggregate Year-to-date Date (Mo., Day, Year)	\$150.00 Amount of each recelpt this period
	(Mo., Day, Year) 11/07/2022 Aggregate Year-to-date Date (Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tillo period
Full Name Larry Galloway	04/19/2022	\$1,000.00
Mailing Address 3333 Allen Parkway Unit 1610		
City, State, Zip Code Houston, TX 77019-1845		
Name of Employer (Required) Geophysical Pursuit, Inc.		
Occupation (Required) Seismic Data	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 Judy Frascogna	11/04/2022	\$2,500.00
Mailing Address 2122 Brackenshire Circle		
City, State, Zip Code Jackson, MS 39211-5836		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Gerard R. Gibert		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc	(Mo., Day, Year) 11/21/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$7,500.00 Amount of each receipt
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Linda Grant	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Gerard R. Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157-8618 Name of Employer (Required) WhiteLight Group Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Linda Grant Mailing Address 7351 Savannah Drive	(Mo., Day, Year) 11/21/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$7,500.00 Amount of each receipt this period

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ITEMIZED RECEIPTS

through

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	<u> </u>	this period
Full Name Grantham Bros. Logging, Inc.	01/21/2022	\$1,000.00
Mailing Address P.O. Box 1094		
City, State, Zip Code Philadelphia, MS 39350-1094		
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 Kelvin E Hall	08/02/2022	\$1,500.00
Mailing Address 142 Pinnacle Circle		
City, State, Zip Code Brandon, MS 39047-8341		
Name of Employer (Required) Kelvin Hall LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,500.00
Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)		\$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Malling Address PO Box 239	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Malling Address PO Box 239 City, State, Zip Code Corinth, MS 38835-0239	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Malling Address PO Box 239 City, State, Zip Code Corinth, MS 38835-0239 Name of Employer (Required) Coccupation (Required)	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Malling Address PO Box 239 City, State, Zip Code Corinth, MS 38835-0239 Name of Employer (Required) Corinth Coca-Cola Occupation (Required) Executive Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Malling Address PO Box 239 City, State, Zip Code Corinth, MS 38835-0239 Name of Employer (Required) Corinth Coca-Cola Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year) O5/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth W. Williams Mailing Address PO Box 239 City, State, Zip Code Corinth, MS 38835-0239 Name of Employer (Required) Corinth Coca-Cola Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew L. Barton	Aggregate Year-to-date Date (Mo., Day, Year) O5/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Kenneth W. Williams Malling Address PO Box 239 City, State, Zip Code Corinth, MS 38835-0239 Name of Employer (Required) Corinth Coca-Cola Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew L. Barton Mailing Address 479 Oakhurst Dr.	Aggregate Year-to-date Date (Mo., Day, Year) O5/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
Danastina Parlad	01/01/2022

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Date (Mo., Day, Year)	Amount of each receipt this perlod
04/05/2022	\$10,000.00
04/05/2022	\$10,000.00
Aggregate Year-to-date	\$10,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
11/11/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
12/14/2022	\$4,000.00
Aggregate Year-to-date	\$5,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
12/08/2022	\$500.00
	(Mo., Day, Year) 04/05/2022 Aggregate Year-to-date Date (Mo., Day, Year) 11/11/2022 Aggregate Year-to-date Date (Mo., Day, Year) 12/14/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Buy, Tour,	this period
Full Name The Clay Firm	06/30/2022	\$25,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard B. Wax	06/04/2022	\$25,000.00
Mailing Address PO Box 60		
City, State, Zip Code Amory, MS 38821-0060		
Name of Employer (Required) The Wax Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
	Tour to date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	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 Bernard W. Bean	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Bernard W. Bean Mailing Address 628 Highland Circle	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Bernard W. Bean Mailing Address 628 Highland Circle City, State, Zip Code Tupelo, MS 38804-2013	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Bernard W. Bean Mailing Address 628 Highland Circle City, State, Zip Code Tupelo, MS 38804-2013 Name of Employer (Required) Eat With Us	Date (Mo., Day, Year) 08/09/2022 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Bernard W. Bean Mailing Address 628 Highland Circle City, State, Zip Code Tupelo, MS 38804-2013 Name of Employer (Required) Eat With Us Occupation (Required) COO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/09/2022 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 Bernard W. Bean Mailing Address 628 Highland Circle City, State, Zip Code Tupelo, MS 38804-2013 Name of Employer (Required) Eat With Us Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/09/2022 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 Bernard W. Bean Mailing Address 628 Highland Circle City, State, Zip Code Tupelo, MS 38804-2013 Name of Employer (Required) Eat With Us Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name Airbus Helicopters, Inc.	Date (Mo., Day, Year) 08/09/2022 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 Bernard W. Bean Mailing Address 628 Highland Circle City, State, Zip Code Tupelo, MS 38804-2013 Name of Employer (Required) Eat With Us Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name Airbus Helicopters, Inc. Mailing Address 2701 Forum Drive	Date (Mo., Day, Year) 08/09/2022 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	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	- (Mo., Day, Tear)	this period
Full Name William L. Williamson III	11/14/2022	\$250.00
Mailing Address 1117 Windy Lake Drive		
City, State, Zip Code Vicksburg, MS 39183-8302		
Name of Employer (Required) Retired		
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
Full Name Kate Luce	05/12/2022	\$1,000.00
Mailing Address 4519 McInnis Ave		
City, State, Zip Code Moss Point, MS 39563		
Name of Employer (Required) MS Export Railroad		-
Occupation (Required) President and CEO	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 Milton O. Sundbeck	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Milton O. Sundbeck Mailing Address 37 Town Creek Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Milton O. Sundbeck Mailing Address 37 Town Creek Rd City, State, Zip Code West Point, MS 39773-5705	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Milton O. Sundbeck Mailing Address 37 Town Creek Rd City, State, Zip Code West Point, MS 39773-5705 Name of Employer (Required) Southern Ionics Occupation (Required)	(Mo., Day, Year) 02/18/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Milton O. Sundbeck Mailing Address 37 Town Creek Rd City, State, Zip Code West Point, MS 39773-5705 Name of Employer (Required) Southern Ionics Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 02/18/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Milton O. Sundbeck Mailing Address 37 Town Creek Rd City, State, Zip Code West Point, MS 39773-5705 Name of Employer (Required) Southern Ionics Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 02/18/2022 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 Milton O. Sundbeck Mailing Address 37 Town Creek Rd City, State, Zip Code West Point, MS 39773-5705 Name of Employer (Required) Southern Ionics Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Albert Burton Hankins Jr.	(Mo., Day, Year) 02/18/2022 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 Milton O. Sundbeck Mailing Address 37 Town Creek Rd City, State, Zip Code West Point, MS 39773-5705 Name of Employer (Required) Southern Ionics Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Albert Burton Hankins Jr. Mailing Address 496 W Nat G Troutt Road	(Mo., Day, Year) 02/18/2022 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 Reporting Period

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Date (Mo., Day, Year)	Amount of each recelpt this period
	tilla period
03/07/2022	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each recelpt this period
05/17/2022	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
11/08/2022	\$5,000.00
Aggregate Year-to-date	\$5,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
09/16/2022	\$1,000.00
	(Mo., Day, Year) O3/07/2022 Aggregate Year-to-date Date (Mo., Day, Year) O5/17/2022 Aggregate Year-to-date Date (Mo., Day, Year) 11/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	- (this period
Full Name Betty A. Watts	11/17/2022	\$200.00
Mailing Address PO Box 1646		
City, State, Zip Code Oxford, MS 38655-1646		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$600.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Upland Properties LLC	05/12/2022	\$2,500.00
Mailing Address 1018 Industrial Park Dr.		
City, State, Zip Code Clinton, MS 39056-3210		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — The — Management Committee		receipt
Other (please specify) Candidate Campaign Committee	(Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr	(Mo., Day, Year)	receipt this period
Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr City, State, Zip Code Southaven, MS 38672-6676	(Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00
Other (please specify) Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr City, State, Zip Code Southaven, MS 38672-6676 Name of Employer (Required)	(Mo., Day, Year) 10/17/2022 Aggregate	receipt this period \$1,000.00
Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr City, State, Zip Code Southaven, MS 38672-6676 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$1,000.00 Amount of each receipt
Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr City, State, Zip Code Southaven, MS 38672-6676 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Cother (please specify) Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr City, State, Zip Code Southaven, MS 38672-6676 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Friends of Kevin Blackwell Mailing Address 4105 Jessica Dr City, State, Zip Code Southaven, MS 38672-6676 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate or Committee

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susie Gollott	04/05/2022	\$5,000.00
Mailing Address 904 South Beach Blvd		
City, State, Zip Code Waveland, MS 39576-3820		
Name of Employer (Required) Bayou Caddy Fisheries Inc		
Occupation (Required) Officer	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Jason Chiniche	10/12/2022	\$1,000.00
Mailing Address 725 Old Spanish Trail		
City, State, Zip Code Bay Saint Louis, MS 39520-2507		
Name of Employer (Required) James J. Chiniche P.A. Inc.		
Occupation (Required) Engineer	Aggregate Year-to-date	\$2,000.00
	The state of the s	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) The C.L. Dews & Sons Foundry & Machinery Co., Inc.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647	(Mo., Day, Year)	receipt this period
Other (please specify) The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647 Name of Employer (Required)	(Mo., Day, Year) 09/26/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/26/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Duane Stevens	(Mo., Day, Year) 09/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv	(Mo., Day, Year) 09/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name The C.L. Dews & Sons Foundry & Machinery Co., Inc. Mailing Address PO Box 1647 City, State, Zip Code Hattiesburg, MS 39403-1647 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557	(Mo., Day, Year) 09/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Name of Candidate	or Committee
Donorting Deriod	01/01/2022

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Hughes	09/17/2022	\$2,500.00
Mailing Address 125 North Lake Dr.		
City, State, Zip Code Madison, MS 39110-5003		
Name of Employer (Required) CHH Enterprises Inc.		
Occupation (Required) Executive	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 Tyson Foods, Inc.	07/06/2022	\$1,000.00
Mailing Address PO Box 2020		
City, State, Zip Code Springdale, AR 72765-2020		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Heidelberg	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James H. Heidelberg	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger	(Mo., Day, Year) 05/12/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name James H. Heidelberg Mailing Address 1300 Driftwood Street City, State, Zip Code Pascagoula, MS 39567-7592 Name of Employer (Required) Heidelberg Steinberger Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
12/13/2022	\$1,000.00
12.10/2022	V 1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
11/17/2022	\$5,000.00
Aggregate Year-to-date	\$5,000.00
Date (Mo., Day, Year)	Amount of each recelpt this period
12/26/2022	\$500.00
Aggregate Year-to-date	\$500.00
Date (Mo., Day, Year)	Amount of each receipt this period
12/21/2022	\$150.00
Aggregate Year-to-date	\$600.00
	(Mo., Day, Year) 12/13/2022 Aggregate Year-to-date Date (Mo., Day, Year) 11/17/2022 Aggregate Year-to-date Date (Mo., Day, Year) 12/26/2022 Aggregate Year-to-date Date (Mo., Day, Year) 12/21/2022 Aggregate Year-to-date

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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	11/04/2022	\$2,500.00
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	\$3,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Full Name Tower Loan of Mississippi LLC	10/21/2022	\$25,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Bland	08/09/2022	\$500.00
Mailing Address 2071 Saint Andrews Dr.		
City, State, Zip Code Belden, MS 38826-9539		
Name of Employer (Required) Southern Motion		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Occupation (Required)		\$500.00 Amount of each receipt this period
Occupation (Required) Executive Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Steven Speights	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Steven Speights Mailing Address 2445 Sandridge Drive	Year-to-date Date (Mo., Day, Year)	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 perlod
Full Name Patrick Ryan Beckett	04/13/2022	\$1,000.00
Mailing Address 4166 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6520		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 Jerry Crosby	05/03/2022	\$250.00
Mailing Address 10 Autumn Cove		
City, State, Zip Code Jackson, MS 39206-5064		
Name of Employer (Required) Old South Brick & Supply		
Occupation (Required)	Aggregate	#250.00
Owner	Year-to-date	\$250.00
Owner Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each recelpt this period
Owner	Date	Amount of each receipt
Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road City, State, Zip Code Vicksburg, MS 39183-8379	Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road City, State, Zip Code Vicksburg, MS 39183-8379 Name of Employer (Required) Self Employed	Date (Mo., Day, Year) 11/29/2022 Aggregate	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road City, State, Zip Code Vicksburg, MS 39183-8379 Name of Employer (Required) Self Employed Occupation (Required) Convenience Store Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road City, State, Zip Code Vicksburg, MS 39183-8379 Name of Employer (Required) Self Employed Occupation (Required) Convenience Store Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road City, State, Zip Code Vicksburg, MS 39183-8379 Name of Employer (Required) Self Employed Occupation (Required) Convenience Store Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles F. Humphrey	Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William Allen Kitchens Mailing Address 785 Tucker Road City, State, Zip Code Vicksburg, MS 39183-8379 Name of Employer (Required) Self Employed Occupation (Required) Convenience Store Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles F. Humphrey Mailing Address 36873 Hwy 430	Date (Mo., Day, Year) 11/29/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Johnson Landscaping and Irrigation	12/20/2022	\$250.00
Mailing Address 205 Ratliff Dr		
City, State, Zip Code Tylertown, MS 39667-2163		
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 LMS, INC	10/01/2022	\$500.00
Mailing Address 806 Washington Ave		
City, State, Zip Code Ocean Springs, MS 39564-4638		
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
Source: Corporation PAC Individual Loan Other (please specify) Bully Bloc		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bully Bloc	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Bully Bloc Mailing Address PO Box 1591	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 1591 City, State, Zip Code Jackson, MS 39215-1591	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 1591 City, State, Zip Code Jackson, MS 39215-1591 Name of Employer (Required)	(Mo., Day, Year) 12/16/2022 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 1591 City, State, Zip Code Jackson, MS 39215-1591 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/16/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 1591 City, State, Zip Code Jackson, MS 39215-1591 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
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 1591 City, State, Zip Code Jackson, MS 39215-1591 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Beer Distributors Association Six-PAC	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 Bully Bloc Mailing Address PO Box 1591 City, State, Zip Code Jackson, MS 39215-1591 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Beer Distributors Association Six-PAC Mailing Address PO Box 1132	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 Robert B. Nance	08/17/2022	\$5,000.00
Mailing Address 703 Muirfield Drive		70,000.00
City, State, Zip Code		
Oxford, MS 38000-2000		
Name of Employer (Required) Beale Street Blues Company		
Occupation (Required) Principal	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 Dunn Utility Products	03/31/2022	\$500.00
Mailing Address PO Box 721420		
City, State, Zip Code Byram, MS 39272-1420		
Name of Employer (Required)		
	Aggregate	
Occupation (Required)	Year-to-date	\$500.00
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)		\$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St.	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St. City, State, Zip Code Jackson, MS 39202-1828	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St. City, State, Zip Code Jackson, MS 39202-1828 Name of Employer (Required) MS Gaming Association	Year-to-date Date (Mo., Day, Year) 03/31/2022 Aggregate	Amount of each receipt this period \$500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St. City, State, Zip Code Jackson, MS 39202-1828 Name of Employer (Required) MS Gaming Association Occupation (Required) Executive Director Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 03/31/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St. City, State, Zip Code Jackson, MS 39202-1828 Name of Employer (Required) MS Gaming Association Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 03/31/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St. City, State, Zip Code Jackson, MS 39202-1828 Name of Employer (Required) MS Gaming Association Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank E. Johnson	Year-to-date Date (Mo., Day, Year) 03/31/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Gregory Mailing Address 2011 Laurel St. City, State, Zip Code Jackson, MS 39202-1828 Name of Employer (Required) MS Gaming Association Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank E. Johnson Mailing Address 610 Dunklin Avenue	Year-to-date Date (Mo., Day, Year) 03/31/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
09/13/2022	\$1,000.00
Aggregate Year-to-date	\$2,500.00
Date (Mo., Day, Year)	Amount of each recelpt this period
05/16/2022	\$250.00
	1
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
11/28/2022	\$250.00
Aggregate Year-to-date	\$250.00
	\$250.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	(Mo., Day, Year) O9/13/2022 Aggregate Year-to-date Date (Mo., Day, Year) O5/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name R & W Developers LLC	10/11/2022	\$250.00
Mailing Address 5627 Getwell Rd Bldg C		
City, State, Zip Code Southaven, MS 38672-7328		
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 perlod
Full Name Russell, Inc	11/03/2022	\$1,000.00
Mailing Address 111 Main Ave N		
City, State, Zip Code Magee, MS 39111-3533		
Name of Employer (Required)		
Occupation (Paguined)	Aggregate	
Occupation (Required)	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)		\$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road City, State, Zip Code Ridgeland, MS 39157-9734	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road City, State, Zip Code Ridgeland, MS 39157-9734 Name of Employer (Required) Self Occupation (Required)	Year-to-date Date (Mo., Day, Year) 07/04/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road City, State, Zip Code Ridgeland, MS 39157-9734 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 07/04/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road City, State, Zip Code Ridgeland, MS 39157-9734 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 07/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road City, State, Zip Code Ridgeland, MS 39157-9734 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name C. D. Simmons III	Year-to-date Date (Mo., Day, Year) 07/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$750.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road City, State, Zip Code Ridgeland, MS 39157-9734 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name C. D. Simmons III Mailing Address PO Box 65	Year-to-date Date (Mo., Day, Year) 07/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$750.00 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 recelpt this period
Full Name Power Dynamics Innovations LLC	09/22/2022	\$2,500.00
Mailing Address PO Box 1044		
City, State, Zip Code Picayune, MS 39466-1044		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walgreens	09/14/2022	\$750.00
Mailing Address 104 Wilmot Road #1844		
City, State, Zip Code Deerfield, IL 60015-5121		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael C. Rozier Jr.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd City, State, Zip Code Hattiesburg, MS 39402-8102	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd City, State, Zip Code Hattiesburg, MS 39402-8102 Name of Employer (Required) Mike Rozier Construction	(Mo., Day, Year) 12/01/2022 Aggregate	receipt this period \$7,500.00
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd City, State, Zip Code Hattiesburg, MS 39402-8102 Name of Employer (Required) Mike Rozier Construction Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date	receipt this period \$7,500.00 \$7,500.00 Amount of each receipt
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd City, State, Zip Code Hattiesburg, MS 39402-8102 Name of Employer (Required) Mike Rozier Construction Occupation (Required) President Source: Corporation PAC Individual Loan Cother (please specify) LLC	(Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$7,500.00 \$7,500.00 Amount of each recelpt this period
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd City, State, Zip Code Hattiesburg, MS 39402-8102 Name of Employer (Required) Mike Rozier Construction Occupation (Required) President Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Trend Consultants, LLC	(Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$7,500.00 \$7,500.00 Amount of each recelpt this period
Other (please specify) Full Name Michael C. Rozier Jr. Mailing Address 10 Lamar Blvd City, State, Zip Code Hattiesburg, MS 39402-8102 Name of Employer (Required) Mike Rozier Construction Occupation (Required) President Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Trend Consultants, LLC Mailing Address 125 Fountains Blvd	(Mo., Day, Year) 12/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$7,500.00 \$7,500.00 Amount of each recelpt 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 Clearwater Group, LLC	03/31/2022	\$500.00
Mailing Address 4209 Lakeland Drive #214		
City, State, Zip Code Flowood, MS 39232-9212		
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 Nancy Adams Collins	08/21/2022	\$500.00
Mailing Address 1604 Briar Ridge Road		
City, State, Zip Code Tupelo, MS 38804-5108		
Name of Employer (Required) Retired		
Occupation (Required)	Aggregate	\$500,00
Retired	Year-to-date	\$600.55
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan	Date	Amount of each recelpt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David L. McMillin	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David L. McMillin Mailing Address 1025 Annandale Drive	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David L. McMillin Mailing Address 1025 Annandale Drive City, State, Zip Code Madison, MS 39110-9450	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David L. McMillin Mailing Address 1025 Annandale Drive City, State, Zip Code Madison, MS 39110-9450 Name of Employer (Required) MC Squared, LLC	Date (Mo., Day, Year) 04/06/2022 Aggregate	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David L. McMillin Mailing Address 1025 Annandale Drive City, State, Zip Code Madison, MS 39110-9450 Name of Employer (Required) MC Squared, LLC Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/06/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name David L. McMillin Mailing Address 1025 Annandale Drive City, State, Zip Code Madison, MS 39110-9450 Name of Employer (Required) MC Squared, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 04/06/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 David L. McMillin Mailing Address 1025 Annandale Drive City, State, Zip Code Madison, MS 39110-9450 Name of Employer (Required) MC Squared, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Colby Lane	Date (Mo., Day, Year) 04/06/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 David L. McMillin Mailing Address 1025 Annandale Drive City, State, Zip Code Madison, MS 39110-9450 Name of Employer (Required) MC Squared, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Colby Lane Mailing Address 110 Hidden Oaks Trail	Date (Mo., Day, Year) 04/06/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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) Yefind-Over corporate \imit	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blackline Corp	10/17/2022	(\$1,000.00)
Mailing Address 1902 15th St STE 101		
City, State, Zip Code Gulfport, MS 39501-2111		
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 Scott Carlton	05/10/2022	\$1,000.00
Mailing Address 1503 Riverwood Dr.		
City, State, Zip Code Jackson, MS 39211-4748		
Name of Employer (Required) MEA		
Оссираtion (Required) Physican	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kevin Fish		receipt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Kevin Fish	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive City, State, Zip Code Biloxi, MS 39532-9401	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive City, State, Zip Code Biloxi, MS 39532-9401 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year)	recelpt this period \$5,000.00
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive City, State, Zip Code Biloxi, MS 39532-9401 Name of Employer (Required) Gulf Coast Restaurant Group Occupation (Required) Executive Source: Corporation PAC Individual Loan	Aggregate Year-to-date	recelpt this period \$5,000.00 \$5,000.00 Amount of each recelpt
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive City, State, Zip Code Biloxi, MS 39532-9401 Name of Employer (Required) Gulf Coast Restaurant Group Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$5,000.00 \$5,000.00 Amount of each recelpt this period
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive City, State, Zip Code Biloxi, MS 39532-9401 Name of Employer (Required) Gulf Coast Restaurant Group Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name W. Tom Robertson Jr.	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$5,000.00 \$5,000.00 Amount of each recelpt this period
Other (please specify) Full Name Kevin Fish Mailing Address 3455 Brandon James Drive City, State, Zip Code Biloxi, MS 39532-9401 Name of Employer (Required) Gulf Coast Restaurant Group Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name W. Tom Robertson Jr. Mailing Address 65 Holly Ridge Road	Aggregate Year-to-date Date (Mo., Day, Year)	recelpt this period \$5,000.00 \$5,000.00 Amount of each recelpt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name Mike Ford	04/20/2022	\$250.00
Mailing Address 180 Deer Haven Drive		
City, State, Zlp Code Madison, MS 39110-8013		
Name of Employer (Required) Self		
Occupation (Required) Accountant	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 Armistead Law PLLC	05/16/2022	\$2,500.00
Mailing Address 8925 Goodman Road		
City, State, Zip Code Olive Branch, MS 38654-2201		
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 Carlos A. Latorre	11/19/2022	\$250.00
Mailing Address 101 CHERRYBARK LN		
City, State, Zip Code Vicksburg, MS 39180-1820		
Name of Employer (Required)		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) Candidate Campaign Committee	(Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee Full Name Friends Of Joel Carter Mailing Address	(Mo., Day, Year)	receipt this period
Candidate Campaign Committee Full Name Friends Of Joel Carter Mailing Address PO Box 1842 City State Zin Code	(Mo., Day, Year)	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)	·	
Full Name Jeff Michael Zimmerman	10/12/2022	\$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	\$350.00
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 Chad McMahan	08/12/2022	\$250.00
Mailing Address 1537 Highway 145		
City, State, Zip Code Guntown, MS 38849-7940		
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 Roy Scott Nunley	02/12/2022	\$100.00
Mailing Address PO Box 389		
City, State, Zip Code Dennis, MS 38838-0389		
Name of Employer (Required) Sun Life		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	08/09/2022	\$2,500.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe & Co LLC		

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Name of Candidate	or Committee
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		Amount of each
Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Steve Wallace	11/17/2022	\$100.00
Mailing Address 61 River Oaks Dr.	C	
City, State, Zip Code West Point, MS 39773-5501		
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
Full Name Krouse And Co., LLC	04/27/2022	\$1,000.00
Mailing Address 816 Myrtle Ave.		
City, State, Zip Code Natchez, MS 39120-2329		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Goulde. — Golporation — 1710 — maintain		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) Liberty Operating Company LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201 City, State, Zip Code Laurel, MS 39440-3982	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201 City, State, Zip Code Laurel, MS 39440-3982 Name of Employer (Required)	(Mo., Day, Year) 09/16/2022 Aggregate	receipt this period \$1,000.00
Tother (please specify) LLC Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201 City, State, Zip Code Laurel, MS 39440-3982 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/16/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) LLC Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201 City, State, Zip Code Laurel, MS 39440-3982 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) LLC Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201 City, State, Zip Code Laurel, MS 39440-3982 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Anderson	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) LLC Full Name Liberty Operating Company LLC Mailing Address 407 West Oak St. STE 201 City, State, Zip Code Laurel, MS 39440-3982 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Andy Anderson Mailing Address 525 Parkway Ave	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	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	_	
John W. Shinn	01/22/2022	\$500.00
Mailing Address 1886 Courtney Ln		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) A Brite Mind		- 11
Occupation (Required) Consultant	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 Clyde X. Copeland III	08/14/2022	\$5,000.00
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	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Massengill		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Michael Massengill Mailing Address	(Mo., Day, Year)	recelpt this period
Cother (please specify) Full Name Michael Massengill Mailing Address 151 County Road 511	(Mo., Day, Year)	recelpt this period
Cother (please specify) Full Name Michael Massengill Mailing Address 151 County Road 511 City, State, Zip Code Ripley, MS 38663-8510	(Mo., Day, Year)	recelpt this period
Cother (please specify) Full Name Michael Massengill Mailing Address 151 County Road 511 City, State, Zip Code Ripley, MS 38663-8510 Name of Employer (Required) Big M Transportation Occupation (Required)	(Mo., Day, Year) 05/16/2022 Aggregate	recelpt this period \$1,000.00
Cother (please specify) Full Name Michael Massengill Mailing Address 151 County Road 511 City, State, Zip Code Ripley, MS 38663-8510 Name of Employer (Required) Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	recelpt this period \$1,000.00 \$1,000.00 Amount of each receipt
Cother (please specify) Full Name Michael Massengill Mailing Address 151 County Road 511 City, State, Zip Code Ripley, MS 38663-8510 Name of Employer (Required) Big M Transportation Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Cother (please specify) Full Name Michael Massengill Mailing Address 151 County Road 511 City, State, Zip Code Ripley, MS 38663-8510 Name of Employer (Required) Big M Transportation Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary J Herring	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Ripley, MS 38663-8510 Name of Employer (Required) Cocupation (Required) County Road 511 Cocupation (Required) Cocupation (Required) Comporation Cocupation (Required) Comporation Cocupation (Required) Comporation Cocupation Cocupation Comporation Cocupation Required Corporation Corporation Cocupation Co	(Mo., Day, Year) 05/16/2022 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 Janson Durr Boyles	11/10/2022	\$1,000.00
Mailing Address 215 Winged Foot Cir		
City, State, Zip Code Jackson, MS 39211-2530		
Name of Employer (Required) Boyles Moak		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Tom Underwood	04/25/2022	\$1,000.00
Mailing Address 3999 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6704		
Name of Employer (Required) Underwood Cos.		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00
	rear-to-date	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	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 David Allen Mailing Address 100 Arbor Lane	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers	Date (Mo., Day, Year) 11/15/2022 Aggregate	recelpt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/15/2022 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 David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan Other (please specify) Full Name Dan Waring III	Aggregate Year-to-date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan Other (please specify) Full Name Dan Waring III Mailing Address PO Box 66	Aggregate Year-to-date (Mo., Day, Year)	\$2,500.00 \$2,500.00 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 Jennifer Bryan	06/07/2022	\$500.00
Mailing Address 88 Grandview Cr		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) St. Dominics		
Occupation (Required) Physician	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 Seemann Composites, LLC	05/16/2022	\$1,000.00
Mailing Address PO Box 3449		
City, State, Zip Code Gulfport, MS 39505-3449		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan	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 William Lacorte Mailing Address 519 Metairie Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Lacorte Mailing Address 519 Metairie Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Lacorte Mailing Address 519 Metairie Road City, State, Zip Code Metairie, LA 70005-4311	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Lacorte Mailing Address 519 Metairie Road City, State, Zip Code Metairie, LA 70005-4311 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 10/13/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name William Lacorte Mailing Address 519 Metairie Road City, State, Zip Code Metairie, LA 70005-4311 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/13/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name William Lacorte Mailing Address 519 Metairie Road City, State, Zip Code Metairie, LA 70005-4311 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 \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name William Lacorte Mailing Address 519 Metairie Road City, State, Zip Code Metairie, LA 70005-4311 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Rebecca S. Lauderdale	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 William Lacorte Mailing Address 519 Metairie Road City, State, Zip Code Metairie, LA 70005-4311 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Rebecca S. Lauderdale Mailing Address 513 Long Leaf Drive	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 Individual Loan		Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	recelpt this period
Full Name Committee For Clean Environment and Fair Taxation	12/06/2022	\$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 Ronald G. Wanek	08/02/2022	\$5,000.00
Mailing Address 1205 Snell Isle Boulevard NE		
City, State, Zip Code St Petersburg, FL 33704-3035		
Name of Employer (Required) Ashley Furniture		
Occupation (Required) Chairman	Aggregate Year-to-date	\$5,000.00
	16ai -to-uate	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	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 Adam Paxton	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir City, State, Zip Code Tupelo, MS 38804-2003	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir City, State, Zip Code Tupelo, MS 38804-2003 Name of Employer (Required) Vogue Home Furnishings, LLC	Date (Mo., Day, Year) 11/30/2022	receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir City, State, Zip Code Tupelo, MS 38804-2003 Name of Employer (Required) Vogue Home Furnishings, LLC Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$22,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir City, State, Zip Code Tupelo, MS 38804-2003 Name of Employer (Required) Vogue Home Furnishings, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) (efford over corporate limit	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$22,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir City, State, Zip Code Tupelo, MS 38804-2003 Name of Employer (Required) Vogue Home Furnishings, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) (effect over corporate limit Full Name Aladdin Construction Co Inc	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$22,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Paxton Mailing Address 653 Highland Cir City, State, Zip Code Tupelo, MS 38804-2003 Name of Employer (Required) Vogue Home Furnishings, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Comparate Indit Full Name Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd	Date (Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$22,000.00 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 Danny R. Huston	07/08/2022	\$2,500.00
Mailing Address 616 W Jackson St		
City, State, Zip Code Parker City, IN 47368-9524		
Name of Employer (Required) North American Midway		
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 recelpt this period
Full Name Stephen J. Stiglets	12/20/2022	\$500.00
Mailing Address 4508 Harrison Avenue		
City, State, Zip Code Gulfport, MS 39507-4027		
Name of Employer (Required) Mississippi Power		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation C PAC C Individual C Comp		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Parkwood BHS	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road City, State, Zip Code Olive Branch, MS 38654-2103	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road City, State, Zip Code Olive Branch, MS 38654-2103 Name of Employer (Required)	(Mo., Day, Year) 12/14/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road City, State, Zip Code Olive Branch, MS 38654-2103 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/14/2022 Aggregate Year-to-date Date	\$1,000.00 Amount of each receipt
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road City, State, Zip Code Olive Branch, MS 38654-2103 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road City, State, Zip Code Olive Branch, MS 38654-2103 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeannie Robinson	Aggregate Year-to-date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road City, State, Zip Code Olive Branch, MS 38654-2103 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeannie Robinson Mailing Address 106 Creekwood Drive	Aggregate Year-to-date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		titis period
Full Name NG Consulting LLC	10/12/2022	\$1,000.00
Mailing Address 3400 Dogpatch Road		
City, State, Zip Code Kiln, MS 39556-6311		
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 Satnam Lal Sethi	06/16/2022	\$251.00
Mailing Address 1554 W Peace St		
City, State, Zip Code Canton, MS 39046-5325		
Name of Employer (Required) Jackies International		
Occupation (Required) Owner	Aggregate Year-to-date	\$251.00
Source: Corporation PAC Individual Loan		Amount of each
Source: Corporation PAC Individual Coan Council Coan Council Coan Council Coan Council Coan Council Coan Council Coan Coan Coan	Date (Mo., Day, Year)	receipt this period
	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Counter (please specify) Full Name Thomas Mueller Mailing Address	(Mo., Day, Year)	receipt this period
City State Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Biloxi, MS 39532-5318 Description: Countries Count	(Mo., Day, Year)	receipt this period
City, State, Zip Code Biloxi, MS 39532-5318 Name of Employer (Required) MS Power Co	(Mo., Day, Year) 10/12/2022 Aggregate	receipt this period \$250.00
City, State, Zip Code Biloxi, MS 39532-5318 Name of Employer (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
City, State, Zip Code Biloxi, MS 39532-5318 Name of Employer (Required) Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
City, State, Zip Code Biloxi, MS 39532-5318 Name of Employer (Required) MS Power Co Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Pfizer, Inc.	(Mo., Day, Year) 10/12/2022 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 Thomas Mueller Mailing Address 1881 Courtney Lane City, State, Zip Code Biloxi, MS 39532-5318 Name of Employer (Required) MS Power Co Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Pfizer, Inc. Mailing Address 949 Shady Grove Rd S	(Mo., Day, Year) 10/12/2022 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 Catherine Mcgee	06/22/2022	\$250.00
Mailing Address 1445 Smyth Lake Road		
City, State, Zip Code Louisville, MS 39339-3819		
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
Full Name Michael G. Kanosky	04/26/2022	\$250.00
Mailing Address 2121 Eastover Dr		
City, State, Zip Code Jackson, MS 39211-6720		
Name of Employer (Required) The Face & Body Center		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Sherwood R. Bailey Jr.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sherwood R. Bailey Jr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sherwood R. Bailey Jr. Mailing Address PO Box 3001	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sherwood R. Bailey Jr. Mailing Address PO Box 3001 City, State, Zip Code Gulfport, MS 39505-3001	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sherwood R. Bailey Jr. Mailing Address PO Box 3001 City, State, Zip Code Gulfport, MS 39505-3001 Name of Employer (Required) Bailey Lumber and Home Center	(Mo., Day, Year) 10/12/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Sherwood R. Bailey Jr. Mailing Address PO Box 3001 City, State, Zip Code Gulfport, MS 39505-3001 Name of Employer (Required) Bailey Lumber and Home Center Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/12/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Sherwood R. Bailey Jr. Mailing Address PO Box 3001 City, State, Zip Code Gulfport, MS 39505-3001 Name of Employer (Required) Bailey Lumber and Home Center Occupation (Required) Owner 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 Sherwood R. Bailey Jr. Mailing Address PO Box 3001 City, State, Zip Code Gulfport, MS 39505-3001 Name of Employer (Required) Bailey Lumber and Home Center Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Barrett Blake Teller	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Sherwood R. Bailey Jr. Mailing Address PO Box 3001 City, State, Zip Code Gulfport, MS 39505-3001 Name of Employer (Required) Bailey Lumber and Home Center Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Barrett Blake Teller Mailing Address 118 Country Club Drive	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Name of Candidate or Committee	Name	of	Candidate	ОГ	Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Maron	04/14/2022	\$500.00
Mailing Address 213 Kingsbridge Road		
City, State, Zip Code Madison, MS 39110-8486		
Name of Employer (Required) Adams & Reese LLP		·
Occupation (Required) Attorney	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 Maris West & Baker Inc	12/19/2022	\$1,000.00
Mailing Address 18 Northtown Dr.		
City, State, Zip Code Jackson, MS 39211-3016		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	real-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 Mississippians for Self-Insurance PAC Mailing Address 825 N President St	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required)	Date (Mo., Day, Year) 05/10/2022	receipt this period \$250.00
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Warner Alford	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Warner Alford Mailing Address 106 Cedar Hill Drive	Date (Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Man Park Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Stanley Sullivan Jr.	11/18/2022	\$1,000.00
Mailing Address 2027 Brecon Dr.		
City, State, Zip Code Jackson, MS 39211-5839		
Name of Employer (Required) Rapid Oil Change, 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 Chiropractic Neurology Consultant, PC	01/25/2022	\$1,000.00
Mailing Address 266 County Road 506		
City, State, Zip Code Shannon, MS 38868-9780		
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 recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Merchent		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Robert Merchent Mailing Address	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove City, State, Zip Code Gautier, MS 39553-6709	(Mo., Day, Year)	recelpt this period
Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove City, State, Zip Code Gautier, MS 39553-6709 Name of Employer (Required) Bollinger MS Shipbuilding Occupation (Required)	(Mo., Day, Year) 05/12/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove City, State, Zip Code Gautier, MS 39553-6709 Name of Employer (Required) Bollinger MS Shipbuilding Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/12/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Robert Merchent Mailing Address 2405 Perch Cove City, State, Zip Code Gautier, MS 39553-6709 Name of Employer (Required) Bollinger MS Shipbuilding Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/12/2022 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 Robert Merchent Mailing Address 2405 Perch Cove City, State, Zip Code Gautier, MS 39553-6709 Name of Employer (Required) Bollinger MS Shipbuilding Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name John M. Crossman	(Mo., Day, Year) 05/12/2022 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 Robert Merchent Mailing Address 2405 Perch Cove City, State, Zip Code Gautier, MS 39553-6709 Name of Employer (Required) Bollinger MS Shipbuilding Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name John M. Crossman Mailing Address 4412 Anson Lane	(Mo., Day, Year) 05/12/2022 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 recelpt this period
Full Name Harold L. Weess	05/02/2022	\$250.00
Mailing Address PO Box 1953		
City State 7in Code		
Florence, MS 39073-1953 Name of Employer (Required)		
Occupation (Required)	Aggregate	
Retired	Year-to-date	\$450.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Delois Montgomery	08/24/2022	\$1,500.00
Mailing Address 101 Francis Dr		
City, State, Zip Code Fulton, MS 38843-6615		
Name of Employer (Required) Montgomery Enterprises, Inc.		
Occupation (Required)	Aggregate	04 500 00
Owner	Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan	1 ** * 1	Amount of each receipt this period
Owner	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford City, State, Zip Code Hattiesburg, MS 39402-2925	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford City, State, Zip Code Hattiesburg, MS 39402-2925 Name of Employer (Required) Hattiesburg Clinic Occupation (Required)	Year-to-date Date (Mo., Day, Year) 11/01/2022 Aggregate	Amount of each receipt this period \$400.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford City, State, Zip Code Hattiesburg, MS 39402-2925 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 11/01/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$400.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford City, State, Zip Code Hattiesburg, MS 39402-2925 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) LLC	Year-to-date Date (Mo., Day, Year) 11/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$400.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford City, State, Zip Code Hattiesburg, MS 39402-2925 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Working Solutions, LLC	Year-to-date Date (Mo., Day, Year) 11/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$400.00 \$400.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Henderson Mailing Address 73 Waterford City, State, Zip Code Hattiesburg, MS 39402-2925 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Working Solutions, LLC Mailing Address P.O. Box 3802	Year-to-date Date (Mo., Day, Year) 11/01/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$400.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan		Amount of each
Source: Corporation PAC L Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)		this period
Full Name Randy Easterling	11/28/2022	\$250.00
Mailing Address 607 Tiffintown Road		
City, State, Zip Code Vicksburg, MS 39183-1503		
Name of Employer (Required) River Region Health Systems		
Occupation (Required) Physician	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 Wayne Lennep	05/06/2022	\$500.00
Mailing Address 5030 Oakwood Street		
City, State, Zip Code Moss Point, MS 39563-2318		
Name of Employer (Required) Ingalls Shipbuilding		
Occupation (Required) Engineering Design	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Larry Routt		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Routt	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic	(Mo., Day, Year) 11/26/2022 Aggregate	receipt this period \$50.00
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/26/2022 Aggregate Year-to-date Date	receipt this period \$50.00 \$225.00 Amount of each receipt
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$225.00 Amount of each receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Other (please specify) Full Name Drew T. St. John II	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$225.00 Amount of each receipt this period
Other (please specify) Full Name Larry Routt Mailing Address 107 S Natchez St City, State, Zip Code Kosciusko, MS 39090-3741 Name of Employer (Required) Rout Eye Clinic Occupation (Required) Optometrist Source: Corporation PAC Individual Loan Other (please specify) Full Name Drew T. St. John II Mailing Address 104 Stonebridge Cove	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$225.00 Amount of each receipt this period

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	Amount of each
Date (Mo., Day, Year)	recelpt this period
	tilis period
11/15/2022	\$350.00
Aggregate Year-to-date	\$600.00
Date (Mo., Day, Year)	Amount of each recelpt this period
11/29/2022	\$250.00
Aggregate	\$250.00
Year-to-date	
Date (Mo., Day, Year)	Amount of each receipt this period
Date	Amount of each receipt
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year) 07/28/2022 Aggregate	Amount of each receipt this period \$300.00
Date (Mo., Day, Year) 07/28/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt
Date (Mo., Day, Year) 07/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
Date (Mo., Day, Year) 07/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
Date (Mo., Day, Year) 07/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$300.00 \$300.00 Amount of each receipt this period
	(Mo., Day, Year) 11/15/2022 Aggregate Year-to-date Date (Mo., Day, Year) 11/29/2022 Aggregate

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC	-	una period
Full Name Sky Lake Construction LLC	10/14/2022	\$2,500.00
Mailing Address PO Box 488		
City, State, Zip Code Nesbit, MS 38651-0488		
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 Design Precast & Pipe, Inc.	09/30/2022	\$1,000.00
Mailing Address PO Box 2401		
City, State, Zip Code Gulfport, MS 39505-2401		
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 recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Sampat S. Shivangi		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive City, State, Zip Code Ridgeland, MS 39157-8630	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive City, State, Zip Code Ridgeland, MS 39157-8630 Name of Employer (Required) US Info Systems of Mississippi, LLC Occupation (Required)	(Mo., Day, Year) 04/20/2022 Aggregate	recelpt this period \$250.00
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive City, State, Zip Code Ridgeland, MS 39157-8630 Name of Employer (Required) US Info Systems of Mississippi, LLC Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date	\$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive City, State, Zip Code Ridgeland, MS 39157-8630 Name of Employer (Required) US Info Systems of Mississippi, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive City, State, Zip Code Ridgeland, MS 39157-8630 Name of Employer (Required) US Info Systems of Mississippi, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name ACE Thatch & Bamboo & Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Sampat S. Shivangi Mailing Address 104 Summer Lake Drive City, State, Zip Code Ridgeland, MS 39157-8630 Name of Employer (Required) US Info Systems of Mississippi, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name ACE Thatch & Bamboo & Inc. Mailing Address 2188 Hwy 44 E	Aggregate Year-to-date Date (Mo., Day, Year)	\$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 MS Geographic Info LLC	11/29/2022	\$1,000.00
Mailing Address 143 A Lefleurs Square		
City, State, Zip Code Jackson, MS 39211		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Friends Of Bill Kinkade	05/16/2022	\$1,000.00
Mailing Address 71 Peach Tree Rd		
City, State, Zip Code Byhalia, MS 38611-8072		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	1000 10 0001	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Fred McMurry	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fred McMurry Mailing Address PO Box 15007	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fred McMurry Mailing Address PO Box 15007	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fred McMurry Mailing Address PO Box 15007 City, State, Zip Code Hattiesburg, MS 39404-5007	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fred McMurry Mailing Address PO Box 15007 City, State, Zip Code Hattiesburg, MS 39404-5007 Name of Employer (Required) Havard Pest Control, Inc.	Date (Mo., Day, Year) 09/01/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Fred McMurry Mailing Address PO Box 15007 City, State, Zip Code Hattiesburg, MS 39404-5007 Name of Employer (Required) Havard Pest Control, Inc. Occupation (Required) Principal Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/01/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Fred McMurry Mailing Address PO Box 15007 City, State, Zip Code Hattiesburg, MS 39404-5007 Name of Employer (Required) Havard Pest Control, Inc. Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09/01/2022 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 Fred McMurry Mailing Address PO Box 15007 City, State, Zip Code Hattiesburg, MS 39404-5007 Name of Employer (Required) Havard Pest Control, Inc. Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify) Full Name George Flaggs	Date (Mo., Day, Year) 09/01/2022 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 Fred McMurry Mailing Address PO Box 15007 City, State, Zip Code Hattiesburg, MS 39404-5007 Name of Employer (Required) Havard Pest Control, Inc. Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify) Full Name George Flaggs Mailing Address 1401 Walnut St	Date (Mo., Day, Year) 09/01/2022 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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		Amount of each
Source: 🗆 Corporation 🗀 PAC 🛅 Individual 🖂 Loan	Date (Mo., Day, Year)	receipt
Other (please specify)	— (NO., Day, rear)	this period
Full Name Albert Burton Hankins Jr.	04/05/2022	\$10,000.00
Mailing Address 496 W Nat G Troutt Road		
City, State, Zip Code Grenada, MS 38901		
Name of Employer (Required) Hankins Lumber Co.		
Occupation (Required) Executive	Aggregate Year-to-date	\$11,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Advocacy Group, PAC	12/29/2022	\$1,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Gulf Islands Credit, Inc.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gulf Islands Credit, Inc.	(Mo., Day, Year)	receipt this period
Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road City, State, Zip Code Gulfport, MS 39501-6231	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road City, State, Zip Code Gulfport, MS 39501-6231 Name of Employer (Required)	(Mo., Day, Year) 01/26/2022 Aggregate	receipt this period \$500.00
Cother (please specify) Full Name Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road City, State, Zip Code Gulfport, MS 39501-6231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/26/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Cother (please specify) Full Name Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road City, State, Zip Code Gulfport, MS 39501-6231 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 \$500.00 \$500.00 Amount of each receipt this period
Cother (please specify) Full Name Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road City, State, Zip Code Gulfport, MS 39501-6231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Ric Alexander	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Cother (please specify) Full Name Gulf Islands Credit, Inc. Mailing Address 1115 Pass Road City, State, Zip Code Gulfport, MS 39501-6231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Ric Alexander Mailing Address 5013 Hillside Drive	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 C Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Curb Appeals Real Estate, LLC	11/08/2022	\$250.00
Mailing Address 1314 Washington St.		
City, State, Zip Code Vicksburg, MS 39180-3264		
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 Mississippi Dental PAC	06/20/2022	\$3,000.00
Mailing Address 439B Katherine Drive		
City, State, Zip Code Flowood, MS 39232-9781		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan		\$3,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Somnifera Best PLLC Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Somnifera Best PLLC Mailing Address 11513 Carondelet St.	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Somnifera Best PLLC Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Somnifera Best PLLC Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 01/25/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Somnifera Best PLLC Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Somnifera Best PLLC Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Somnifera Best PLLC Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim F. Hardin Jr.	Year-to-date Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Somnifera Best PLLC Mailing Address 11513 Carondelet St. City, State, Zip Code Gulfport, MS 39503-3106 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim F. Hardin Jr. Mailing Address 2330 Beau Chene Dr	Year-to-date Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 (Ma. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Martin H. Walker	11/29/2022	\$2,500.00
Mailing Address 310 S Deer Creek Drive W		
City, State, Zip Code Leland, MS 38756-3130		
Name of Employer (Required) Self		
Occupation (Required) Farmer	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 Adam Paxton	02/22/2022	\$5,000.00
Mailing Address 653 Highland Cir		
City, State, Zip Code Tupelo, MS 38804-2003		
Name of Employer (Required) Vogue Home Furnishings, LLC		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William P. Litton III		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William P. Litton III Malling Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William P. Litton III Mailing Address 2505 West River Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William P. Litton III Malling Address 2505 West River Rd City, State, Zip Code Greenwood, MS 38930-4947	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William P. Litton III Malling Address 2505 West River Rd City, State, Zip Code Greenwood, MS 38930-4947 Name of Employer (Required) Wade, Inc.	(Mo., Day, Year) 11/30/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name William P. Litton III Mailing Address 2505 West River Rd City, State, Zip Code Greenwood, MS 38930-4947 Name of Employer (Required) Wade, Inc. Occupation (Required) CFO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/30/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name William P. Litton III Mailing Address 2505 West River Rd City, State, Zip Code Greenwood, MS 38930-4947 Name of Employer (Required) Wade, Inc. Occupation (Required) CFO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 11/30/2022 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 William P. Litton III Mailing Address 2505 West River Rd City, State, Zip Code Greenwood, MS 38930-4947 Name of Employer (Required) Wade, Inc. Occupation (Required) CFO Source: Corporation PAC Individual Loan Other (please specify) Full Name Susan B. Anthony Pro-Life Candidate Fund	(Mo., Day, Year) 11/30/2022 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 William P. Litton III Malling Address 2505 West River Rd City, State, Zip Code Greenwood, MS 38930-4947 Name of Employer (Required) Wade, Inc. Occupation (Required) CFO Source: Corporation PAC Individual Loan Other (please specify) Full Name Susan B. Anthony Pro-Life Candidate Fund Mailing Address 2776 S Arlington Mill Dr PO Box 803	(Mo., Day, Year) 11/30/2022 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 Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Holmes	01/24/2022	\$50.00
Mailing Address 565 Stallings Bridge Road		
City, State, Zip Code Tylertown, MS 39667-8119		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$50.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susannah Wessel	07/20/2022	\$250.00
Mailing Address 200 S Leflore Ave		
City, State, Zip Code Cleveland, MS 38732-3210		
Name of Employer (Required) St. Luke United Methodist Church		
Occupation (Required) Recording Secretary	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name DirecTV	10/26/2022	\$250.00
Mailing Address 2260 East Imperial Hwy		
City, State, Zip Code El Segundo, CA 90245-3501		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Shoemaker Family Partners, LP	04/05/2022	\$250.00
Mailing Address PO Box 986		
City, State, Zip Code Ridgeland, MS 39158-0986		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		0400.00
Louis Zemek	04/07/2022	\$100.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
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 recelpt this period
Full Name Orma S. Smith III	05/10/2022	\$2,500.00
Mailing Address 1005 Peachtree Street		
City, State, Zip Code Corinth, MS 38834-2239		
Name of Employer (Required) Canopy Nation		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kinetic Staffing, LLC	04/19/2022	\$1,000.00
Mailing Address PO Box 55914		
City, State, Zip Code Jackson, MS 39296-5914		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Joel Carter	12/12/2022	\$1,000.00
Mailing Address PO Box 1842		
City, State, Zip Code Gulfport, MS 39502-1842		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
obseption (1044-110-)	Year-to-date	\$2,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly Carter Wells	06/08/2022	\$10,000.00
Mailing Address 10601 Johns Bayou Road		
City, State, Zip Code Vancleave, MS 39565		
Name of Employer (Required) Gulf Coast Plastic & Reconstructive Surgery		
Occupation (Required) Registered Agent	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 Timothy B. Smith	08/15/2022	\$5,000.00
Mailing Address 4704 N Harper Rd.		
City, State, Zip Code Corinth, MS 38834-7070		
Name of Employer (Required) Avectus Healthcare Solutions		
	Aggregate	
Occupation (Required) Founder	Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Occupation Required) Founder Source: Other (please specify)	1 1	\$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Founder Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr City, State, Zip Code Brandon, MS 39047-7066	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr City, State, Zip Code Brandon, MS 39047-7066 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 08/02/2022 Aggregate	Amount of each receipt this period \$1,500.00
Founder Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr City, State, Zip Code Brandon, MS 39047-7066 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 08/02/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr City, State, Zip Code Brandon, MS 39047-7066 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 08/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr City, State, Zip Code Brandon, MS 39047-7066 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael W. Sanders Jr.	Year-to-date Date (Mo., Day, Year) 08/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Kelvin Hall LLC Mailing Address 149 Willow Crest Cr City, State, Zip Code Brandon, MS 39047-7066 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code	Year-to-date Date (Mo., Day, Year) 08/02/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,500.00 \$1,500.00 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
Pull Alama	12/22/22	
McCormick Drive LLC	12/29/2022	\$25,000.00
Mailing Address 1513 E 8th Ave		
City, State, Zip Code Tampa, FL 33605-3707		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$50,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Mark Lovil	08/18/2022	\$1,000.00
Mailing Address 2850 Orchid Circle		
City, State, Zip Code Tupelo, MS 38801-8214		
Name of Employer (Required) Rit-Kem Inc		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John E. Turba		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self	(Mo., Day, Year) 02/07/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name John E. Turba Mailing Address 203 Oak Hill Drive NE City, State, Zip Code Brookhaven, MS 39601-3692 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 02/07/2022 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) 02/07/2022 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	(Mo., Day, Year) 02/07/2022 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	(Mo., Day, Year) 02/07/2022 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 recelpt this period
Full Name Atmos Energy Corporation PAC	08/25/2022	\$10,000.00
Mailing Address 5430 Lyndon B Johnson Fwy Ste 160		
City, State, Zip Code Dallas, TX 75240-2630		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Jonathan Nass	10/12/2022	\$250.00
Mailing Address 132 Stennis St		
City, State, Zip Code Pass Christian, MS 39571-2434		
Name of Employer (Required) MSPA		
Occupation (Required) CEO	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ella M. Maisch	01/24/2022	\$200.00
Mailing Address 106 San Souci Avenue		
City, State, Zip Code Ocean Springs, MS 39564-5311		
Ocean Springs, MS 39564-5311 Name of Employer (Required) Retired		
Ocean Springs, MS 39564-5311	Aggregate Year-to-date	\$200.00
Ocean Springs, MS 39564-5311 Name of Employer (Required) Retired Occupation (Required)		\$200.00 Amount of each receipt this period
Ocean Springs, MS 39564-5311 Name of Employer (Required) Retired Cocupation (Required) Retired Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Ocean Springs, MS 39564-5311 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Ocean Springs, MS 39564-5311 Name of Employer (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name J Parker Servies, LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Ocean Springs, MS 39564-5311 Name of Employer (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name J Parker Servies, LLC Mailing Address P.O. Box 166 City, State Zin Code	Year-to-date Date (Mo., Day, Year)	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 John C. Lee	09/12/2022	\$2,500.00
Mailing Address 82 Nellie Burks Road		
City, State, Zip Code Carriere, MS 39426-8710		
Name of Employer (Required) John Lee Enterprises		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name TenOne PAC	11/02/2022	\$5,000.00
Mailing Address 200 N Congress St Ste 403		
City, State, Zip Code Jackson, MS 39201-1917		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Silver Slipper Casino Venture, LLC	10/12/2022	\$1,000.00
Mailing Address PO Box 3270		
City, State, Zip Code Bay Saint Louis, MS 39521-3270		
Name of Employer (Required)		
Occupation (Required)	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
Full Name Magnolia Utility Services, LLC	09/07/2022	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	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 Joe W. Stedman	01/20/2022	\$2,000.00
Mailing Address 114 Main Street		
City, State, Zip Code Natchez, MS 39120-3458		
Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors		
Occupation (Required) Broker	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
Full Name Adam Martin	05/16/2022	\$1,500.00
Mailing Address 1025 County Road 351		
City, State, Zip Code New Albany, MS 38652-9271		
Name of Employer (Required) Self		
Occupation (Required) Chiropractic Clinic	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
	I - " I	-
Other (please specify)	(Mo., Day, Year)	this period
Charles Stephenson Mailing Address 1852 Waverley Mansion Rd	(Mo., Day, Year)	this period
Charles Stephenson Mailing Address 1852 Waverley Mansion Rd	(Mo., Day, Year)	this period
Charles Stephenson Mailing Address 1852 Waverley Mansion Rd City, State, Zip Code West Point, MS 39773-5760	(Mo., Day, Year)	this period
City, State, Zip Code West Point, MS 39773-5760 Name of Employer (Required) Other (please specify) Charles Stephenson 1852 Waverley Mansion Rd West Point, MS 39773-5760 Growth Capital Partners LP	(Mo., Day, Year) 10/25/2022 Aggregate	this period \$25,000.00
Charles Stephenson Mailing Address 1852 Waverley Mansion Rd City, State, Zip Code West Point, MS 39773-5760 Name of Employer (Required) Growth Capital Partners LP Occupation (Required) Co-Founder, Director Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/25/2022 Aggregate Year-to-date Date	\$25,000.00 \$25,000.00 Amount of each receipt
Charles Stephenson Mailing Address 1852 Waverley Mansion Rd City, State, Zip Code West Point, MS 39773-5760 Name of Employer (Required) Growth Capital Partners LP Occupation (Required) Co-Founder, Director Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$25,000.00 \$25,000.00 Amount of each receipt this period
Charles Stephenson Mailing Address 1852 Waverley Mansion Rd City, State, Zip Code West Point, MS 39773-5760 Name of Employer (Required) Growth Capital Partners LP Occupation (Required) Co-Founder, Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew Netterville	(Mo., Day, Year) 10/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$25,000.00 \$25,000.00 Amount of each receipt this period
Tother (please specify) Full Name Charles Stephenson Mailing Address 1852 Waverley Mansion Rd City, State, Zip Code West Point, MS 39773-5760 Name of Employer (Required) Growth Capital Partners LP Occupation (Required) Co-Founder, Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew Netterville Mailing Address PO Box 2111	(Mo., Day, Year) 10/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$25,000.00 \$25,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Northeast Mississippi Holdings LLC	12/08/2022	\$15,000.00
Mailing Address PO Box 242		
City, State, Zip Code Booneville, MS 38829-0242		
Name of Employer (Required)		77
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walker Dyess	08/25/2022	\$250.00
Mailing Address 26700 E Main St.		
City, State, Zip Code West Point, MS 39773-7545		
Name of Employer (Required) BXS		
Occupation (Required) Banker	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 James Clay Hays Jr.	11/29/2022	\$2,500.00
Mailing Address 5 Laurel Cove		
City, State, Zip Code Jackson, MS 39211-6463		
Name of Employer (Required) Jackson Heart Clinic		
Occupation (Required) Cardiologist	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Toldividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert B Spencer	05/16/2022	\$250.00
Mailing Address 626 Owen Road		
City, State, Zip Code New Albany, MS 38652-8409		
Name of Employer (Required) BNA Bank		
Occupation (Required) CFO	Aggregate Year-to-date	\$250.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hattiesburg Clinic Healthcare Policy Committee	11/01/2022	\$25,000.00
Mailing Address PO Box 17739		
City, State, Zip Code Hattiesburg, MS 39404-7739		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alexander J. Haick Jr.	05/02/2022	\$250.00
Mailing Address 1948 Petit Bois Street N		
City, State, Zip Code Jackson, MS 39211-6707		
Name of Employer (Required) Physician		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Filysician	rear-to-date	
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 Harold L. Weess	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City State Zip Code	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City, State, Zip Code Florence, MS 39073-1953	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City, State, Zip Code Florence, MS 39073-1953 Name of Employer (Required) Retired	Date (Mo., Day, Year) 02/08/2022 Aggregate	receipt this period \$100.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City, State, Zip Code Florence, MS 39073-1953 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 02/08/2022 Aggregate Year-to-date Date	receipt this period \$100.00 \$100.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City, State, Zip Code Florence, MS 39073-1953 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 02/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$100.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City, State, Zip Code Florence, MS 39073-1953 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Donna Roberts	Date (Mo., Day, Year) 02/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$100.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953 City, State, Zip Code Florence, MS 39073-1953 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Donna Roberts Mailing Address 503 N Lamar Boulevard	Date (Mo., Day, Year) 02/08/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$100.00 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 Jonathan S. McLendon	12/05/2022	\$2,500.00
Mailing Address 2004 Bent Oaks Blvd		
City, State, Zip Code Biloxi, MS 39531-2424		
Name of Employer (Required) M&M Processing		
Occupation (Required) President	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 Ben Solomon Moody	09/30/2022	\$250.00
Mailing Address Po Box 14		
City, State, Zip Code Poplarville, MS 39470-0014		
Name of Employer (Required) Self		
Occupation (Required) Cattle, Timber	Aggregate Year-to-date	\$600.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Chiropractors PAC	05/10/2022	\$1,000.00
Mailing Address 4294 Lakeland Dr Ste 100		
City, State, Zip Code Flowood, MS 39232-9510		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
		\$1,000.00 Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Samir Tomajian	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Samir Tomajian Mailing Address 10740 Plantation Ln	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,, ,	this period
Full Name Bill Russell	02/03/2022	\$500.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Bill Russell Ford		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify) Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JKW Revocable Trust	01/25/2022	\$1,000.00
Mailing Address 2030 Eastover Dr.		
City, State, Zip Code Jackson, MS 39211-6717		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Ross Perot Jr.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ross Perot Jr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268	(Mo., Day, Year)	receipt this period
City, State, Zip Code Dallas, TX 75219-6268	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Docupation (Required)	(Mo., Day, Year) 12/06/2022 Aggregate	receipt this period \$25,000.00
Other (please specify) Full Name Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Chairman Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/06/2022 Aggregate Year-to-date Date	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt
Other (please specify) Full Name Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Chairman Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 12/06/2022 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 Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Chairman Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael E. Dunlap Mailing Address PO Box 720	(Mo., Day, Year) 12/06/2022 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 Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Chairman Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael E. Dunlap Mailing Address PO Box 720	(Mo., Day, Year) 12/06/2022 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 Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Chairman Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael E. Dunlap Mailing Address PO Box 720 City, State, Zip Code Batesville, MS 38606-0720	(Mo., Day, Year) 12/06/2022 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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Name of	Candidate	or	Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hallie Phillips	08/09/2022	\$500.00
Mailing Address 379 Ponta Hills Road		
City, State, Zip Code Meridian, MS 39305-8894		
Name of Employer (Required) One Life America		
Occupation (Required) VP	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 Jody Smart	05/16/2022	\$2,500.00
Mailing Address 29673 Hwy 4 East		
City, State, Zip Code Senatobia, MS 38668-5700		
Name of Employer (Required) N/A		
Occupation (Required)	Aggregate	\$2,500.00
Retired	Year-to-date	
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 Caroline Sims	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Caroline Sims Mailing Address 4125 Crane Blvd	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Caroline Sims Mailing Address 4125 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Caroline Sims Mailing Address 4125 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Butler Snow Omara Stevens & Cannada	Date (Mo., Day, Year) 04/18/2022 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Caroline Sims Mailing Address 4125 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Butler Snow Omara Stevens & Cannada Occupation (Required) Government Relations Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/18/2022 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 Caroline Sims Mailing Address 4125 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Butler Snow Omara Stevens & Cannada Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 04/18/2022 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 Caroline Sims Mailing Address 4125 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Butler Snow Omara Stevens & Cannada Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Love	Date (Mo., Day, Year) 04/18/2022 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 Caroline Sims Mailing Address 4125 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Butler Snow Omara Stevens & Cannada Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Love Mailing Address 4630 18th Ave	Date (Mo., Day, Year) 04/18/2022 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 James R. Collins	05/16/2022	\$500.00
Mailing Address PO Box 55		
City, State, Zip Code New Albany, MS 38652-0055		
Name of Employer (Required) BNA Banchares, Inc.		
Occupation (Required) CEO	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 David Divine	11/17/2022	\$100.00
Mailing Address 959 Lake Harbour Drive Apt. 505		
City, State, Zip Code Ridgeland, MS 39157-1068		
Name of Employer (Required) Southern Farm Bureau Life Insurance Company		
Occupation (Required) Portfolio Manager	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name JAV, INC	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name JAV, INC Mailing Address 1879 North Coley Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name JAV, INC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name JAV, INC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required)	(Mo., Day, Year) 06/14/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name JAV, INC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 06/14/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name JAV, INC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/14/2022 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 JAV, INC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Barbara Sauls	(Mo., Day, Year) 06/14/2022 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 JAV, INC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Barbara Sauls Mailing Address PO Box 979	(Mo., Day, Year) 06/14/2022 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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		Amount of each
Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)		tilis period
Full Name MAE-PAC	07/06/2022	\$1,000.00
Mailing Address 1657 McFarland Blvd N Ste G3E		
City, State, Zip Code Tuscaloosa, AL 35406-2201		
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 Marion Leath Johnson	08/09/2022	\$250.00
Mailing Address 2246 Oak Park Dr		
City, State, Zip Code Tupelo, MS 38801-7278		
Name of Employer (Required) Golden Age, Inc.		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 170 — marriada. — 100.		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Cleveland Properties, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Cleveland Properties, LLC Mailing Address 1879 North Coley Road City State Zin Code	(Mo., Day, Year)	receipt this period
Tupelo, MS 38801-6931	(Mo., Day, Year)	receipt this period
Tupelo, MS 38801-6931 Other (please specify) LLC LLC Mailing Address 1879 North Coley Road Tupelo, MS 38801-6931 Name of Employer (Required)	(Mo., Day, Year) 08/24/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Cleveland Properties, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 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 Cleveland Properties, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	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 Cleveland Properties, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name George M. Henry	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name Cleveland Properties, LLC Mailing Address 1879 North Coley Road City, State, Zip Code Tupelo, MS 38801-6931 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name George M. Henry Mailing Address 413 Forest Lake Place	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 Adair Blackledge	03/31/2022	\$500.00
Mailing Address 4115 Sandridge Drive		
City, State, Zip Code Jackson, MS 39211-6549		
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
Full Name Rick Barry	07/11/2022	\$500.00
Mailing Address 5141 Windsor Road		
City, State, Zip Code Meridian, MS 39305-9394		
Name of Employer (Required) Barry, Thaggard, May & Bailey		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Chevron Policy Govt & Public Affairs	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042 City, State, Zip Code San Ramon, CA 94583-0742	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042 City, State, Zip Code San Ramon, CA 94583-0742 Name of Employer (Required)	(Mo., Day, Year) 06/28/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042 City, State, Zip Code San Ramon, CA 94583-0742 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/28/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042 City, State, Zip Code San Ramon, CA 94583-0742 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/28/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042 City, State, Zip Code San Ramon, CA 94583-0742 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James Herring	(Mo., Day, Year) 06/28/2022 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 Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042 City, State, Zip Code San Ramon, CA 94583-0742 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James Herring Mailing Address 232 E Semmes Street	(Mo., Day, Year) 06/28/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tills period
Full Name Gregory Hill	05/02/2022	\$1,000.00
Mailing Address 3413 Georgetown St.		
City, State, Zip Code Houston, TX 77005-2909		
Name of Employer (Required) Hogan Lovells US LLP		
Occupation (Required) Partner	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 Lenders Political Action Committee	11/02/2022	\$25,000.00
Mailing Address PO Box 5004		
City, State, Zip Code Jackson, MS 39296-5004		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$25,000.00
	Year-to-date	420,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Seth H. Adams	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Seth H. Adams Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove City, State, Zip Code Madison, MS 39110-6633	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove City, State, Zip Code Madison, MS 39110-6633 Name of Employer (Required) Ross & Yerger	Date (Mo., Day, Year) 01/20/2022 Aggregate	Amount of each receipt this period \$750.00
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove City, State, Zip Code Madison, MS 39110-6633 Name of Employer (Required) Ross & Yerger Occupation (Required) Employee Benefits Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$750.00 \$750.00 Amount of each receipt
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove City, State, Zip Code Madison, MS 39110-6633 Name of Employer (Required) Ross & Yerger Occupation (Required) Employee Benefits Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$750.00 \$750.00 Amount of each receipt this period
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove City, State, Zip Code Madison, MS 39110-6633 Name of Employer (Required) Ross & Yerger Occupation (Required) Employee Benefits Source: Corporation PAC Individual Loan Other (please specify) Full Name Lee J. Hankins Jr.	Date (Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$750.00 \$750.00 Amount of each receipt this period
Other (please specify) Full Name Seth H. Adams Mailing Address 133 Saddlebrook Cove City, State, Zip Code Madison, MS 39110-6633 Name of Employer (Required) Ross & Yerger Occupation (Required) Employee Benefits Source: Corporation PAC Individual Loan Other (please specify) Full Name Lee J. Hankins Jr. Mailing Address PO Box 435	Date (Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$750.00 \$750.00 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 Jeffrey T Laseter	04/26/2022	\$250.00
Mailing Address 157 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9236		
Name of Employer (Required) New South Neuro Spine		
Occupation (Required) Physician	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 Benjamin J Spraggins	10/05/2022	\$1,000.00
Mailing Address 12114 Kent Avenue		
City, State, Zip Code Gulfport, MS 39503-2604		
Name of Employer (Required) Mississippi Department of Marine Resources		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$1,000.00
Excessive billette.	Tear-to date	
Source: Corporation PAC Individual Loan	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 Dickson D. Perry Mailing Address	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Dickson D. Perry Mailing Address 433 Hwy 16 West	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Dickson D. Perry Mailing Address 433 Hwy 16 West City, State, Zip Code Canton, MS 39046-9098	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Dickson D. Perry Mailing Address 433 Hwy 16 West City, State, Zip Code Canton, MS 39046-9098 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 09/27/2022 Aggregate	receipt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Dickson D. Perry Mailing Address 433 Hwy 16 West City, State, Zip Code Canton, MS 39046-9098 Name of Employer (Required) Self Occupation (Required) Entrepreneur Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/27/2022 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 Dickson D. Perry Mailing Address 433 Hwy 16 West City, State, Zip Code Canton, MS 39046-9098 Name of Employer (Required) Self Occupation (Required) Entrepreneur Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09/27/2022 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 Dickson D. Perry Mailing Address 433 Hwy 16 West City, State, Zip Code Canton, MS 39046-9098 Name of Employer (Required) Self Occupation (Required) Entrepreneur Source: Corporation PAC Individual Loan Other (please specify) Full Name John W McPherson Jr.	Date (Mo., Day, Year) 09/27/2022 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 Dickson D. Perry Mailing Address 433 Hwy 16 West City, State, Zip Code Canton, MS 39046-9098 Name of Employer (Required) Self Occupation (Required) Entrepreneur Source: Corporation PAC Individual Loan Other (please specify) Full Name John W McPherson Jr. Mailing Address PO Box 690	Date (Mo., Day, Year) 09/27/2022 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 Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tillo poriou
Full Name Hunter H. Moorhead	08/17/2022	\$5,000.00
Mailing Address 109 Price St.		
City, State, Zip Code Oxford, MS 38655-3130		
Name of Employer (Required) Crossroads Strategies		
Occupation (Required) Senior Partner	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 Steven W. Stogner	11/01/2022	\$1,500.00
Mailing Address 111 West Canebrake Blvd		
City, State, Zip Code Hattiesburg, MS 39402-8341		
Name of Employer (Required) Hattiesburg Clinic		
	Aggregate	
Occupation (Required) Physician	Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan	""	\$1,500.00 Amount of each receipt this period
Physician	Year-to-date Date	Amount of each receipt
Physician Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive City, State, Zip Code Jackson, MS 39216-3415	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive City, State, Zip Code Jackson, MS 39216-3415 Name of Employer (Required) Raymond James Occupation (Required)	Year-to-date Date (Mo., Day, Year) 02/04/2022 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive City, State, Zip Code Jackson, MS 39216-3415 Name of Employer (Required) Raymond James Occupation (Required) Finance Advisor Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 02/04/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive City, State, Zip Code Jackson, MS 39216-3415 Name of Employer (Required) Raymond James Occupation (Required) Finance Advisor Source: Corporation PAC Individual Loan Other (please specify)	Par-to-date Date (Mo., Day, Year) 02/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive City, State, Zip Code Jackson, MS 39216-3415 Name of Employer (Required) Raymond James Occupation (Required) Finance Advisor Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie	Par-to-date Date (Mo., Day, Year) 02/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Arthur Finkelberg Mailing Address 4134 Oakridge Drive City, State, Zip Code Jackson, MS 39216-3415 Name of Employer (Required) Raymond James Occupation (Required) Finance Advisor Source: Corporation PAC Individual Loan Other (please specify) Full Name James M. Currie Mailing Address 27020 Road 221	Par-to-date Date (Mo., Day, Year) 02/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$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
Full Name Lea Anderson Garrott Jr.	05/10/2022	\$250.00
Mailing Address 130 Charlton Dr.		
City, State, Zip Code Madison, MS 39110-4536		
Name of Employer (Required) Wealth Cap		
Occupation (Required) Finance	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 William Liston III	04/21/2022	\$1,000.00
Mailing Address 3838 Redbud Rd		
City, State, Zip Code Jackson, MS 39211-6711		
Name of Employer (Required) Self		
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 Robert R. Kane	09/30/2022	\$1,000.00
Mailing Address 202 S Toulme Street		
City, State, Zip Code Bay St Louis, MS 39520-4444		
Name of Employer (Required) John McDonald Realty		
Occupation (Required) Broker	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Tollividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Brannon	01/20/2022	\$100.00
Mailing Address 145 Sea Oaks Blvd		
City, State, Zip Code Long Beach, MS 39560-5842		
Name of Employer (Required) NOARC		
Occupation (Required) President	Aggregate Year-to-date	\$100.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	40/40/0000	
Alisa Pittman	10/18/2022	\$500.00
Mailing Address 1211 Jackson St.		
City, State, Zip Code Corinth, MS 38834-3473		
Name of Employer (Required) Self		
Occupation (Required) Realtor	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 Paul Rose	11/29/2022	\$250.00
Mailing Address 1917 Solo Road		
City, State, Zip Code Covington, TN 38019-4765		
Name of Employer (Required) Rose Construction		
Occupation (Required) Admin	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 Robert C Deweese	12/02/2022	\$500.00
Mailing Address 550 Edgewood Drive		
City, State, Zip Code Eupora, MS 39744-9418		
Name of Employer (Required) Deweese Title Loan LLC		
Occupation (Required) Owner	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 Edward L. Rispone	09/06/2022	\$5,000.00
Mailing Address 18250 S. Mission Hills Ave		
City, State, Zip Code Baton Rouge, LA 70810-7974		
Name of Employer (Required) ISC Constructors LLC		
Occupation (Required) Chairman	Aggregate	\$5,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Penn Entertainment, Inc.	09/16/2022	\$1,000.00
Mailing Address 3980 Howard Hughes Pkwy		
City, State, Zip Code Las Vegas, NV 89169-0992		
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 Deano Orr	09/23/2022	(\$1,000.00)
Mailing Address 430 Monroe St.		
City, State, Zip Code Courtland, AL 35618-3136		
Name of Employer (Required) Weyerhaeuser		
Occupation (Required) Public Affairs	Aggregate Year-to-date	\$0.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: — Corporation — FAC — Interritoria — — —		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hunter Lipscomb	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct. City, State, Zip Code Ridgeland, MS 39157-4187	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct. City, State, Zip Code Ridgeland, MS 39157-4187 Name of Employer (Required) AnderCorp	(Mo., Day, Year) 04/26/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct. City, State, Zip Code Ridgeland, MS 39157-4187 Name of Employer (Required) AnderCorp Occupation (Required) Director of Corp Strategy Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/26/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$600.00 Amount of each receipt
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct. City, State, Zip Code Ridgeland, MS 39157-4187 Name of Employer (Required) AnderCorp Occupation (Required) Director of Corp Strategy Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 04/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$600.00 Amount of each receipt this period
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct. City, State, Zip Code Ridgeland, MS 39157-4187 Name of Employer (Required) AnderCorp Occupation (Required) Director of Corp Strategy Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Health Care Association PAC, LLC	(Mo., Day, Year) 04/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$600.00 Amount of each receipt this period
Other (please specify) Full Name Hunter Lipscomb Mailing Address 605 Arbour Ct. City, State, Zip Code Ridgeland, MS 39157-4187 Name of Employer (Required) AnderCorp Occupation (Required) Director of Corp Strategy Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Health Care Association PAC, LLC Mailing Address 303 Brame Rd	(Mo., Day, Year) 04/26/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$600.00 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 Bryan N. Batson	10/15/2022	\$1,500.00
Mailing Address 211 Kirkwood Drive		
City, State, Zip Code Hattiesburg, MS 39402-3074		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	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
Full Name Clyde Musgrave	10/05/2022	\$400.00
Mailing Address 4648 Spring Meadow Way N		
City, State, Zip Code Olive Branch, MS 38654-8108		
Name of Employer (Required) North MS Dental Specialists		
Occupation (Required) Pediatric Dentist	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	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 Aladdin Construction Co Inc	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd City, State, Zip Code Biloxi, MS 39532-8247	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd City, State, Zip Code Biloxi, MS 39532-8247 Name of Employer (Required)	Date (Mo., Day, Year) 10/10/2022 Aggregate	receipt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd City, State, Zip Code Biloxi, MS 39532-8247 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/10/2022 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 Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd City, State, Zip Code Biloxi, MS 39532-8247 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 10/10/2022 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 Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd City, State, Zip Code Biloxi, MS 39532-8247 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Plastic Surgery Center of Meridian, LLC	Date (Mo., Day, Year) 10/10/2022 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 Aladdin Construction Co Inc Mailing Address 12273B Shriners Blvd City, State, Zip Code Biloxi, MS 39532-8247 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Plastic Surgery Center of Meridian, LLC Mailing Address 5002 Hwy 39 North, Bldg D	Date (Mo., Day, Year) 10/10/2022 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 Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Yarbrough	05/04/2022	\$500.00
Mailing Address 108 Duster Drive		
City, State, Zip Code Natchez, MS 39120-5277		
Name of Employer (Required) Franklin County Memorial Hospital		
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
Full Name Hardy Graham Jr.	07/14/2022	\$1,000.00
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	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Brooks Wallace		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Brooks Wallace	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Brooks Wallace Mailing Address 923 Goodyear Blvd City, State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Brooks Wallace Mailing Address 923 Goodyear Blvd City, State, Zip Code Picayune, MS 39466-3223	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Brooks Wallace Mailing Address 923 Goodyear Blvd City, State, Zip Code Picayune, MS 39466-3223 Name of Employer (Required) Debris Tech, LLC Occupation (Required)	(Mo., Day, Year) 10/13/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Brooks Wallace Mailing Address 923 Goodyear Blvd City, State, Zip Code Picayune, MS 39466-3223 Name of Employer (Required) Debris Tech, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/13/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Brooks Wallace Mailing Address 923 Goodyear Blvd City, State, Zip Code Picayune, MS 39466-3223 Name of Employer (Required) Debris Tech, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/13/2022 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 Brooks Wallace Mailing Address 923 Goodyear Blvd City, State, Zip Code Picayune, MS 39466-3223 Name of Employer (Required) Debris Tech, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr.	(Mo., Day, Year) 10/13/2022 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 Brooks Wallace Mailing Address 923 Goodyear Blvd City, State, Zip Code Picayune, MS 39466-3223 Name of Employer (Required) Debris Tech, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue	(Mo., Day, Year) 10/13/2022 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 Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	09/16/2022	\$1,000.00
Howard Industries, Inc. Mailing Address BO Day 4500	09/10/2022	\$1,000.00
PU BOX 1388		
Laurel, MS 39441-1588 Name of Employer (Required)		
Occupation (Required)	Aggregate	
Occupation (Negative)	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 William D. Mattox Jr.	05/16/2022	\$500.00
Mailing Address 1435 CR 81		
City, State, Zip Code New Albany, MS 38652-8874		
Name of Employer (Required) New Albany Lights		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 170 — manual — 170		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny A Belk	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny A Belk Mailing Address 7409 Attala Road 5053	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny A Belk Mailing Address 7409 Attala Road 5053 City, State, Zip Code Ethel, MS 39067-5692	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny A Belk Mailing Address 7409 Attala Road 5053 City, State, Zip Code Ethel, MS 39067-5692 Name of Employer (Required) Retired	(Mo., Day, Year) 06/15/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name	(Mo., Day, Year) 06/15/2022 Aggregate Year-to-date 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)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Johnny A Belk Mailing Address 7409 Attala Road 5053 City, State, Zip Code Ethel, MS 39067-5692 Name of Employer (Required) Retired Occupation (Required) Retired Source: ** Corporation	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	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 Case Land Company, LLC	04/14/2022	\$1,000.00
Mailing Address 773 Hwy 61 N		
City, State, Zip Code Natchez, MS 39120-8456		
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 Worthing Jackman	06/29/2022	\$10,000.00
Mailing Address 27 Cape Harbour Place		
City, State, Zip Code Spring, TX 77380-2993		
Name of Employer (Required) Waste Connections Inc		
Occupation (Required) Officer	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
	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bruce R. Bartley Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bruce R. Bartley Mailing Address 245 Calumet Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bruce R. Bartley Mailing Address 245 Calumet Drive City, State, Zip Code Madison, MS 39110-8686	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bruce R. Bartley Mailing Address 245 Calumet Drive City, State, Zip Code Madison, MS 39110-8686 Name of Employer (Required) Paragon Consulting, LLC Occupation (Required)	(Mo., Day, Year) 04/20/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Bruce R. Bartley Mailing Address 245 Calumet Drive City, State, Zip Code Madison, MS 39110-8686 Name of Employer (Required) Paragon Consulting, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 04/20/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Bruce R. Bartley Mailing Address 245 Calumet Drive City, State, Zip Code Madison, MS 39110-8686 Name of Employer (Required) Paragon Consulting, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Tother (please specify) LLC	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 Bruce R. Bartley Mailing Address 245 Calumet Drive City, State, Zip Code Madison, MS 39110-8686 Name of Employer (Required) Paragon Consulting, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name The Ramey Agency, LLC	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 Bruce R. Bartley Mailing Address 245 Calumet Drive City, State, Zip Code Madison, MS 39110-8686 Name of Employer (Required) Paragon Consulting, LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name The Ramey Agency, LLC Mailing Address PO Box 3068	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 Manny Mitchell	08/09/2022	\$10,000.00
Mailing Address 701 Beechwood Drive		
City, State, Zip Code Meridian, MS 39305-2849		
Name of Employer (Required) Mitchell Distributing		
Occupation (Required) CEO	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 Claiborne D. Adcock	11/08/2022	\$2,500.00
Mailing Address PO Box 159		
City, State, Zip Code Holly Bluff, MS 39088-0159		
Name of Employer (Required) Self		
Occupation (Required) Farmer	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 Matthew B. Wesson	08/10/2022	\$1,000.00
Mailing Address 2445 GREENWICH PARK CIR		
City, State, Zip Code Tupelo, MS 38804-5045		
Tupelo, MS 38804-5045		
Tupelo, MS 38804-5045	Aggregate Year-to-date	\$1,000.00
Name of Employer (Required) Wesson Ophthalmologist Association, PLLC Occupation (Required)		\$1,000.00 Amount of each receipt this period
Name of Employer (Required) Wesson Ophthalmologist Association, PLLC Occupation (Required) Opthalmologist Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Name of Employer (Required) Wesson Ophthalmologist Association, PLLC Occupation (Required) Opthalmologist Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Wesson Ophthalmologist Association, PLLC Occupation (Required) Opthalmologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Gillis	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Wesson Ophthalmologist Association, PLLC Occupation (Required) Opthalmologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Gillis Mailing Address PO Box 5051	Year-to-date Date (Mo., Day, Year)	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 Richard Noble	11/15/2022	\$250.00
Mailing Address 104 Seymour Dr.		
City, State, Zip Code Indianola, MS 38751-2616		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$450.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Seemann Composites Holdings, LLC	10/12/2022	\$1,000.00
Mailing Address PO Box 3449		
City, State, Zip Code Gulfport, MS 39505-3449		
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 Jeffery B Belk	07/05/2022	\$250.00
Mailing Address 21481 Old River Road		
City, State, Zip Code Vancleave, MS 39565-8922		
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
Courter and Compensation	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hue Townsend Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Hue Townsend Mailing Address 400 Lee Ave	Date (Mo., Day, Year)	receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)		tilis period
Full Name Adam Paxton	11/21/2022	\$1,000.00
Mailing Address 653 Highland Cir		
City, State, Zip Code Tupelo, MS 38804-2003		
Name of Employer (Required) Vogue Home Furnishings, LLC		
Occupation (Required) President	Aggregate Year-to-date	\$17,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny L. Crane Jr.	08/09/2022	\$1,000.00
Mailing Address 116 Francis Dr.		
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) President	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Duane Stevens		receipt
Tull Name Duane Stevens Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv	(Mo., Day, Year)	receipt this period
Tull Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557	(Mo., Day, Year)	receipt this period
Tull Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557 Name of Employer (Required) Stevens Mechanical Systems, Inc. Occupation (Required)	(Mo., Day, Year) 07/11/2022 Aggregate	receipt this period \$100.00
Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557 Name of Employer (Required) Stevens Mechanical Systems, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/11/2022 Aggregate Year-to-date Date	receipt this period \$100.00 \$300.00 Amount of each receipt
Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557 Name of Employer (Required) Stevens Mechanical Systems, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$300.00 Amount of each receipt this period
Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557 Name of Employer (Required) Stevens Mechanical Systems, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry D. Clark	Aggregate Year-to-date Date (Mo., Day, Year)	\$300.00 Amount of each receipt this period
Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557 Name of Employer (Required) Stevens Mechanical Systems, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry D. Clark Mailing Address 5112 Courthouse Road	Aggregate Year-to-date Date (Mo., Day, Year)	\$300.00 Amount of each receipt this period

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Source: 🗆 Corporation 🗀 PAC 🏝 Individual 🗖 Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(IVIO., Day, Teal)	this period
Full Name Doug Dale	04/13/2022	\$500.00
Mailing Address 111 Katherine Pointe Dr.		
City, State, Zip Code Madison, MS 39110-7909		
Name of Employer (Required) Dale Partners Architects P.A.		
Occupation (Required) Owner	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 Bernard Jordan	09/15/2022	\$1,250.00
Mailing Address 10923 Carter Road		
City, State, Zip Code Yazoo City, MS 39194-9388		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Motorola Solutions, Inc PAC Multicandidate Committee		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Motorola Solutions, Inc PAC Multicandidate Committee	(Mo., Day, Year)	receipt this period
City State Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Other (please specify) Motorola Solutions, Inc PAC Multicandidate Committee Mailing Address 601 Pennsylvania Ave NW Ste 675 Washington, DC 20004-2601	(Mo., Day, Year)	receipt this period
City, State, Zip Code Washington, DC 20004-2601 Washington, DC 20004-2601 Washington, DC 20004-2601	(Mo., Day, Year) 11/01/2022 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name Motorola Solutions, Inc PAC Multicandidate Committee Mailing Address 601 Pennsylvania Ave NW Ste 675 City, State, Zip Code Washington, DC 20004-2601 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/01/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
□ Other (please specify) Full Name	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 Motorola Solutions, Inc PAC Multicandidate Committee Mailing Address 601 Pennsylvania Ave NW Ste 675 City, State, Zip Code Washington, DC 20004-2601 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Climate Master, Inc.	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 Motorola Solutions, Inc PAC Multicandidate Committee Mailing Address 601 Pennsylvania Ave NW Ste 675 City, State, Zip Code Washington, DC 20004-2601 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Climate Master, Inc. Mailing Address PO Box 6276	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 Kathryn B. Stewart	04/19/2022	\$1,000.00
Mailing Address 119 Shore Line Drive		
City, State, Zip Code Madison, MS 39110-6829		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Tother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Prine Properties LLC	07/18/2022	\$500.00
Mailing Address 1210 Hwy 98 Bypass		
City, State, Zip Code Columbia, MS 39429-3703		
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 Carmen White	07/08/2022	\$250.00
Mailing Address 1028 Smyth Lake Road		
City, State, Zip Code Louisville, MS 39339-3817		
Name of Employer (Required) Lake Tiak-O'Khata Restaurant		
Occupation (Required)		
Manager	Aggregate Year-to-date	\$250.00
Manager Source: Corporation PAC Individual Loan Other (please specify)		\$250.00 Amount of each receipt this period
Manager Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Manager Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Grimes	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Grimes Mailing Address 1804 Roswell Street	Year-to-date Date (Mo., Day, Year)	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 Harold W. Hankins	09/13/2022	\$2,500.00
Mailing Address 106 Forest Gate Road		
City, State, Zip Code Ripley, MS 38663-9051		
Name of Employer (Required) Hankins, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dolly Marascalco	04/04/2022	\$5,000.00
Mailing Address 1270 Hunter Run		
City, State, Zip Code Grenada, MS 38901-4056		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 J. Paul Janoush	11/26/2022	\$2,500.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38769-0397		
Name of Employer (Required) JANTRAN		
Occupation (Required) CFO	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pace Auto Sales LLC	08/02/2022	\$1,500.00
Mailing Address 6812 Hwy 98W		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Randall Long	05/15/2022	\$1,000.00
Mailing Address 3201 N Madison Street		· · · ·
City, State, Zip Code Corinth, MS 38834-2023		
Name of Employer (Required) Long Wholesale		
Occupation (Required) Executive	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 Cheryl Sparkman	07/06/2022	\$250.00
Mailing Address PO Box 26		
City, State, Zip Code Scooba, MS 39358-0026		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
TO THE SECOND SE	Teur-to-dute	
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 Wallace Gentry Long IV	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln City, State, Zip Code Belden, MS 38826-9500	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln City, State, Zip Code Belden, MS 38826-9500 Name of Employer (Required) Homestretch	Date (Mo., Day, Year) 03/08/2022 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln City, State, Zip Code Belden, MS 38826-9500 Name of Employer (Required) Homestretch Occupation (Required) Furniture Manufacturing Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 03/08/2022 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 Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln City, State, Zip Code Belden, MS 38826-9500 Name of Employer (Required) Homestretch Occupation (Required) Furniture Manufacturing Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 03/08/2022 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 Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln City, State, Zip Code Belden, MS 38826-9500 Name of Employer (Required) Homestretch Occupation (Required) Furniture Manufacturing Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Bollinger Shipyards	Date (Mo., Day, Year) 03/08/2022 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 Wallace Gentry Long IV Mailing Address 4811 Broadmoor Ln City, State, Zip Code Belden, MS 38826-9500 Name of Employer (Required) Homestretch Occupation (Required) Furniture Manufacturing Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Bollinger Shipyards Mailing Address PO Box 250	Date (Mo., Day, Year) 03/08/2022 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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 5M Farms, LLC	09/16/2022	\$1,000.00
Mailing Address P.O. Box 4132		
City, State, Zip Code Laurel, MS 39441-4132		
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 Wade Litton	11/14/2022	\$2,500.00
Mailing Address 110 E Wilson Avenue		
City, State, Zip Code Greenwood, MS 38930-2351		
Name of Employer (Required) Wade Incorporated		
Occupation (Required) CEO	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 Kelvin Hall LLC	11/14/2022	\$1,000.00
Mailing Address 149 Willow Crest Cr		
City, State, Zip Code Brandon, MS 39047-7066		
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 John M. Crossman	07/08/2022	\$100.00
Mailing Address 4412 Anson Lane		
City, State, Zip Code Orlando, FL 32814-6003		
Name of Employer (Required) Crossman Career Builders		
Occupation (Required) CEO	Aggregate Year-to-date	\$600.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Lending Services Incorporated	08/24/2022	\$1,000.00
Mailing Address PO Box 37	00/24/2022	Ψ1,000.00
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Cother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Simmons Consulting, LLC	05/10/2022	\$250.00
Mailing Address PO Box 4385		
City, State, Zip Code Brandon, MS 39047-4385		
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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Bradley W. Smith		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553 City, State, Zip Code Fayette, MS 39069 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553 City, State, Zip Code Fayette, MS 39069 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 09/27/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553 City, State, Zip Code Fayette, MS 39069 Name of Employer (Required) Self Occupation (Required) Attorney Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553 City, State, Zip Code Fayette, MS 39069 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553 City, State, Zip Code Fayette, MS 39069 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Hospitality & Restaurant Association PAC	(Mo., Day, Year) 09/27/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Bradley W. Smith Mailing Address 9227 River Road Hwy 553 City, State, Zip Code Fayette, MS 39069 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Hospitality & Restaurant Association PAC Mailing Address 11 Northtown Dr Ste 125	(Mo., Day, Year) 09/27/2022 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 Angela Wingfield	09/28/2022	\$250.00
Mailing Address 915 E Scenic Drive		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required) The Dermatology Clinic PLLC		
Occupation (Required) Dermatologist	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 Huntington Ingalls Industries	08/29/2022	\$1,000.00
Mailing Address PO Box 149		
City, State, Zip Code Pascagoula, MS 39568-0149		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	1000 00 0000	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source, — Corporation — The — Management	Date	receipt
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
Other (please specify) LLC Full Name H&H Development LLC	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name H&H Development LLC Mailing Address PO Box 5188	Date (Mo., Day, Year)	receipt this period
Other (please specify) LLC Full Name H&H Development LLC Mailing Address PO Box 5188 City, State, Zip Code Vancleave, MS 39565-5188	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name H&H Development LLC Mailing Address PO Box 5188 City, State, Zip Code Vancleave, MS 39565-5188 Name of Employer (Required)	Date (Mo., Day, Year) 01/23/2022 Aggregate	receipt this period \$500.00
Tother (please specify) LLC Full Name H&H Development LLC Mailing Address PO Box 5188 City, State, Zip Code Vancleave, MS 39565-5188 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/23/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Tother (please specify) Full Name H&H Development LLC Mailing Address PO Box 5188 City, State, Zip Code Vancleave, MS 39565-5188 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01/23/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name H&H Development LLC Mailing Address PO Box 5188 City, State, Zip Code Vancleave, MS 39565-5188 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Irl Dean Rhodes	Date (Mo., Day, Year) 01/23/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name H&H Development LLC Mailing Address PO Box 5188 City, State, Zip Code Vancleave, MS 39565-5188 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Irl Dean Rhodes Mailing Address 107 AIRLINE TER	Date (Mo., Day, Year) 01/23/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Moran	09/15/2022	\$1,000.00
Mailing Address 18516 Old Joe Moran Rd		•
City, State, Zip Code Kiln, MS 39556-8219		
Name of Employer (Required) Philips Pest Control 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 Gary A. Blair	06/27/2022	\$500.00
Mailing Address 810 Greenbriar St		
City, State, Zip Code Starkville, MS 39759-4379		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Steve Wallace	07/08/2022	\$150.00
Mailing Address 61 River Oaks Dr.		
City, State, Zip Code West Point, MS 39773-5501		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$150.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sample, Hicks & Associates Inc	03/25/2022	\$500.00
Mailing Address PO Box 320278		
City, State, Zip Code Flowood, MS 39232-0278		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn A. Mueller	10/12/2022	\$1,000.00
Mailing Address 15384 5th St		,
City, State, Zip Code Gulfport, MS 39503-3184		
Name of Employer (Required) RPM Pizza		
Occupation (Required) President & CEO	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 Suresh K Chawla	04/21/2022	\$1,000.00
Mailing Address 902 Jane Lane		
City, State, Zip Code Greenwood, MS 38930-2510		
Name of Employer (Required) Delta Motels		
Occupation (Required) Investor	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 Michael Crowe Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Crowe Mailing Address 4702 18th Ave	(Mo., Day, Year)	receipt this period
City, State, Zip Code Meridian, MS 39305-2701	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Crowe Mailing Address 4702 18th Ave City, State, Zip Code Meridian, MS 39305-2701 Name of Employer (Required) Specialty Roll Products Inc.	(Mo., Day, Year) 08/09/2022 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Michael Crowe Mailing Address 4702 18th Ave City, State, Zip Code Meridian, MS 39305-2701 Name of Employer (Required) Specialty Roll Products Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name Michael Crowe Mailing Address 4702 18th Ave City, State, Zip Code Meridian, MS 39305-2701 Name of Employer (Required) Specialty Roll Products Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Michael Crowe Mailing Address 4702 18th Ave City, State, Zip Code Meridian, MS 39305-2701 Name of Employer (Required) Specialty Roll Products Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie J. Jackson	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Michael Crowe Mailing Address 4702 18th Ave City, State, Zip Code Meridian, MS 39305-2701 Name of Employer (Required) Specialty Roll Products Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie J. Jackson Mailing Address 1350 Pecan Ave	(Mo., Day, Year) 08/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan The Other (please specify) ☐ LC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name GuidePoint LLC	04/25/2022	\$1,000.00
Mailing Address 1037 Lake Village Cir STE A		
City, State, Zip Code Brandon, MS 39047-6725		
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 Roberts Trucking LLC	05/16/2022	\$3,000.00
Mailing Address 791 State Hwy 15 North		
City, State, Zip Code New Albany, MS 38652-7200		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name L. Wesley Broadhead	11/03/2022	\$500.00
Mailing Address PO Box 446		
City, State, Zip Code Mendenhall, MS 39114-0446		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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 Clarke Reed	07/04/2022	\$1,000.00
Mailing Address PO Box 894		
City, State, Zip Code Greenville, MS 38702-0894		
Name of Employer (Required) Reed & Joseph		
Occupation (Required) Owner	Aggregate Year-to-date	\$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 Kendall Davis	08/15/2022	\$5,000.00
Mailing Address 835 Maplewood Drive		
City, State, Zip Code Oxford, MS 38655-5447		
Name of Employer (Required) Nix-Tann and Associates		
Occupation (Required) Realtor	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 Drew T. St. John II	10/26/2022	\$10,000.00
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	\$15,000.00
Source: Corporation PAC Individual Loan	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 Howard L. McMillan	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34 City, State, Zip Code Jackson, MS 39206-6109	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34 City, State, Zip Code Jackson, MS 39206-6109 Name of Employer (Required) retired	Date (Mo., Day, Year) 01/19/2022 Aggregate	receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34 City, State, Zip Code Jackson, MS 39206-6109 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/19/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34 City, State, Zip Code Jackson, MS 39206-6109 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01/19/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34 City, State, Zip Code Jackson, MS 39206-6109 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Denbury Resources PAC	Date (Mo., Day, Year) 01/19/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Howard L. McMillan Mailing Address 1200 Meadowbrook Road Apt. 34 City, State, Zip Code Jackson, MS 39206-6109 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Denbury Resources PAC Mailing Address 5320 Legacy Drive	Date (Mo., Day, Year) 01/19/2022 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	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name Hilary Burroughs	08/30/2022	\$1,000.00
Mailing Address 105 Collins Road		
City, State, Zip Code Laurel, MS 39443-9001		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) Director of Marketing	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 Paige Carter	06/24/2022	\$5,000.00
Mailing Address 1892 Courtney Lane		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) Team Waste LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) T. Martin Williams	I I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) T. Martin Williams	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T. Martin Williams Mailing Address 13 Northwood Ave	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T. Martin Williams Mailing Address 13 Northwood Ave City, State, Zip Code Jackson, TN 38301-4450	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name T. Martin Williams Mailing Address 13 Northwood Ave City, State, Zip Code Jackson, TN 38301-4450 Name of Employer (Required) Coca-Cola Bottling Co. Consolidated	(Mo., Day, Year) 05/15/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name T. Martin Williams Mailing Address 13 Northwood Ave City, State, Zip Code Jackson, TN 38301-4450 Name of Employer (Required) Coca-Cola Bottling Co. Consolidated 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 T. Martin Williams Mailing Address 13 Northwood Ave City, State, Zip Code Jackson, TN 38301-4450 Name of Employer (Required) Coca-Cola Bottling Co. Consolidated Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year) Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name T. Martin Williams Mailing Address 13 Northwood Ave City, State, Zip Code Jackson, TN 38301-4450 Name of Employer (Required) Coca-Cola Bottling Co. Consolidated Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name William E. Whitfield III	Aggregate Year-to-date (Mo., Day, Year) Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name T. Martin Williams Mailing Address 13 Northwood Ave City, State, Zip Code Jackson, TN 38301-4450 Name of Employer (Required) Coca-Cola Bottling Co. Consolidated Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name William E. Whitfield III Mailing Address PO Box 1002	Aggregate Year-to-date (Mo., Day, Year) 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 Anthony Stanton	05/16/2022	\$1,000.00
Mailing Address 4779 Hwy 349		
City, State, Zip Code Potts Camp, MS 38659-9120		
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 Daniel H. Smith	10/24/2022	\$1,500.00
Mailing Address 318 40th Place		
City, State, Zip Code Hattiesburg, MS 39402-2372		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	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
Full Name David Divine	04/19/2022	\$100.00
Mailing Address 959 Lake Harbour Drive Apt. 505		
City, State, Zip Code Ridgeland, MS 39157-1068		
Name of Employer (Required) Southern Farm Bureau Life Insurance Company		
Occupation (Required) Portfolio Manager	Aggregate Year-to-date	\$200.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carlene Alfonso	01/13/2022	\$1,000.00
Mailing Address 9153 Lorraine Road		
City, State, Zip Code Gulfport, MS 39503-6103		
Name of Employer (Required) Coldwell Banker Alfonso		
Occupation (Required) Realtor	Aggregate Year-to-date	\$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 James R. House III	05/10/2022	\$500.00
Mailing Address 4756 E Massena Drive		
City, State, Zip Code Jackson, MS 39211-4930		
Name of Employer (Required) Jackson Ear Clinic		
Occupation (Required) Physcian	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 Wanda H. James	09/27/2022	\$5,000.00
Mailing Address 105 Bedford Rd.		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$5,000.00
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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 PhRMA Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300	(Mo., Day, Year)	receipt this period
City, State, Zip Code Other (please specify) PhRMA 950 F Street NW Suite 300 Washington, DC 20004-1440	(Mo., Day, Year)	receipt this period
City, State, Zip Code Washington, DC 20004-1440 Washington, DC 20004-1440	(Mo., Day, Year) 10/26/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/26/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Cocupation (Required) Cother (please specify) Document	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 PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Sharman	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 PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Randy Sharman Mailing Address PO Box 1914	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 Deviney Brothers, Inc.	09/07/2022	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
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 William Nowell	11/29/2022	\$250.00
Mailing Address 406 Norman Circle		
City, State, Zip Code Cleveland, MS 38732-8714		
Name of Employer (Required) Partnership Properties		
Occupation (Required) Realtor	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 Martha R. Johnson	09/27/2022	\$250.00
Mailing Address 6 Alex Ln		
City, State, Zip Code Hattiesburg, MS 39402-3680		
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
Full Name Builders Specialties Inc	12/02/2022	\$500.00
Mailing Address 941 S Gallatin St		
City, State, Zip Code Jackson, MS 39204-3017		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Robertson Jr.	11/29/2022	\$1,000.00
Mailing Address 65 Holly Ridge Road		
City, State, Zip Code Indianola, MS 38751-9691		
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 Harold L. Weess	11/29/2022	\$200.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$650.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	T I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sharon Cooper Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sharon Cooper Mailing Address PO Box 338	(Mo., Day, Year) 05/16/2022	receipt this period
Other (please specify) Full Name Sharon Cooper Mailing Address PO Box 338 City, State, Zip Code New Albany, MS 38652-0338	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sharon Cooper Mailing Address PO Box 338 City, State, Zip Code New Albany, MS 38652-0338 Name of Employer (Required) Cooper Electrical Occupation (Required)	(Mo., Day, Year) 05/16/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Sharon Cooper Mailing Address PO Box 338 City, State, Zip Code New Albany, MS 38652-0338 Name of Employer (Required) Cooper Electrical Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Sharon Cooper Mailing Address PO Box 338 City, State, Zip Code New Albany, MS 38652-0338 Name of Employer (Required) Cooper Electrical Occupation (Required) Executive Source: Corporation PAC Individual Loan Tother (please specify) LLC	(Mo., Day, Year) 05/16/2022 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 Sharon Cooper Mailing Address PO Box 338 City, State, Zip Code New Albany, MS 38652-0338 Name of Employer (Required) Cooper Electrical Occupation (Required) Executive Source: Corporation PAC Individual Loan The Other (please specify) LLC Full Name RCMG, LLC	(Mo., Day, Year) 05/16/2022 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 Sharon Cooper Mailing Address PO Box 338 City, State, Zip Code New Albany, MS 38652-0338 Name of Employer (Required) Cooper Electrical Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name RCMG, LLC Mailing Address 7467 Swinnea Road	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	\$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 McReynolds Orthodontics	07/28/2022	\$500.00
Mailing Address 1100 Robinhood Road		
City, State, Zip Code Starkville, MS 39759-4030		
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 Fred Farrell	11/17/2022	\$500.00
Mailing Address 105 Woodbine Drive		
City, State, Zip Code Vicksburg, MS 39180-5334		
Name of Employer (Required) Falco Lime		
Occupation (Required) Executive	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Philip Hearn	I - I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Hearn	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Hearn Mailing Address 102 N Guyton Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Hearn Mailing Address 102 N Guyton Blvd City, State, Zip Code Blue Mountain, MS 38610-9319 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Hearn Mailing Address 102 N Guyton Blvd City, State, Zip Code Blue Mountain, MS 38610-9319 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 05/16/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Philip Hearn Mailing Address 102 N Guyton Blvd City, State, Zip Code Blue Mountain, MS 38610-9319 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Philip Hearn Mailing Address 102 N Guyton Blvd City, State, Zip Code Blue Mountain, MS 38610-9319 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/16/2022 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 Philip Hearn Mailing Address 102 N Guyton Blvd City, State, Zip Code Blue Mountain, MS 38610-9319 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name R. Barry Cannada	(Mo., Day, Year) 05/16/2022 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 Philip Hearn Mailing Address 102 N Guyton Blvd City, State, Zip Code Blue Mountain, MS 38610-9319 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name R. Barry Cannada Mailing Address 827 Pinehurst Place	(Mo., Day, Year) 05/16/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RW Whitaker	01/23/2022	\$1,000.00
Mailing Address 4206 Ridgemont Dr		* 1,
City, State, Zip Code Belden, MS 38826-9783		
Name of Employer (Required) Whitaker Sales Inc.		
Occupation (Required) Sales	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 Boyce E. Adams Sr.	06/29/2022	\$1,000.00
Mailing Address 2005 Seminole Dr		
City, State, Zip Code Columbus, MS 39705-1415		
Name of Employer (Required) Banktel		
Occupation (Required) Chairman	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Dianne Pickering		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dianne Pickering Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City, State, Zip Code Collins, MS 39428-0202	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City, State, Zip Code Collins, MS 39428-0202 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 05/10/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City, State, Zip Code Collins, MS 39428-0202 Name of Employer (Required) N/A Occupation (Required) Retired Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City, State, Zip Code Collins, MS 39428-0202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City, State, Zip Code Collins, MS 39428-0202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Craig Tatum	(Mo., Day, Year) 05/10/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202 City, State, Zip Code Collins, MS 39428-0202 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Craig Tatum Mailing Address 215 W. Canebrake Blvd	(Mo., Day, Year) 05/10/2022 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 Peoples Bank	11/03/2022	\$1,000.00
Mailing Address PO Box 7		
City, State, Zip Code Mendenhall, MS 39114-0007		
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 William D. Dennis	04/27/2022	\$2,500.00
Mailing Address P.O. Box 6181		
City, State, Zip Code Gulfport, MS 39506-6181		
Name of Employer (Required) Specialty Contractors & Associates, Inc.		
Occupation (Required) Owner	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
Source. — Corporation — TAO — individual —		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alicia Tice	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road City, State, Zip Code Wiggins, MS 39577-9636	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road City, State, Zip Code Wiggins, MS 39577-9636 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 01/20/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road City, State, Zip Code Wiggins, MS 39577-9636 Name of Employer (Required) Nursing Home Occupation (Required) Administrator Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road City, State, Zip Code Wiggins, MS 39577-9636 Name of Employer (Required) Nursing Home Occupation (Required) Administrator Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road City, State, Zip Code Wiggins, MS 39577-9636 Name of Employer (Required) Nursing Home Occupation (Required) Administrator Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Clayton	(Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Alicia Tice Mailing Address 198 Dawson Road City, State, Zip Code Wiggins, MS 39577-9636 Name of Employer (Required) Nursing Home Occupation (Required) Administrator Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Clayton Mailing Address 103 E Gresham Street	(Mo., Day, Year) 01/20/2022 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 Steven Kirk Dickerson	06/28/2022	\$1,000.00
Mailing Address PO Box 1249		
City, State, Zip Code Kosciusko, MS 39090-1249		
Name of Employer (Required) Dickerson Petroleum, Inc.		
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
Full Name J. Cal Wilkins	10/17/2022	\$5,000.00
Mailing Address 1935 Mount Pleasant Road		
City, State, Zip Code Hernando, MS 38632-1604		
Name of Employer (Required) TASCO		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CR Fuels LLC	08/02/2022	\$2,500.00
Mailing Address PO Box 505		
City, State, Zip Code Laurel, MS 39441-0505		
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 Shawn Stephen Shurden	12/16/2022	\$1,000.00
Mailing Address 273 Lake Circle		
City, State, Zip Code Madison, MS 39110-7992		
Name of Employer (Required) MS power		
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 Worthing Jackman	09/08/2022	\$5,000.00
Mailing Address 27 Cape Harbour Place		
City, State, Zip Code Spring, TX 77380-2993		
Name of Employer (Required) Waste Connections Inc		
Occupation (Required) Officer	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Geoffrey E. Carter	08/09/2022	\$5,000.00
Mailing Address 154 Garden Park Drive		
City, State, Zip Code Saltillo, MS 38866-6864		
Name of Employer (Required) Hyperion TECA Group		
Occupation (Required) President & CEO	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 Norfolk Southern Corporation	05/17/2022	\$1,000.00
Mailing Address 650 W. Peachtree St. NW		
City, State, Zip Code Atlanta, GA 30308-1925		
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 Clayton Stanley	05/10/2022	\$2,500.00
Mailing Address 4172 N HARPER RD		
City, State, Zip Code Corinth, MS 38834-2908		
Name of Employer (Required) Alliance		
Occupation (Required) President	Aggregate	\$2,500.00

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Source: Corporation PAC Individual Loan	Date (Ma. Pay Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Rowanoak Development LLC	05/24/2022	\$250.00
Mailing Address 725 Avignon Dr STE C		
City, State, Zip Code Ridgeland, MS 39157-5120		
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 Merck Sharp & Dohme Corporation	08/29/2022	\$500.00
Mailing Address 2000 Galloping Hill Road Mailstop K-5 2081		
City, State, Zip Code Kenilworth, NJ 07033-1310		
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
	1 " 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William E. Whitfield III Mailing Address	(Mo., Day, Year)	receipt this period
Tull Name William E. Whitfield III Mailing Address PO Box 1002 City State Zin Code	(Mo., Day, Year) 07/18/2022	receipt this period
Tull Name William E. Whitfield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017	(Mo., Day, Year)	receipt this period
Tull Name William E. Whitfield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required)	(Mo., Day, Year) 07/18/2022 Aggregate	receipt this period \$100.00
Other (please specify) Full Name William E. Whitfield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/18/2022 Aggregate Year-to-date Date	\$200.00 Amount of each receipt
Other (please specify) Full Name William E. Whitfield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$200.00 Amount of each receipt this period
Other (please specify) Full Name William E. Whitfield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Daniel N Holland	Aggregate Year-to-date Date (Mo., Day, Year)	\$200.00 Amount of each receipt this period
Tother (please specify) Full Name William E. Whitfield III Mailing Address PO Box 1002 City, State, Zip Code Perkinston, MS 39573-0017 Name of Employer (Required) Copeland Cook Taylor and Bush Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road	Aggregate Year-to-date Date (Mo., Day, Year)	\$200.00 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 Bertram Hayes-Davis	11/28/2022	\$250.00
Mailing Address 1023 Main St.		
City, State, Zip Code Vicksburg, MS 39183-2525		
Name of Employer (Required) Vicksburg Old Town Tours		
Occupation (Required) Executive	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 Warner Alford	07/08/2022	\$100.00
Mailing Address 106 Cedar Hill Drive		
City, State, Zip Code Oxford, MS 38655-6129		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bruce D. Walt	09/29/2022	\$1,000.00
Mailing Address 108 Hickory Cove		
City, State, Zip Code Brandon, MS 39047-8311		
Name of Employer (Required) Horne		
Occupation (Required) CPA	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 Phillip Whitehead	10/17/2022	\$500.00
Mailing Address PO Box 38		
City, State, Zip Code Tishomingo, MS 38873-0038		
Name of Employer (Required) Self		

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Name of Candidate	or Committee
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Source: Torporation PAC Individual Loan	Date (Man Park)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name CSX Transportation	09/24/2022	\$1,000.00
Mailing Address 500 Water St		
City, State, Zip Code Jacksonville, FL 32202-4423		
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 Ergon State PAC	12/15/2022	\$10,000.00
Mailing Address PO Box 1639		
City, State, Zip Code Jackson, MS 39215-1639		
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
Source. — Corporation — TAO — manyada — 120		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ridgway Realty Inc	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231 Name of Employer (Required)	(Mo., Day, Year) 11/04/2022 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 11/04/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 11/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Allred Investments LLC	(Mo., Day, Year) 11/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Allred Investments LLC Mailing Address PO Box 5016	(Mo., Day, Year) 11/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Ridgway Realty Inc Mailing Address PO Box 231 City, State, Zip Code Jackson, MS 39205-0231 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Allred Investments LLC Mailing Address PO Box 5016 City, State, Zip Code Meridian, MS 39302-5016	(Mo., Day, Year) 11/04/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$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 Comcast Corporation & NBCUniversal PAC	11/16/2022	\$2,000.00
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	\$9,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marie Sanderson	10/26/2022	\$1,000.00
Mailing Address 115 Surgeres Place		
City, State, Zip Code Ocean Springs, MS 39564-3030		
Name of Employer (Required) 50 State		
Occupation (Required) Consultant	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 Specialty Metals Supply, Inc.	02/03/2022	\$250.00
Mailing Address 250 Commerce Park Dr.		
City, State, Zip Code Jackson, MS 39213-7052		
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 Timothy Duncan	04/27/2022	\$500.00
Mailing Address 333 Clay St. STE 3300		
City, State, Zip Code Houston, TX 77002-4104		
Name of Employer (Required) Talos Energy		
Occupation (Required)	Aggregate	\$500.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Katherine M. Driskell	08/31/2022	\$2,500.00
Mailing Address 170 Balboa Drive		
City, State, Zip Code Hattiesburg, MS 39402-9770		
Name of Employer (Required) Harvard Pest Control Inc.		
Occupation (Required) Owner	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 Don R. Shelton	06/20/2022	\$1,000.00
Mailing Address 508 Pritchard Lane		
City, State, Zip Code Columbus, MS 39702-9428		
Name of Employer (Required) Trans Power Corporation		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
. 10014011	Teal to date	
Source: Corporation PAC Individual Loan	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 Thomas G. Gresham	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc	Date (Mo., Day, Year) 11/15/2022 Aggregate	receipt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11/15/2022 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 Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/15/2022 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 Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Nicholas J Correnti	Date (Mo., Day, Year) 11/15/2022 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 Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Nicholas J Correnti Mailing Address 202 Clubhouse Dr.	Date (Mo., Day, Year) 11/15/2022 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 Candi	late or	Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Idaho Forest Group	09/19/2022	\$1,000.00
Mailing Address 4447 E. Chilco Road		
City, State, Zip Code Athol, ID 83801-8477		
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 A. Craig Sartin	10/05/2022	\$250.00
Mailing Address 136 Belle Terre Court		
City, State, Zip Code Long Beach, MS 39560-9139		
Name of Employer (Required) Sartin's Discount Drugs		
Occupation (Required) Owner	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 Steven M. Warren	10/12/2022	\$2,500.00
Mailing Address 10907 Waterside Dr.		
City, State, Zip Code Gulfport, MS 39503-6058		
Name of Employer (Required) Warren Paving		
Occupation (Required) President	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 James I. Tims	11/15/2022	\$1,000.00
Mailing Address 209 N. Leflore Ave.		
City, State, Zip Code Cleveland, MS 38732-2615		
Name of Employer (Required) N/A		

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tilis period
Full Name Chevis Swetman	09/26/2022	\$250.00
Mailing Address 1210 Beach Boulevard		
City, State, Zip Code Biloxi, MS 39530-3633		
Name of Employer (Required) The Peoples Bank		
Occupation (Required) President	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 Robert G. Baird	07/08/2022	\$250.00
Mailing Address 6591 Moondance Drive		
City, State, Zip Code Olive Branch, MS 38654-9041		
Name of Employer (Required) Self Employed		
Occupation (Required) Optometrist	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this perlod
Source: Corporation PAC Individual Loan Other (please specify) Full Name Sandeep Sethi		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sandeep Sethi Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St City, State, Zip Code Canton, MS 39046-5325	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St City, State, Zip Code Canton, MS 39046-5325 Name of Employer (Required) Self	(Mo., Day, Year) 03/03/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St City, State, Zip Code Canton, MS 39046-5325 Name of Employer (Required) Self Occupation (Required) Commercial Real Estate Developer Source: Corporation PAC Individual Coan	Aggregate Year-to-date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St City, State, Zip Code Canton, MS 39046-5325 Name of Employer (Required) Self Occupation (Required) Commercial Real Estate Developer 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
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St City, State, Zip Code Canton, MS 39046-5325 Name of Employer (Required) Self Occupation (Required) Commercial Real Estate Developer Source: Corporation PAC Individual Loan Other (please specify) Full Name Jimmy G. Riley	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Sandeep Sethi Mailing Address 1554 W Peace St City, State, Zip Code Canton, MS 39046-5325 Name of Employer (Required) Self Occupation (Required) Commercial Real Estate Developer Source: Corporation PAC Individual Loan Other (please specify) Full Name Jimmy G. Riley Mailing Address 662 W Poplar	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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12/31/2022

		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)	_	tilis period
Full Name Waggoner Resilience, INC.	11/29/2022	\$1,000.00
Mailing Address 10000 Celtic Dr		
City, State, Zip Code Baton Rouge, LA 70809-2501		
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 Andrew L. Laws	08/15/2022	\$5,000.00
Mailing Address 1005 Parkview Lane		
City, State, Zip Code Oxford, MS 38655-2567		
Name of Employer (Required) Huran Consulting Group		
Occupation (Required) Executive	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
Source: Corporation PAC Individual Loan Other (please specify) PriorityOne Capitol Corporation		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PriorityOne Capitol Corporation Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PriorityOne Capitol Corporation Mailing Address PO Box 516 City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PriorityOne Capitol Corporation Mailing Address PO Box 516 City, State, Zip Code Magee, MS 39111-0516	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PriorityOne Capitol Corporation Mailing Address PO Box 516 City, State, Zip Code Magee, MS 39111-0516 Name of Employer (Required)	(Mo., Day, Year) 11/03/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name PriorityOne Capitol Corporation Mailing Address PO Box 516 City, State, Zip Code Magee, MS 39111-0516 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name PriorityOne Capitol Corporation Mailing Address PO Box 516 City, State, Zip Code Magee, MS 39111-0516 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	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 PriorityOne Capitol Corporation Mailing Address PO Box 516 City, State, Zip Code Magee, MS 39111-0516 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name H. Vaughn Watkins Mailing Address 446 Cheyene Ln.	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	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name David Pounds	10/18/2022	\$250.00
Mailing Address 204 Honeycreek Road		
City, State, Zip Code Booneville, MS 38829-9519		
Name of Employer (Required) Prentiss		
Occupation (Required) Clerk	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan **Double Corporation Description **Double Corporation Description **Double Corporation Description **Double Corporation Description **Double Corporation Description *	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C & S Construction, LLC	06/14/2022	\$1,000.00
Mailing Address 1879 North Coley Road		
City, State, Zip Code Tupelo, MS 38801-6931		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		Amount of each
Source:	Date (Mo., Day, Year)	receipt this period
Other (please specify)		•
Uctor Mavar	(Mo., Day, Year)	this period
Cother (please specify) Full Name Victor Mavar Mailing Address PO Box 1910	(Mo., Day, Year)	this period
City, State, Zip Code Biloxi, MS 39533-1910	(Mo., Day, Year) 01/20/2022	this period
City, State, Zip Code Biloxi, MS 39533-1910 Retired Other (please specify) Policy Mavar Biloxi, MS 39533-1910 Retired	(Mo., Day, Year)	this period
City, State, Zip Code Biloxi, MS 39533-1910 Retired Occupation (Required)	(Mo., Day, Year) 01/20/2022 Aggregate	this period \$250.00
City, State, Zip Code Biloxi, MS 39533-1910 Name of Employer (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/20/2022 Aggregate Year-to-date Date	\$250.00 \$250.00 Amount of each receipt
City, State, Zip Code Biloxi, MS 39533-1910 Name of Employer (Required) Retired Coccupation (Required) Retired Cource: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year) Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
City, State, Zip Code Biloxi, MS 39533-1910 Name of Employer (Required) Coccupation (Required) Retired Corporation Other (please specify) Full Name Mississippi AGC-PAC	Aggregate Year-to-date (Mo., Day, Year) Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Victor Mavar Mailing Address PO Box 1910 City, State, Zip Code Biloxi, MS 39533-1910 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi AGC-PAC Mailing Address PO Box 12615	Aggregate Year-to-date (Mo., Day, Year) Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Name of Candidate of	or Committee
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clay E. Holladay	08/09/2022	\$10,000.00
Mailing Address P.O. Box 1699		
City, State, Zip Code Meridian, MS 39302-1699		
Name of Employer (Required) WMLV Radio		
Occupation (Required) Owner	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 Liles B. Williams	11/17/2022	\$250.00
Mailing Address 1760 Seaton Road		
City, State, Zip Code Raymond, MS 39154-5022		
Name of Employer (Required) N/A		
Occupation (Required)	Aggregate	\$250.00
Retired	Year-to-date	
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 Andy Barlow	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506 City, State, Zip Code Shannon, MS 38868-9780	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506 City, State, Zip Code Shannon, MS 38868-9780 Name of Employer (Required) Chiropractic Neurology Consultant, PC	Date (Mo., Day, Year) 01/25/2022 Aggregate	receipt this period \$1,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506 City, State, Zip Code Shannon, MS 38868-9780 Name of Employer (Required) Chiropractic Neurology Consultant, PC Occupation (Required) Chiropractor Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506 City, State, Zip Code Shannon, MS 38868-9780 Name of Employer (Required) Chiropractic Neurology Consultant, PC Occupation (Required) Chiropractor Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506 City, State, Zip Code Shannon, MS 38868-9780 Name of Employer (Required) Chiropractic Neurology Consultant, PC Occupation (Required) Chiropractor Source: Corporation PAC Individual Loan Other (please specify) Full Name J. Kenneth Austin	Date (Mo., Day, Year) 01/25/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Andy Barlow Mailing Address 266 County Road 506 City, State, Zip Code Shannon, MS 38868-9780 Name of Employer (Required) Chiropractic Neurology Consultant, PC Occupation (Required) Chiropractor Source: Corporation PAC Individual Loan Other (please specify) Full Name J. Kenneth Austin Mailing Address 126 Fleitas Ave	Date (Mo., Day, Year) 01/25/2022 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 Lassitter Homes	11/26/2022	\$1,000.00
Mailing Address 10725 Hwy 63		
City, State, Zip Code Moss Point, MS 39562-6626		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles L. Morris	04/06/2022	\$500.00
Mailing Address 110 Greens View Drive		
City, State, Zip Code Madison, MS 39110-8854		
Name of Employer (Required) Business Owner		
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
Source: Corporation PAC Individual Loan Other (please specify) Truck PAC		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required)	(Mo., Day, Year) 11/09/2022 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 11/09/2022 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 11/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Remak Family Holdings LLC	(Mo., Day, Year) 11/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Remak Family Holdings LLC Mailing Address 5240 Wedgewood Dr.	(Mo., Day, Year) 11/09/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$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 Betty A. Watts	02/01/2022	\$100.00
Mailing Address PO Box 1646		
City, State, Zip Code Oxford, MS 38655-1646		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Columbus Nissan, Inc.	06/23/2022	\$1,000.00
Mailing Address 100 Hwy 12 East		
City, State, Zip Code Columbus, MS 39702-7828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: 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 Douglas M. Wright Jr.	(Mo., Day, Year)	receipt this period
Tull Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir	(Mo., Day, Year)	receipt this period
Tupelo, MS 38804-1086 Other (please specify) Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir Tupelo, MS 38804-1086	(Mo., Day, Year)	receipt this period
Tupelo, MS 38804-1086 Name of Employer (Required) Other (please specify) Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir Tupelo, MS 38804-1086 Community Eldercare Services	(Mo., Day, Year) 09/07/2022 Aggregate	receipt this period \$10,000.00
Tupelo, MS 38804-1086 Name of Employer (Required) CEO City, State, Zip Corporation CEO Cother (please specify) Douglas M. Wright Jr. Separate Douglas M. Wright Jr. Tupelo, MS 38804-1086 Community Eldercare Services CEO Individual Loan	(Mo., Day, Year) 09/07/2022 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$11,000.00 Amount of each receipt
Tull Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/07/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$11,000.00 Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Henry Barbour Decell & Bridgforth, LTD	(Mo., Day, Year) 09/07/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$11,000.00 Amount of each receipt this period
Other (please specify) Full Name Douglas M. Wright Jr. Mailing Address 3835 Old Towne Cir City, State, Zip Code Tupelo, MS 38804-1086 Name of Employer (Required) Community Eldercare Services Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Henry Barbour Decell & Bridgforth, LTD Mailing Address PO Box 1569	(Mo., Day, Year) 09/07/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$11,000.00 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
Full Name Glenn Peters	07/06/2022	\$500.00
Mailing Address PO Box 755	01100/2022	\$600.55
City, State, Zip Code Louisville, MS 39339-0755		
Name of Employer (Required) Louisville Medical Associates		
Occupation (Required) Doctor of Family Medicine	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 Richard F. Cowart Sr.	11/10/2022	\$250.00
Mailing Address 100 Cherrybark Lane		
City, State, Zip Code Vicksburg, MS 39180-1823		
Name of Employer (Required) Self		
Occupation (Required) Self	Aggregate Year-to-date	\$250.00
	1041 10 4415	
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 William F Blair	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423 City, State, Zip Code Flowood, MS 39232-1423	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423 City, State, Zip Code Flowood, MS 39232-1423 Name of Employer (Required) Blair and Bondurant Occupation (Required)	Date (Mo., Day, Year) 02/03/2022 Aggregate	receipt this period \$250.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423 City, State, Zip Code Flowood, MS 39232-1423 Name of Employer (Required) Blair and Bondurant Occupation (Required) attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 02/03/2022 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423 City, State, Zip Code Flowood, MS 39232-1423 Name of Employer (Required) Blair and Bondurant Occupation (Required) attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 02/03/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423 City, State, Zip Code Flowood, MS 39232-1423 Name of Employer (Required) Blair and Bondurant Occupation (Required) attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name William A. Brown	Date (Mo., Day, Year) 02/03/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name William F Blair Mailing Address PO Box 321423 City, State, Zip Code Flowood, MS 39232-1423 Name of Employer (Required) Blair and Bondurant Occupation (Required) attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name William A. Brown Mailing Address 131 Green Glades	Date (Mo., Day, Year) 02/03/2022 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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Name of	Candidate	or	Committee
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Source: Corporation PAC Individual Loan Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Candidate Campaign Committee		this period
Full Name Christopher D Caughman Campaign Account	11/03/2022	\$1,000.00
Mailing Address 2656 Simpson Highway 13		
City, State, Zip Code Mendenhall, MS 39114		
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 Christa Alexander	03/31/2022	\$1,000.00
Mailing Address P.O. Box 922		
City, State, Zip Code Bay Springs, MS 39422-0922		
Name of Employer (Required) Fail Communications		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Source: La Corporation La PAG La Individual La Laure	Date	receipt
Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd City, State, Zip Code Kiln, MS 39556-8219	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd	Date (Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required)	Date (Mo., Day, Year) 09/15/2022	receipt this period \$1,000.00
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/15/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Smith Boat Leasing LLC	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Candidate Campaign Committee Full Name Philip Moran Campaign Fund Mailing Address 18516 Old Joe Moran Rd City, State, Zip Code Kiln, MS 39556-8219 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Smith Boat Leasing LLC Mailing Address 299 Platte Road	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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_ through _

12/31/2022

		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)	(, 2,	this period
Full Name Sharon Ross	04/13/2022	\$1,000.00
Mailing Address 105 Michael Cove		
City, State, Zip Code Brandon, MS 39047-9009		
Name of Employer (Required) Mississippi Center for Public Policy		
Occupation (Required) Director of External Affairs	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 Jason Chiniche	01/26/2022	\$1,000.00
Mailing Address 725 Old Spanish Trail		
City, State, Zip Code Bay Saint Louis, MS 39520-2507		
Name of Employer (Required) James J. Chiniche P.A. Inc.		
Occupation (Required) Engineer	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
Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Collins		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Collins	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000	(Mo., Day, Year)	receipt this period
Tull Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000 City, State, Zip Code Dallas, TX 75206-1872 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Tull Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000 City, State, Zip Code Dallas, TX 75206-1872 Name of Employer (Required) Istation	(Mo., Day, Year) 10/26/2022 Aggregate	receipt this period \$5,000.00
Tull Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000 City, State, Zip Code Dallas, TX 75206-1872 Name of Employer (Required) Istation Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/26/2022 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tull Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000 City, State, Zip Code Dallas, TX 75206-1872 Name of Employer (Required) Istation Occupation (Required) CEO 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
Gother (please specify) Full Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000 City, State, Zip Code Dallas, TX 75206-1872 Name of Employer (Required) Istation Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Fresenius Medical Care	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 Individual Consults See Specify) Full Name Richard Collins Mailing Address 8150 N Central Expy Ste 2000 City, State, Zip Code Dallas, TX 75206-1872 Name of Employer (Required) Istation CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Fresenius Medical Care Mailing Address 3850 N. Causeway Blvd	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	Date (Mo., Day, Year)	Amount of each receipt this period
Under (please specify)	07/00/0000	
Giles ward	07/06/2022	\$250.00
Mailing Address 400 N COLUMBUS AVE		
City, State, Zip Code Louisville, MS 39339-2318		
Name of Employer (Required) Retired		
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
Full Name The Nowell Agency Inc.	11/15/2022	\$250.00
Mailing Address 1500 Old Fannin Road		
City, State, Zip Code Brandon, MS 39047-8759		
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 Julius A. Willis Jr.	04/27/2022	\$500.00
Mailing Address 1207 Driftwood Street		
City, State, Zip Code Pascagoula, MS 39567-7545		
Name of Employer (Required) Willis and Associates		
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
Full Name Doug Deason	12/23/2022	\$5,000.00
Mailing Address 10134 Waller Drive		
City, State, Zip Code Dallas, TX 75229-6611		
Name of Employer (Required) Deason Capital		
Occupation (Required) Investor	Aggregate Year-to-date	\$5,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sheffield Construction Co.	01/20/2022	\$1,000.00
Mailing Address P.O. Box 2785		
City, State, Zip Code Columbus, MS 39704-2785		
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 Charles Tackett	05/16/2022	\$500.00
Mailing Address 7200 Whitten Place		
City, State, Zip Code Olive Branch, MS 38654-7029		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate Year-to-date	\$500.00
UFA .	1001 10 0010	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: ** Corporation	Date (Mo., Day, Year)	receipt this period
Source: ** Corporation	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Earhart Enterprises, Inc. Mailing Address 9086 Pigeon Roost Road STE 107 City, State, Zip Code Olive Branch, MS 38654-1692	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Earhart Enterprises, Inc. Mailing Address 9086 Pigeon Roost Road STE 107 City, State, Zip Code Olive Branch, MS 38654-1692 Name of Employer (Required)	Date (Mo., Day, Year) 05/16/2022 Aggregate	receipt this period \$500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Earhart Enterprises, Inc. Mailing Address 9086 Pigeon Roost Road STE 107 City, State, Zip Code Olive Branch, MS 38654-1692 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Source: ** Corporation	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Earhart Enterprises, Inc. Mailing Address 9086 Pigeon Roost Road STE 107 City, State, Zip Code Olive Branch, MS 38654-1692 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name MEB Professional And Legal Services	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Earhart Enterprises, Inc. Mailing Address 9086 Pigeon Roost Road STE 107 City, State, Zip Code Olive Branch, MS 38654-1692 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name MEB Professional And Legal Services Mailing Address PO Box 454	Date (Mo., Day, Year) 05/16/2022 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	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC		titis period
Full Name US Consolidated Group LLC	11/28/2022	\$250.00
Mailing Address PO Box 20073		
City, State, Zip Code Jackson, MS 39289-0073		
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 Sidney P. Allen Jr.	04/21/2022	\$1,000.00
Mailing Address 200 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2504		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Government Relations	rear-to-date	
Source: Corporation PAC Individual Loan	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 Bail Agents Association	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr.	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan 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)	Date (Mo., Day, Year) 11/15/2022 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan 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	Date (Mo., Day, Year) 11/15/2022 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 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)	Date (Mo., Day, Year) 11/15/2022 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	Date (Mo., Day, Year) 11/15/2022 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 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 Anna G. Stroble Mailing Address 107 Cherry Laurel Cr	Date (Mo., Day, Year) 11/15/2022 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 Felder Investments LLC	08/02/2022	\$5,000.00
Mailing Address 25 Town Center Sq		
City, State, Zip Code Hattiesburg, MS 39402-7040		
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 Kent Nicaud	09/21/2022	\$15,000.00
Mailing Address 849 E Scenic Dr		
City, State, Zip Code Pass Christian, MS 39571-4624		
Name of Employer (Required) Gulfport Memorial Hospital		
Occupation (Required)	Aggregate	\$40,000.00
coo	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Dees Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Dees Mailing Address PO Box 98	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required)	Date (Mo., Day, Year) 05/16/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Ellen R. Jernigan	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Ellen R. Jernigan Mailing Address 1777 Robertson PI Dr.	Date (Mo., Day, Year) 05/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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
Full Name Bridgforth Rutledge	05/02/2022	\$500.00
Mailing Address PO Box 5331	03/02/2022	
City, State, Zip Code Jackson, MS 39296-5331		
Name of Employer (Required) Phelps Dunbar		
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 Nicholas A. Elmore	05/12/2022	\$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	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William W. Sullivan	04/28/2022	\$5,000.00
Mailing Address PO Box 17017		
City, State, Zip Code Galveston, TX 77552-7017		
Name of Employer (Required) SLSCo		
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
Full Name Byron Seward	11/29/2022	\$2,500.00
Mailing Address 140 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Vowell	07/08/2022	\$500.00
Mailing Address 997 Edgewater Drive		
City, State, Zip Code Philadelphia, MS 39350-2065		
Name of Employer (Required) Community development partnership		
Occupation (Required) Development	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 Cruse Law Firm, PLLC	08/18/2022	\$1,000.00
Mailing Address 1016 Sixth Ave STE A		
City, State, Zip Code Picayune, MS 39466-3861		
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
Cother (please specify) Full Name Lukeith Ridgeway Mailing Address	(Mo., Day, Year)	receipt this period
Gity State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lukeith Ridgeway Mailing Address 1038 Woodland Hills Dr. City, State, Zip Code Laurel, MS 39440-1100	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lukeith Ridgeway Mailing Address 1038 Woodland Hills Dr. City, State, Zip Code Laurel, MS 39440-1100 Name of Employer (Required) Self	(Mo., Day, Year) 09/16/2022 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Lukeith Ridgeway Mailing Address 1038 Woodland Hills Dr. City, State, Zip Code Laurel, MS 39440-1100 Name of Employer (Required) Self Occupation (Required) Ridgeway Real Estate Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/16/2022 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Lukeith Ridgeway Mailing Address 1038 Woodland Hills Dr. City, State, Zip Code Laurel, MS 39440-1100 Name of Employer (Required) Self Occupation (Required) Ridgeway Real Estate Source: Corporation PAC Individual Loan Other (please specify) Ettl Name	(Mo., Day, Year) 09/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Lukeith Ridgeway Mailing Address 1038 Woodland Hills Dr. City, State, Zip Code Laurel, MS 39440-1100 Name of Employer (Required) Self Occupation (Required) Ridgeway Real Estate Source: Corporation PAC Individual Loan Tother (please specify) Full Name The Hurst Group LLC	(Mo., Day, Year) 09/16/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify) Full Name	(Mo., Day, Year) 09/16/2022 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 Marshall Paul Belenchia	07/08/2022	\$500.00
Mailing Address 2036 Saint Ives Lane		
City, State, Zip Code Hernando, MS 38632-7693		
Name of Employer (Required) Retired		
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 Kay Lea	11/17/2022	\$500.00
Mailing Address 3082 Wallace Drive SW		
City, State, Zip Code Bogue Chitto, MS 39629-9472		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$775.00
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 Nancy Billingsley Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Nancy Billingsley Mailing Address 20 Tallahoma West Dr	(Mo., Day, Year)	receipt this period
City, State, Zip Code Laurel, MS 39440-2519 Description: Control of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Laurel, MS 39440-2519 Name of Employer (Required) City, Graph (Required) N/A	(Mo., Day, Year) 08/18/2022 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Nancy Billingsley Mailing Address 20 Tallahoma West Dr City, State, Zip Code Laurel, MS 39440-2519 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 08/18/2022 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Laurel, MS 39440-2519 Name of Employer (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/18/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Laurel, MS 39440-2519 Name of Employer (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Alben Norris Hopkins Sr.	(Mo., Day, Year) 08/18/2022 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 Nancy Billingsley Mailing Address 20 Tallahoma West Dr City, State, Zip Code Laurel, MS 39440-2519 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Alben Norris Hopkins Sr. Mailing Address 2701 24th Avenue	(Mo., Day, Year) 08/18/2022 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 Leigh Shockey	07/12/2022	\$10,000.00
Mailing Address 180 Shockey Way		
City, State, Zip Code Rossville, TN 38066-4061		
Name of Employer (Required) Drexel Chemical		
Occupation (Required) CEO	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 Marc A Foster	01/26/2022	\$1,000.00
Mailing Address 4003 Dunsinane St		
City, State, Zip Code Ocean Springs, MS 39564-3444		
Name of Employer (Required) Cypress Environmental		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Vice President	rear-to-uate	
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 Jeffrey B. Bartlam Mailing Address	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd City, State, Zip Code Slidell, LA 70461-5632	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd City, State, Zip Code Slidell, LA 70461-5632 Name of Employer (Required) Shale Support	Date (Mo., Day, Year) 09/12/2022 Aggregate	receipt this period \$1,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd City, State, Zip Code Slidell, LA 70461-5632 Name of Employer (Required) Shale Support Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd City, State, Zip Code Slidell, LA 70461-5632 Name of Employer (Required) Shale Support Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd City, State, Zip Code Slidell, LA 70461-5632 Name of Employer (Required) Shale Support Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth F. Martin	Date (Mo., Day, Year) 09/12/2022 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Jeffrey B. Bartlam Mailing Address 1120 Lakeshore Blvd City, State, Zip Code Slidell, LA 70461-5632 Name of Employer (Required) Shale Support Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenneth F. Martin Mailing Address 951 Cato Road	Date (Mo., Day, Year) 09/12/2022 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 Capitol Resources PAC	12/21/2022	\$25,000.00
Mailing Address 200 N Congress St Ste 500		
City, State, Zip Code Jackson, MS 39201-1917		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$26,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G. Bennett Hubbard Jr.	11/28/2022	\$10,000.00
Mailing Address PO Box 414		
City, State, Zip Code Magee, MS 39111-0414		
Name of Employer (Required) Advanced Health Care		
Occupation (Required) President	Aggregate	\$10,000.00
Flesideiit	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Tindividual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Amanda Shumaker	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required)	Date (Mo., Day, Year) 04/19/2022 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 04/19/2022 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 04/19/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Candace Hunt	Date (Mo., Day, Year) 04/19/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Candace Hunt Mailing Address 3088 Plantation Circle W	Date (Mo., Day, Year) 04/19/2022 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each 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 Blackline Corp	09/30/2022	\$1,000.00
Mailing Address 1902 15th St STE 101		
City, State, Zip Code Gulfport, MS 39501-2111		
Name of Employer (Required)		
Occupation (Required)	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
Full Name Anthony L. Wilson	11/30/2022	\$1,000.00
Mailing Address 2992 West Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-1805		
Name of Employer (Required) Mississippi Power Company		
Occupation (Required) President & CEO	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 Stanford Roberts	05/16/2022	\$1,000.00
Mailing Address 5245 Cole Road		
City, State, Zip Code Memphis, TN 38120-2401		
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 Shirley L. Eaves	06/23/2022	\$100.00
Mailing Address 223 Livingston Ln.		
City, State, Zip Code Columbus, MS 39702-9455		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	07/04/2022	\$250.00
Jim A Armstrong	07/04/2022	\$250.00
Mailing Address 5 Pond Side Drive		
City, State, Zip Code Jackson, MS 39211-5946		
Name of Employer (Required) Self Employed		
Occupation (Required) Insurance Agent	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 Dong Corporation	09/28/2022	\$1,000.00
Mailing Address 524 Metairie Road		
City, State, Zip Code Metairie, LA 70005-4308		
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 Physicians PAC	09/27/2022	\$500.00
Mailing Address 404 W Parkway Pl		
City, State, Zip Code Ridgeland, MS 39157-6010		
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
Full Name Richard Coachys	02/08/2022	\$1,000.00
Mailing Address 314 Tupelo Tr		
City, State, Zip Code Canton, GA 30114-5734		
Name of Employer (Required) Litefighter Tactical Shelters		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	00/42/2022	
Matt Missad	09/12/2022	\$1,000.00
Mailing Address 2801 East Beltline Avenue NE		
City, State, Zip Code Grand Rapids, MI 49525-9680		
Name of Employer (Required) UFP		
Occupation (Required) MGR	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 Shirley L. Eaves	09/26/2022	\$100.00
Mailing Address 223 Livingston Ln.		
City, State, Zip Code Columbus, MS 39702-9455		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Yoder	05/10/2022	\$2,500.00
Mailing Address 809 Franklin St.		
City, State, Zip Code Corinth, MS 38834-4848		
Name of Employer (Required) Trustmark Bank		
Occupation (Required) Community President	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 Columbus Hyundai, LLC	06/23/2022	\$1,000.00
Mailing Address P.O. Box 2568		
City, State, Zip Code Columbus, MS 39704-2568		
Name of Employer (Required)		
Occupation (Required)	Aggregate	

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ITEMIZED DISBURSEMENTS

		Date	Aggregate Total Running Amount of each
full Name	United Airlines	(Mo., Day, Year)	disbursment this period
Mailing Address	233 S Wacker Drive Ste 430	06/27/2022	\$761.60
City, State, Zip Code	Chicago, IL 60606-6435		
Purpose of Disbursem Travel Expense - Ai	- · ·	Aggregate Year-to-date	\$761.60
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	12/31/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$1,333.45
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	12/13/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,800.00
Full Name	Ben Nelson Golf	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 190	05/12/2022	\$749.00
City, State, Zip Code	Madison, MS 39130-0190		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$749.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	10/31/2022	\$1,336.65
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing fees	ent (Optional)	Aggregate Year-to-date	\$12,634.24
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	07/20/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,050.00

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Full Name		Date	Amount of each
ruii Nanie	Stephens Printing, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	642 Hwy 469 S	06/21/2022	\$727.25
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$10,569.48
Full Name	Hampton Inn	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2107 Highway 72 West,	05/18/2022	\$96.00
City, State, Zip Code	Corinth, MS 38834-5453		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$96.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	12/19/2022	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$17,550.00
Full Name	Gina Diamond's Flower Co	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Depot Drive	06/01/2022	\$128.40
City, State, Zip Code	Madison, MS 39110-9394		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$251.45
Full Name	United Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	233 S Wacker Drive Ste 430	06/27/2022	\$26.00
City, State, Zip Code	Chicago, IL 60606-6435		
Purpose of Disbursem Travel Expense - fe		Aggregate Year-to-date	\$787.60
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	02/15/2022	\$170.66
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem	nent (Optional)	Aggregate Year-to-date	\$341.32

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Full Name		Date	Aggregate Total Running Amount of each
	Storagemax	(Mo., Day, Year)	disbursment this period
Mailing Address	4600 Lakeland Drive	12/02/2022	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursements	ent (Optional)	Aggregate Year-to-date	\$6,650.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	11/10/2022	\$337.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$4,345.53
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/29/2022	\$110.39
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$777.05
Fuli Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	05/10/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$224.90
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	11/29/2022	\$1,600.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Travel expenses ar		Aggregate Year-to-date	\$3,212.50
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	09/08/2022	\$54.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$414.82

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		Date	Aggregate Total Running Amount of each
ull Name	C Spire	(Mo., Day, Year)	disbursment this period
failing Address	P.O. Box 519	08/09/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$359.84
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	10/07/2022	\$32,322.33
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$228,967.86
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	10/07/2022	\$562.68
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$11,132.16
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	11/10/2022	\$2,488.51
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services, p		Aggregate Year-to-date	\$21,022.14
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	05/31/2022	\$1,278.10
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$3,680.74
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	04/04/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburser Consulting Service		Aggregate Year-to-date	\$26,000.00

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Full Name		Date (M. Paul Year)	Aggregate Total Running Amount of each disbursment this period
	USPS	(Mo., Day, Year)	dispursment this period
lailing Address	401 E South St.	10/04/2022	\$300.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburseme Postage	nt (Optional)	Aggregate Year-to-date	\$300.00
full Name		Date	Amount of each
-uii Name	Trustmark Bank	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 291	09/30/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disburseme Bank Fee	ent (Optional)	Aggregate Year-to-date	\$1,002.54
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	01/27/2022	\$337.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburseme Design Services	ent (Optional)	Aggregate Year-to-date	\$337.50
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	10/31/2022	\$110.39
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursemo	ent (Optional)	Aggregate Year-to-date	\$1,112.93
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	05/03/2022	\$541.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$2,641.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	06/30/2022	\$110.13
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem	ent (Optional)	Aggregate	\$666.66

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	HEMIZED DISBUR		Aggregate Total Running
Full Name	Nick Wallace Culinary	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	222 North State St.	11/03/2022	\$1,782.00
City, State, Zip Code	Jackson, MS 39201-1906		
Purpose of Disbursem Catering	nent (Optional)	Aggregate Year-to-date	\$1,782.00
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	09/21/2022	\$1,599.50
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$2,619.87
Full Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	10/17/2022	\$1,726.45
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$18,168.39
Full Name	Four Seasons	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2 Canal St.	03/08/2022	\$524.91
City, State, Zip Code	New Orleans, LA 70130-1201		
Purpose of Disbursen Travel Expense	nent (Optional)	Aggregate Year-to-date	\$524.91
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	02/02/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$72.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	12/15/2022	\$1,041.31
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser	nent (Optional) Website services	Aggregate Year-to-date	\$6,020.10

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	TI LIVIIZED DIOD		Aggregate Total Running
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	05/04/2022	\$127.95
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Reimbursement of		Aggregate Year-to-date	\$68,710.45
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	07/14/2022	\$4,875.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$6,392.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	02/22/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$300.00
Full Name	The Carriage House Restaurant	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	410 N Commerce St.	04/29/2022	\$852.50
City, State, Zip Code	Natchez, MS 39120-3219		
Purpose of Disbursem Event Expense cate		Aggregate Year-to-date	\$852.50
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	08/02/2022	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$4,338.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	03/02/2022	\$541.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseπ Storage Fees	nent (Optional)	Aggregate Year-to-date	\$1,559.00

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Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	11/30/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disburseme	ent (Optional)	Aggregate Year-to-date	\$1,223.19
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	02/09/2022	\$75.00
City, State, Zip Code	Flowcod, MS 39232-0925		
Purpose of Disbursemon	ent (Optional)	Aggregate Year-to-date	\$412.50
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	12/31/2022	\$1,156.06
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburseme	ent (Optional)	Aggregate Year-to-date	\$14,325.10
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/11/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$314.86
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	11/17/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production, \		Aggregate Year-to-date	\$4,469.83
Full Name	The Neshoba Democrat	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 30	06/27/2022	\$1,530.00
City, State, Zip Code	Philadelphia, MS 39350-0030		
Purpose of Disbursem Advertising	ent (Optional)	Aggregate Year-to-date	\$1,530.00

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Full Name		Date	Aggregate Total Running Amount of each
-uii Name	Aristotle International, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	05/05/2022	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$6,750.00
Full Name	Hotel Indigo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	10/12/2022	\$119.90
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$127.90
Full Name	Park Heights	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	335 East Main St.	09/13/2022	\$2,527.60
City, State, Zip Code	Tupelo, MS 38804-4025		
Purpose of Disbursem Event expenses	ent (Optional)	Aggregate Year-to-date	\$2,527.60
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	11/03/2022	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem Consulting	ent (Optional)	Aggregate Year-to-date	\$3,000.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	06/27/2022	\$450.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production, \		Aggregate Year-to-date	\$2,311.15
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	02/28/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	nent (Optional)	Aggregate Year-to-date	\$220.65

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Full Name		Date	Amount of each
uli Nanie	Melissa Hederman	(Mo., Day, Year)	disbursment this period
Mailing Address	3845 Redbud Road	02/09/2022	\$14,800.53
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$15,740.64
Full Name		Date	Amount of each disbursment this period
	1Vision	(Mo., Day, Year)	
Mailing Address	9346 Telge Road	04/20/2022	\$4,468.94
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$5,982.70
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	08/22/2022	\$8,012.92
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services, p		Aggregate Year-to-date	\$16,215.20
Full Name	Kiawah Island Golf Resort	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1 Sanctuary Beach Dr	02/17/2022	(\$305.10)
City, State, Zip Code	Johns Island, SC 29455-5434		
Purpose of Disbursem Refund	ent (Optional)	Aggregate Year-to-date	\$0.00
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	01/14/2022	\$1,312.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	nent (Optional)	Aggregate Year-to-date	\$1,312.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	02/02/2022	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	nent (Optional)	Aggregate Year-to-date	\$1,018.00

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Full Name		Date	Amount of each
run Name	Longleaf Plantation	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Drawer 511	08/17/2022	\$6,750.00
City, State, Zip Code	Lumberton, MS 39455		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$6,750.00
Full Name	Gina Diamond's Flower Co	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Depot Drive	03/04/2022	\$123.05
City, State, Zip Code	Madison, MS 39110-9394		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$123.05
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4333 Amon Carter Blvd	10/17/2022	\$973.35
City, State, Zip Code	Fort Worth, TX 76155-2605		
Purpose of Disbursen Travel Expense	nent (Optional)	Aggregate Year-to-date	\$973.35
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4333 Amon Carter Blvd	12/14/2022	\$575.69
City, State, Zip Code	Fort Worth, TX 76155-2605		
Purpose of Disbursen Travel Expense	nent (Optional)	Aggregate Year-to-date	\$1,549.04
Full Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	02/21/2022	\$1,443.56
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$1,443.56
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	11/10/2022	\$92.75
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Reimbursement fo		Aggregate Year-to-date	\$229,060.61

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Full Name		Date	Aggregate Total Running Amount of each
dii Name	Copey Grantham	(Mo., Day, Year)	disbursment this period
Mailing Address	823 Old Hwy 45	12/29/2022	\$1,883.60
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Travel expenses, co	ent (Optional) onsulting, and reimbursement of supplies	Aggregate Year-to-date	\$5,096.10
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	05/02/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$180.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	02/04/2022	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$3,000.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	04/12/2022	\$525.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$1,087.50
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	11/08/2022	\$46.40
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$506.20
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	03/31/2022	\$67.94
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing fees	ent (Optional)	Aggregate Year-to-date	\$1,381.08

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	TI LIVIIZED DIGE		Aggregate Total Running
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	07/14/2022	\$1,492.58
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services, p		Aggregate Year-to-date	\$8,202.28
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	10/31/2022	\$1,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$1,500.00
Full Name	The Vine Bistro	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	222 Howard St.	11/30/2022	\$1,782.00
City, State, Zip Code	Greenwood, MS 38930-4334		
Purpose of Disbursem Event Expenses	nent (Optional)	Aggregate Year-to-date	\$1,782.00
Full Name	CT Corporation	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 4349 Carol Stream	03/15/2022	(\$195.80)
City, State, Zip Code	Carol Stream, IL 60197-4349		
Purpose of Disbursen Refund	nent (Optional)	Aggregate Year-to-date	\$0.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	08/30/2022	\$453.17
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$8,005.72
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	07/29/2022	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$10,800.00

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FU Name :		Date	Aggregate Total Running Amount of each
Full Name	Fields Steak and Oyster Bar	(Mo., Day, Year)	disbursment this period
Mailing Address	111 Main St. Unit A	01/27/2022	\$858.89
City, State, Zip Code	Bay Saint Louis, MS 39520-4525		
Purpose of Disbursem Event Expense - Ca		Aggregate Year-to-date	\$858.89
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	05/18/2022	\$190.84
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem IT Services	ent (Optional)	Aggregate Year-to-date	\$954.35
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	08/31/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$887.31
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	09/16/2022	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$13,800.00
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	05/11/2022	\$881.32
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Catering Event Exp		Aggregate Year-to-date	\$3,239.97
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	10/07/2022	\$1,150.97
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services, p		Aggregate Year-to-date	\$18,533.63

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		Date	Aggregate Total Running Amount of each
Full Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	08/15/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production,		Aggregate Year-to-date	\$3,269.83
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
<i>f</i> ailing Address	200 Pennsylvania Ave. SE	06/23/2022	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$10,050.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	09/02/2022	\$48.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$338.31
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	09/15/2022	\$129.57
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Expense reimburse		Aggregate Year-to-date	\$196,645.53
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	12/05/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$71,500.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	10/03/2022	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburser Storage Fees	ment (Optional)	Aggregate Year-to-date	\$5,494.00

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Full Name	Hotel Indigo	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	09/26/2022	\$8.00
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$8.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	10/03/2022	\$48.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$386.31
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	11/11/2022	\$1,929.83
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services, p		Aggregate Year-to-date	\$22,951.97
Full Name	Longleaf Plantation	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Drawer 511	12/06/2022	\$14,854.96
City, State, Zip Code	Lumberton, MS 39455		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$21,604.96
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	11/15/2022	\$297.60
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$11,429.76
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	10/28/2022	\$861.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$7,253.00

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Cull Name		Date	Aggregate Total Running Amount of each
Full Name	i360, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	29374 Network Place	11/15/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,650.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	03/03/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$108.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	01/14/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$150.00
Full Name	Highball Lanes, Capri, The Pearl	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3019 N State St.	04/05/2022	\$975.00
City, State, Zip Code	Jackson, MS 39216-4204		
Purpose of Disbursem Event Expenses	ent (Optional)	Aggregate Year-to-date	\$975.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	01/31/2022	\$880.19
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing fees	nent (Optional)	Aggregate Year-to-date	\$880.19
Full Name	ProLife Mississippi	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	110 Jones Lane STE C	02/23/2022	\$1,000.00
City, State, Zip Code	Flowood, MS 39232-8899		
Purpose of Disbursem Sponsorship for ev		Aggregate Year-to-date	\$1,000.00

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Full Name		Date	Aggregate Total Running Amount of each
-uii Name	Melissa Hederman	(Mo., Day, Year)	disbursment this period
Mailing Address	3845 Redbud Road	02/09/2022	\$44,260.03
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service	· ·	Aggregate Year-to-date	\$60,000.67
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	07/26/2022	\$658.68
City, State, Zip Code			
Purpose of Disbursen	Annapolis, MD 21401-1534 nent (Optional)	Aggregate	\$2,969.83
Media Production,	Website services	Year-to-date	
Fuli Name	Marisa Farr	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	404 Hidden Hills Court	05/20/2022	\$230.00
City, State, Zip Code	Brandon, MS 39047-4538		
Purpose of Disbursen Event Expenses	nent (Optional)	Aggregate Year-to-date	\$230.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	10/17/2022	\$1,782.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursen Design Services	nent (Optional)	Aggregate Year-to-date	\$4,008.03
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	09/02/2022	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$4,916.00
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	08/04/2022	\$15,969.03
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburser Consulting Service		Aggregate Year-to-date	\$157,401.51

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	.,		Aggregate Total Running
Full Name	Four Seasons	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2 Canal St.	03/08/2022	\$989.71
City, State, Zip Code	New Orleans, LA 70130-1201		
Purpose of Disbursen Travel Expense	nent (Optional)	Aggregate Year-to-date	\$1,514.62
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	12/05/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$78,000.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	03/10/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production	nent (Optional)	Aggregate Year-to-date	\$934.99
Full Name	Museum Of The Mississippi Delta	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1608 Hwy 82 West	12/01/2022	\$590.00
City, State, Zip Code	Greenwood, MS 38930-2725		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$590.00
Full Name	Neshoba County Fair Association	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	16800 Highway 21 S	07/29/2022	\$621.00
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$621.00
Full Name	Dowden Morrow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 96	06/27/2022	\$1,000.00
City, State, Zip Code	Puckett, MS 39151-0096		
Purpose of Disbursen Catering Services	nent (Optional)	Aggregate Year-to-date	\$1,000.00

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	Fresh Cut Catering & Floral	(Mo., Day, Year)	disbursment this period
Mailing Address	108 Cypress Cove	04/20/2022	\$1,681.49
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$1,681.49
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	12/19/2022	\$337.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	nent (Optional)	Aggregate Year-to-date	\$4,683.03
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	11/14/2022	\$244.09
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Catering Event Exp		Aggregate Year-to-date	\$3,903.15
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	06/09/2022	\$116.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursen Postage	ent (Optional)	Aggregate Year-to-date	\$433.80
Full Name	Sweet Tea & Biscuits	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2025 McCullough Blvd	06/15/2022	\$539.22
City, State, Zip Code	Tupelo, MS 38801-7109		
Purpose of Disbursen Event Expense	ent (Optional)	Aggregate Year-to-date	\$539.22
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	04/01/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	nent (Optional)	Aggregate Year-to-date	\$144.00

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Full Name		Date	Aggregate Total Running Amount of each
ruji Naille	Melissa Hederman	(Mo., Day, Year)	disbursment this period
Mailing Address	3845 Redbud Road	03/10/2022	\$4,548.13
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$64,548.80
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	04/04/2022	\$541.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$2,100.00
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	05/04/2022	\$25,842.28
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$94,552.73
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	07/05/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$252.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	07/26/2022	\$463.03
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursen Design Services	nent (Optional)	Aggregate Year-to-date	\$2,000.53
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	11/02/2022	\$578.00
City, State, Zip Code	Flowcod, MS 39232-8978		
Purpose of Disburser Storage Fees	nent (Optional)	Aggregate Year-to-date	\$6,072.00

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Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	01/19/2022	\$170.66
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem	nent (Optional)	Aggregate Year-to-date	\$170.66
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	04/21/2022	\$588.00
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Catering Event Exp		Aggregate Year-to-date	\$1,176.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	03/31/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank fee	nent (Optional)	Aggregate Year-to-date	\$335.88
Full Name	CT Corporation	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 4349 Carol Stream	12/05/2022	\$205.70
City, State, Zip Code	Carol Stream, IL 60197-4349		
Purpose of Disbursen MS Domestic Repr	* *	Aggregate Year-to-date	\$205.70
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	04/29/2022	\$1,021.56
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$2,402.64
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	03/14/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen	nent (Optional)	Aggregate	\$134.94

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		Date	Aggregate Total Running Amount of each
Full Name	Hederman Brothers	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 1036	09/26/2022	\$1,167.46
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services, p		Aggregate Year-to-date	\$17,382.66
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	12/19/2022	\$3,117.82
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursem Accounting Service	• -	Aggregate Year-to-date	\$11,406.90
Full Name	USPS	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E South St.	12/07/2022	\$123.49
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursem Postage	ent (Optional)	Aggregate Year-to-date	\$423.49
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	01/04/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$6,500.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	01/21/2022	\$3,718.70
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services, p		Aggregate Year-to-date	\$3,718.70
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	08/15/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,200.00

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Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address			\$1,225.20
	PO Drawer 22507	02/23/2022	Ψ1,220.20
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursen	· ·	Aggregate Year-to-date	\$1,225.20
Accounting Service	98	Date	Amount of each
Full Name	Aristotle International, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	02/04/2022	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$3,750.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	07/29/2022	\$1,485.46
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$7,552.55
Full Name	Refreshments INC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	101 W Linden St	05/19/2022	\$882.00
City, State, Zip Code	Corinth, MS 38834-4653		
Purpose of Disbursen Event Expenses C		Aggregate Year-to-date	\$882.00
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	11/29/2022	\$390.55
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$390.55
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	06/02/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disburser Email Services	nent (Optional)	Aggregate Year-to-date	\$216.00

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Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	05/31/2022	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank fee	nent (Optional)	Aggregate Year-to-date	\$556.53
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	05/31/2022	\$4,927.37
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursen Accounting Service		Aggregate Year-to-date	\$6,152.57
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	02/23/2022	\$401.38
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$9,386.09
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	12/05/2022	\$180.52
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	\$2,054.29
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	11/30/2022	\$534.80
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$13,169.04
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	06/10/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production	nent (Optional)	Aggregate Year-to-date	\$1,861.15

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Full Name		Date	Aggregate Total Running Amount of each
-uii Name	Aristotle International, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	10/17/2022	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$14,550.00
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	04/18/2022	\$242.15
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem IT Services	ent (Optional)	Aggregate Year-to-date	\$763.51
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	01/31/2022	\$110.39
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$110.39
Full Name	Dixie National Sale of Junior Champions	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 36	12/07/2022	\$1,000.00
City, State, Zip Code	Mississippi State, MS 39762-0036		
Purpose of Disbursem Advertising	ent (Optional)	Aggregate Year-to-date	\$1,000.00
Full Name	USPS	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E South St.	12/08/2022	\$480.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursem Postage	ent (Optional)	Aggregate Year-to-date	\$903.49
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	06/08/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$269.88

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Full Name		Date	Aggregate Total Running Amount of each
Full Name	Hederman Brothers	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 1036	12/27/2022	\$6,439.70
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services,		Aggregate Year-to-date	\$29,391.67
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	01/04/2022	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$509.00
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	11/30/2022	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursen Consulting	nent (Optional)	Aggregate Year-to-date	\$6,000.00
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	03/14/2022	\$205.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursen Legal Fees	nent (Optional)	Aggregate Year-to-date	\$1,517.00
Full Name	Hampton Inn	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2107 Highway 72 West,	05/18/2022	\$135.16
City, State, Zip Code	Corinth, MS 38834-5453		
Purpose of Disbursen Travel Expense	nent (Optional)	Aggregate Year-to-date	\$231.16
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	01/03/2022	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$36.00

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		Dete T	Aggregate Total Running Amount of each
Full Name	Google Gsuite	Date (Mo., Day, Year)	disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	11/02/2022	\$48.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$434.31
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	06/06/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$39,000.00
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	07/20/2022	\$190.84
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	\$1,336.03
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	12/31/2022	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursen Consulting	nent (Optional)	Aggregate Year-to-date	\$9,000.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	09/06/2022	\$4.97
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank Fee	nent (Optional)	Aggregate Year-to-date	\$892.28
Full Name	Fresh Cut Catering & Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	108 Cypress Cove	11/02/2022	\$427.50
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$5,328.81

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Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	11/02/2022	\$180.52
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	\$1,873.77
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	130 Eagles Nest Cr	03/10/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$19,500.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	04/18/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$600.00
ull Name	Anchuca	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1010 First East St.	12/09/2022	\$1,800.00
City, State, Zip Code	Vicksburg, MS 39183-2513		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$1,800.00
ull Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	08/24/2022	\$2,705.04
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disburser Printing Services	nent (Optional)	Aggregate Year-to-date	\$16,441.94
ull Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	401 E. South Street	02/09/2022	\$312.00
city, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburser PO Box Renewal	nent (Optional)	Aggregate Year-to-date	\$317.80

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		Dete	Aggregate Total Running Amount of each
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	disbursment this period
Mailing Address	642 Hwy 469 S	04/04/2022	\$456.14
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$9,842.23
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	08/11/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services	• •	Aggregate Year-to-date	\$52,000.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	01/27/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$89.96
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	07/26/2022	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$3,760.00
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	12/21/2022	\$1,805.63
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$4,425.50
Full Name	Hotel Indigo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	10/12/2022	\$119.90
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$247.80

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Cell Mana		Date	Amount of each
Full Name	i360, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	29374 Network Place	03/14/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$450.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	12/02/2022	\$48.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	nent (Optional)	Aggregate Year-to-date	\$482.31
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	09/02/2022	\$176.70
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$1,512.73
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	05/18/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$750.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	04/29/2022	\$110.39
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	nent (Optional)	Aggregate Year-to-date	\$446.27
Full Name	Anchuca	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1010 First East St.	12/21/2022	\$330.00
City, State, Zip Code	Vicksburg, MS 39183-2513		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$5,469.60

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Full Name		Date	Amount of each
-uii Naille	Melissa Hederman	(Mo., Day, Year)	disbursment this period
Mailing Address	3845 Redbud Road	07/19/2022	\$18,456.22
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service	• • •	Aggregate Year-to-date	\$141,432.48
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	09/06/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$58,500.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	06/14/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$900.00
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	11/30/2022	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$4,000.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	08/02/2022	\$38.31
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$290.31
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	01/31/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$13,000.00

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Full Name		Date	Aggregate Total Running Amount of each
-uii Name	1Vision	(Mo., Day, Year)	disbursment this period
Mailing Address	9346 Telge Road	02/21/2022	\$70.20
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$1,513.76
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	11/14/2022	\$100.00
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Catering Event Exp		Aggregate Year-to-date	\$4,003.15
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	08/11/2022	\$225.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$2,225.53
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	03/07/2022	\$4.97
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$225.62
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	08/04/2022	\$2,136.51
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursem Accounting Service		Aggregate Year-to-date	\$8,289.08
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	03/14/2022	\$150.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$562.50

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		Date	Aggregate Total Running Amount of each
Full Name	WinRed	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 9891	06/30/2022	\$2,386.35
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing fees	ent (Optional)	Aggregate Year-to-date	\$6,067.09
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	10/28/2022	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$2,000.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	07/14/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$45,500.00
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	09/06/2022	\$39,114.45
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$196,515.96
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	10/12/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	ent (Optional)	Aggregate Year-to-date	\$459.80
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	12/12/2022	\$57.34
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$563.54

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Cull Name		Date	Aggregate Total Running Amount of each
Full Name	Iron Horse Grill	(Mo., Day, Year)	disbursment this period
Mailing Address	320 W Pearl St.	11/04/2022	\$419.09
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disburser Catering Event Ex		Aggregate Year-to-date	\$3,659.06
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	06/14/2022	\$190.84
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disburser IT Services	ment (Optional)	Aggregate Year-to-date	\$1,145.19
Full Name	Kiawah Island Golf Resort	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1 Sanctuary Beach Dr	02/14/2022	\$305.10
City, State, Zip Code	Johns Island, SC 29455-5434		
Purpose of Disburser Travel Expense	ment (Optional)	Aggregate Year-to-date	\$305.10
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	03/21/2022	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disburser Data Services	ment (Optional)	Aggregate Year-to-date	\$6,300.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	09/30/2022	\$3,291.87
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursel Processing fees	ment (Optional)	Aggregate Year-to-date	\$11,297.59
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	01/04/2022	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disburser Data Services	ment (Optional)	Aggregate Year-to-date	\$2,550.00

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Full Name		Date	Aggregate Total Running Amount of each
	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	12/13/2022	\$508.96
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production, V		Aggregate Year-to-date	\$4,978.79
Full Name	Fresh Cut Catering & Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	108 Cypress Cove	05/17/2022	\$2,504.82
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$4,186.31
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	04/05/2022	\$4,033.70
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$68,582.50
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	05/17/2022	\$1,020.37
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$1,020.37
Full Name	CT Corporation	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 4349 Carol Stream	01/04/2022	\$195.80
City, State, Zip Code	Carol Stream, IL 60197-4349		
Purpose of Disbursem MS Domestic Repr		Aggregate Year-to-date	\$195.80
Full Name	Rankin County Republican Women	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 320369	09/15/2022	\$500.00
City, State, Zip Code	Flowood, MS 39232-0369		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$500.00

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			Aggregate Total Running
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4333 Amon Carter Blvd	12/14/2022	\$62.95
City, State, Zip Code	Fort Worth, TX 76155-2605		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$1 ,611.99
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	04/28/2022	\$1,182.65
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Catering Event Exp		Aggregate Year-to-date	\$2,358.65
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	03/16/2022	\$180.04
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$521.36
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	05/02/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$32,500.00
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	11/11/2022	\$820.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$8,073.00
Full Name	InCare Technologies, Inc/Thrive	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	10/03/2022	\$180.52
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$1,693.25

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Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
	Officessage, Inc.	(MO., Day, Year)	dispuisment this period
Mailing Address	705 Melvin Ave #105	10/13/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production,		Aggregate Year-to-date	\$4,169.83
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/14/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production,		Aggregate Year-to-date	\$3,569.83
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	10/31/2022	\$112.50
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursen Travel expenses	nent (Optional)	Aggregate Year-to-date	\$1,612.50
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	01/21/2022	\$2,991.00
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$6,709.70
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	06/06/2022	\$28,423.53
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$122,976.26
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	03/16/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media Production	nent (Optional)	Aggregate Year-to-date	\$1,234.99

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Full Name	Aristotle International, Inc.	Date (Me. Day Year)	Aggregate Total Running Amount of each disbursment this period
	Anstolie international, inc.	(Mo., Day, Year)	dispursment this period
Mailing Address	200 Pennsylvania Ave. SE	05/05/2022	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	nent (Optional)	Aggregate Year-to-date	\$7,500.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	05/19/2022	\$187.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$1,275.00
Full Name	Fresh Cut Catering & Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	108 Cypress Cove	10/17/2022	\$715.00
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$4,901.31
Full Name	Fields Steak and Oyster Bar	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	111 Main St. Unit A	01/27/2022	\$11.63
City, State, Zip Code	Bay Saint Louis, MS 39520-4525		
Purpose of Disbursem Catering for event	ent (Optional)	Aggregate Year-to-date	\$870.52
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	10/17/2022	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$15,000.00
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	04/01/2022	\$588.00
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Catering Event Exp		Aggregate Year-to-date	\$588.00

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		Data	Aggregate Total Running Amount of each
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	disbursment this period
Mailing Address	130 Eagles Nest Cr	10/07/2022	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$65,000.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	01/04/2022	\$8,984.71
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$8,984.71
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	01/18/2022	\$894.90
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Reimbursement of		Aggregate Year-to-date	\$894.90
Full Name	Allison Muirhead Photography	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	516 Silverstone Drive	12/05/2022	\$588.50
City, State, Zip Code	Madison, MS 39110-7647		
Purpose of Disbursem Photography Service		Aggregate Year-to-date	\$588.50
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	07/29/2022	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$11,250.00
Full Name	Office Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4950 I-55 North	11/30/2022	\$611.87
City, State, Zip Code	Jackson, MS 39211-5401		
Purpose of Disbursem	ent (Optional)	Aggregate	\$611.87

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			Aggregate Total Running Amount of each
Full Name	i360, LLC	Date (Mo., Day, Year)	disbursment this period
Mailing Address	29374 Network Place	10/12/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$1,500.00
Full Name	Giles Ward	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	400 N COLUMBUS AVE	07/14/2022	\$665.00
City, State, Zip Code	Louisville, MS 39339-2318		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$665.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	04/18/2022	\$326.16
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production	nent (Optional)	Aggregate Year-to-date	\$1,561.15
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	09/21/2022	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$1,350.00
Full Name	The Vine Bistro	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	222 Howard St.	11/30/2022	\$250.00
City, State, Zip Code	Greenwood, MS 38930-4334		
Purpose of Disbursen Event Expenses	nent (Optional)	Aggregate Year-to-date	\$2,032.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	01/10/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$44.98

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Full Name		Date	Aggregate Total Running Amount of each
	Snapshot Publishing LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 320925	06/14/2022	\$262.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	nent (Optional)	Aggregate Year-to-date	\$1,537.50
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	12/27/2022	\$1,000.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursem Qualifying Fee for (Aggregate Year-to-date	\$1,000.00
Full Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	06/23/2022	\$7,754.20
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$13,736.90
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	01/14/2022	\$334.99
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production	nent (Optional)	Aggregate Year-to-date	\$334.99
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	02/28/2022	\$432.95
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$1,313.14
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	01/27/2022	\$45.21
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Reimbursement of		Aggregate Year-to-date	\$940.11

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Full Name		Date	Amount of each
ruli Name	Storagemax	(Mo., Day, Year)	disbursment this period
Mailing Address	4600 Lakeland Drive	06/02/2022	\$541.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	nent (Optional)	Aggregate Year-to-date	\$3,182.00
Full Name	Nathan Barrett	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10117 Skyhawk Ct	12/27/2022	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532-8062		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$2,000.00
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	02/02/2022	\$5.80
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursem Postage	nent (Optional)	Aggregate Year-to-date	\$5.80
Full Name	Anchuca	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1010 First East St.	12/09/2022	\$3,339.60
City, State, Zip Code	Vicksburg, MS 39183-2513		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$5,139.60
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	02/23/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production	nent (Optional)	Aggregate Year-to-date	\$634.99
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/16/2022	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen	nent (Optional)	Aggregate	\$3,869.83

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Hallic of Gallaraut		1	12/31/2022			
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			Aggregate Total Running
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	04/20/2022	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	nent (Optional)	Aggregate Year-to-date	\$179.92

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Name of Candidate or Committee Tate to Governor	
Reporting period Janvan 2022 through December 31, 2022	TITIONIC
ITEMIZED RECEIPTS – IN-KIND CONTRIB	UTIONS
A. Source: Corporation OPAC OIndividual Loan	Date (Mo., Day, Year)
Full name	
Longleat Plantation	10/28/22
Mailing Address Po Diawer 511	Estimated Amount of
City, State, Zip Code July	In-Kind Contribution*
Name of Employer (Required)	\$1,000.00
Occupation (Required)	341 K 1
In-Kind Description:	
In-kind: event expenses catering	
D. C.	<u> </u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)
Full name	1/21/22
Mailing Address Mailing Address	Estimated
PO BOX 1036	Amount of
City, State, Zip Code Madison MS 39130	In-Kind Contribution*
Name of Employer (Required)	\$500.00
Occupation (Required)	
In-Kind Description:	
in die 1. mantine demice C	
in-kind: printing vervices	

^{*} Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

The Contractor	$\frac{2}{2}$ of $\frac{2}{2}$
ITEMIZED RECEIPTS — IN-KIND CONTRIB	UTIONS
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)
Full name	5/13/22
Mailing Address Mailing Address	
1300 Driftwood St.	Estimated Amount of
City, State, Zip Code	In-Kind Contribution*
Name of Employer (Required)	
Sat	\$2,066.62
Occupation (Required)	
In-Kind Description:	
M-Kind: event expenses/catering	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)
Full name John Morgan	8/17/22
Mailing Address Po Box 309 City. State. Zip Code	Estimated Amount of In-Kind Contribution*
Name of Employer (Required)	
Margan White Grap	\$11,854.10
Occupation (Required)	
In-Kind Description: 11 - Kind: event expenses catering	

^{*} Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.