2023 ELECTION CYCLE	Michael Watson SECRETARY OF STATE
Candidate's Comm	
REPORT OF RECEIPTS AND D	ISBURSEMENTS
2023 Election	RECEIVED
	By Secretary of State Elections Division at 4:37 pm, Aug 01, 2023
Name of Candidate Tate for Governor	
Address PO Box 24355	City/Zip Jackson 39225
Telephone (Work) (Fax)	
Treasurer Knistin Muderitt Email Address	
Office Sought COVENDON Party Affiliation	
Check here if above information is different from previous report	
TYPE OF REPORT	
May 10, 2023 Periodic Report (January 1, 2023, through April 30, 2023))Mandatory
June 9, 2023 Periodic Report (May 1, 2023, through May 31, 2023)	Mandatory
July 10, 2023 Periodic Report (June 1, 2023, through June 30, 2023)	
August 1, 2023 Primary Pre-Election Report (July 1, 2023, through Ju	ly 29, 2023) Mandatory
August 22, 2023 Primary Pre-Runoff Report (July 30, 2023, through A	ugust 19, 2023)Runoff Candidates Only
October 10, 2023 Periodic Report (July 1, 2023, through September 30	0, 2023) Mandatory
October 31, 2023 Pre-Election Report (October 1, 2023, through Octo	ber 29, 2023) Mandatory
November 21, 2023 Pre-Runoff Report (October 30, 2023, through No	vember 19, 2023) Runoff Candidates Only
January 10, 2024 Periodic Report (October 1, 2023, through Decembe	er 31, 2023) Mandatory
Termination Report (Committee will no longer accept contributions, ma campaign expenditures, has no outstanding campaign debt obligation a zero cash on hand balance)	
IMPO	DRTANT
(1) All candidates for office, and their political committees if organized as they are to be elected.	such, shall file periodic reports in the year in which
(2) Periodic Reports are mandatory, even if no expenditures were made du submit a report indicating "0" (zero) for total amount of reported contri Pre-Election reports are mandatory if the candidate is opposed.	uring the period. In such case, the committee shall butions and/or expenditures during this period.
(3) Until a candidate files a Termination Report, all campaign finance discl Code Ann. § 23-15-807 (b) (ii) and (iii).	osure reports must be filed in accordance with Miss. sos 10-2022

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

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

JAN. 1, 2023 CASH ON HAND BALANCE

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

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

JAN. 1, 2023 CASH ON HAND BALAN	\$5,899,590.03			
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$304,873.97	\$4,238.00	\$309,111.97	\$3,733,016.16
TOTAL AMT OF DISBURSEMENTS	\$553,629.35	\$2,285.12	\$555,914.47	\$2,217,434.42
CASH ON HAND BALANCE				\$7,415,171.77

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

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

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

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

8/1/2023 Date

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

Tate for Governor

Page Page 1 of 37

Reporting Period _____07/01/2023

through _____07/29/2023

	The second se	Amount of each
Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	receipt this period
Full Name Rebecca Combs-Dulaney	07/13/2023	\$1,000.00
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	\$11,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify) LLC	(moi, buy, rour)	this period
Full Name Tellus Operating Group LLC	07/13/2023	\$1,000.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
Name of Employer (Required)		5
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	Contraction of the second s	
Source: Corporation PAC * Individual Loan	Data	Amount of each
Source: Corporation PAC I Individual Loan	Date (Mo. Day Year)	receipt
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	
	and the second second second second	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marcus J. Martin	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marcus J. Martin Mailing Address PO Box 303 City. State Zip Code	(Mo., Day, Year)	receipt this period
Control of Competition Compet	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marcus J. Martin Mailing Address PO Box 303 City, State, Zip Code Laurel, MS 39441-0303 Name of Employer (Required) CRI Occupation (Required) CPA	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date	receipt this period \$3,000.00
Other (please specify) Full Name Marcus J. Martin Mailing Address PO Box 303 City, State, Zip Code Laurel, MS 39441-0303 Name of Employer (Required) CRI Occupation (Required) CRI	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$3,000.00 \$3,000.00 \$3,000.00 Amount of each receipt
Other (please specify) Full Name Marcus J. Martin Mailing Address PO Box 303 City, State, Zip Code Laurel, MS 39441-0303 Name of Employer (Required) CRI Occupation (Required) CPA	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date	receipt this period \$3,000.00 \$3,000.00 \$3,000.00 Amount of each
□ Other (please specify) Full Name Marcus J. Martin Mailing Address PO Box 303 City, State, Zip Code Laurel, MS 39441-0303 Name of Employer (Required) CRI Occupation (Required) CPA Source: □ Corporation □ PAC ** Individual □ Loan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$3,000.00 \$3,000.00 \$3,000.00 Amount of each receipt
City, State, Zip Code Laurel, MS 39441-0303 Name of Employer (Required) CRI Occupation (Required) CPA Source: Corporation PAC * Individual Loan Cother (please specify) Full Name	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$3,000.00 \$3,000.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$3,000.00 \$3,000.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$3,000.00 \$3,000.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$3,000.00 \$3,000.00 Amount of each receipt this period

Tate for Governor

Page Page 2 of 37

Reporting Period _____07/01/2023

through _____07/29/2023

Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Sean Akins	07/17/2023	\$500.00
Mailing Address 103 Forest Gate Road		
City, State, Zip Code Ripley, MS 38663-9050		
Name of Employer (Required) Akins & Adams, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Staten	07/10/2023	\$250.00
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	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	1110-02010030-0	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy S Oubre Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy S Oubre Mailing Address PO Box 464 City: State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy S Oubre Mailing Address PO Box 464 City, State, Zip Code Marion, MS 39342-0464	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy S Oubre Mailing Address PO Box 464 City, State, Zip Code Marion, MS 39342-0464 Name of Employer (Required) Oubre Partners LP Occupation (Required)	(Mo., Day, Year) 07/18/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Billy S Oubre Mailing Address PO Box 464 City, State, Zip Code Marion, MS 39342-0464 Name of Employer (Required) Oubre Partners LP Occupation (Required) Executive Source: Corporation Executive	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 \$500.00 Amount of each receipt
□ Other (please specify) Full Name Billy S Oubre Mailing Address PO Box 464 City, State, Zip Code Marion, MS 39342-0464 Name of Employer (Required) Oubre Partners LP Occupation (Required) Executive Source: □ Corporation Individual □ Loan □ Other (please specify)	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify)	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/18/2023 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	Tate for Governo	r			
Reporting Period 07/01/2023		_ through _	07/29/2023		
			CEIPTS		
Source: Corporation PAC	Individual	🛛 Loan		Date	Amount of each receipt
Ti Other (please specify)	ust			(Mo., Day, Year)	this period
Full Name The George R Rea, Jr. Rev	vocable Trust			07/13/2023	\$250.00
Mailing Address 509 North Hills St.					
City, State, Zip Code Meridian, MS 3930	05-2038				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC	□ Individual _C	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryant Songy Snell LLC			-	07/24/2023	\$1,000.00
Mailing Address 300 Concourse Blvd #	103				•
City, State, Zip Code Ridgeland, MS 39	157-2059				
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 Mack Grubbs				07/17/2023	\$1,000.00
Mailing Address 6507 Hwy 98 W					
City, State, Zip Code Hattiesburg, MS 3	9402				
Name of Employer (Required) Mack	Grubbs Ford, Inc.				
Occupation (Required) Owner				Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC	Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fondren Construction LLC				07/24/2023	\$1,000.00
Mailing Address 1635 Lelia Dr. STE 10)2				
City, State, Zip Code Jackson, MS 392	16-4876				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$1,000.00

Page Page 3 of 37

Name of Candidate or Committee	Tate for Governor		
Reporting Period07/01/2023	through	07/29/2023	<u></u>
	ITEMIZED RE	CEIPTS	
Source: Corporation PAC	Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Turner State Rep Distr	ict 18 Campaign	07/04/2023	\$2,500.00
Mailing Address 1290 Carrollville Ave			
City, State, Zip Code Baldwyn, MS 38824	4-1109		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$2,500.00
Source: TCorporation PAC	🛛 Individual 🗍 Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association Of H	lealth Plans	07/10/2023	\$1,000.00
Mailing Address 200 North Congress St	Ste 201		
City, State, Zip Code Jackson, MS 3920	1		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC	□ Individual □ Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Behavioral Heal	th Services, LLC	07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. S	TE 900		
City, State, Zip Code Bossier City, LA 71	111		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$1,000.00
Source: Corporation I PAC	🗆 Individual 🔲 Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Financial Service Centers of	of MS PAC	07/24/2023	\$1,000.00
Mailing Address 735 Shady Oaks Cir			
City, State, Zip Code Oxford, MS 38655	-5450		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$1,000.00

Page Page 4 of 37

Tate for Governor

Page Page 5 of 37

Reporting Period _____07/01/2023

_ through _____07/29/2023

Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Carmichael	07/13/2023	\$500.00
Mailing Address PO Box 8		
City, State, Zip Code Meridian, MS 39302-0008		
Name of Employer (Required) Missouth Construction		
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 Wood Oilfield Services	07/24/2023	\$100.00
Mailing Address 61 Magee Hill Road		
City, State, Zip Code Tylertown, MS 39667-5031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	27502.000940-	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Morgan	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Morgan Mailing Address 3714 Lauderdale Road City: State Zip Code	(Mo., Day, Year)	receipt this period
Control of Context (please specify) Full Name Ralph Morgan Mailing Address 3714 Lauderdale Road City, State, Zip Code Lauderdale, MS 39335-9632 Name of Employer (Paguired)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Morgan Mailing Address 3714 Lauderdale Road City, State, Zip Code Lauderdale, MS 39335-9632 Name of Employer (Required) Ralph Morgan Logging Occupation (Required) Ralph Morgan Logging	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$500.00
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 \$500.00 Amount of each receipt
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/13/2023 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	Tate for Governor			
Reporting Period07/01/2023	through	07/29/2023		
	ITEMIZED RE	CEIPTS		
Source: TCorporation PAC	🛛 Individual 🔲 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Penn Entertainment, Inc.			07/28/2023	\$1,000.00
Mailing Address 825 Berkshire Blvd ST	E 200			
City, State, Zip Code Reading, PA 1961	0-1247			
Name of Employer (Required)				an ann an an Anna an An
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 William Simmons			07/13/2023	\$1,000.00
Mailing Address 1300 Ridgeview Cir				
City, State, Zip Code Meridian, MS 393	05-2743			
Name of Employer (Required) Glover	, Young, Walton and Simmons, F	PLLC		
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
Full Name Rehab Services Of CENLA	A, LLC		07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. S	STE 900			
City, State, Zip Code Bossier City, LA 7	1111-2455			
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 Marshall Bennett			07/20/2023	\$1,000.00
Mailing Address 1803 Howard St.				
City, State, Zip Code Jackson, MS 392	02-1326			
Name of Employer (Required) Wolf F	Popper LLP			
Occupation (Required) Attorney			Aggregate Year-to-date	\$2,000.00

Page Page 6 of 37

Tate for Governor

Page Page 7 of 37

Reporting Period _____07/01/2023

_ through _____07/29/2023

	1 1	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name Steve Grantham	07/02/2023	\$1,000.00
Mailing Address P.O. Box 13021		
City, State, Zip Code Jackson, MS 39236-3021		
Name of Employer (Required) J&R Restaurant Group		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ryan Scott Zingery	07/20/2023	\$20,000.00
Mailing Address 105 Millwood Dr.		
City, State, Zip Code Fort Mill, SC 29715-8356		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$20,000.00
Source: Corporation I PAC I Individual Loan	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) Mississippi Associated Builders and Contractors PAC	Date (Mo., Day, Year)	receipt this period
Other (please specify) Other (please specify) Mississippi Associated Builders and Contractors PAC Mailing Address PO Box 16522 City. State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Associated Builders and Contractors PAC Mailing Address PO Box 16522 City, State, Zip Code Jackson, MS 39236-6522	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Associated Builders and Contractors PAC Mailing Address PO Box 16522 City, State, Zip Code Jackson, MS 39236-6522 Name of Employer (Required)	Date (Mo., Day, Year) 07/13/2023	receipt this period \$25,000.00
Other (please specify) Full Name Mississippi Associated Builders and Contractors PAC Mailing Address PO Box 16522 City, State, Zip Code Jackson, MS 39236-6522 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/13/2023 07/13/2023 Aggregate Year-to-date Date	receipt this period \$25,000.00 \$25,000.00 \$25,000.00 Amount of each receipt
Other (please specify) Full Name Mississippi Associated Builders and Contractors PAC Mailing Address PO Box 16522 City, State, Zip Code Jackson, MS 39236-6522 Name of Employer (Required) Occupation (Required) Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/13/2023 07/13/2023 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)	Date (Mo., Day, Year) 07/13/2023 07/13/2023 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 Mailing Address PO Box 16522 City, State, Zip Code Jackson, MS 39236-6522 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Mays Mailing Address PO Box 248	Date (Mo., Day, Year) 07/13/2023 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period

Name of Candidate or Committee	Tate for Governor		
Reporting Period 07/01/2023	through07/29/2023		
	ITEMIZED RECEIPTS	2	
		J	
Source: Corporation PAC	Individual Loan	Date	Amount of each receipt
• • • • • • • • • • • • • • • • •	.C	(Mo., Day, Year)	this period
Full Name Chip Reno & Associates, L	LC	07/13/2023	\$5,000.00
Mailing Address 747 Arlington St.			
City, State, Zip Code Jackson, MS 3920	2-1617		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC	☐ Individual ☐ Loan _C	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Casino Vicksburg LLC		07/24/2023	\$5,000.00
Mailing Address PO Box 820668			
City, State, Zip Code Vicksburg, MS 39	182-0668		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC	Individual I Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Corbitt Public Adjusting LL	C	07/21/2023	\$250.00
Mailing Address 114 Main St. STE 107			
City, State, Zip Code Bay Saint Louis, M			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AS 39520-4526		
Name of Employer (Required)	AS 39520-4526		
Name of Employer (Required) Occupation (Required)	AS 39520-4526	Aggregate Year-to-date	\$10,250.00
Occupation (Required) Source: Corporation PAC	AS 39520-4526		\$10,250.00 Amount of each receipt this period
Occupation (Required) Source: Corporation PAC	□ Individual □ Loan LC	Year-to-date Date	Amount of each receipt
Occupation (Required) Source: Corporation PAC TOTHER (please specify)	□ Individual □ Loan LC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Tother (please specify) Full Name Altria Client Services, LLC	Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Tother (please specify) Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City: State Zip Code	Individual Loan	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

Page Page 8 of 37

Name of Candidate or Committee	Tate for Governo	r		•	
Reporting Period 07/01/2023		_ through _	07/29/2023		
	ITEMIZI	ED RE	CEIPTS		
Source: TCorporation PAC	🗖 Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Stroud Agency Inc				07/10/2023	\$250.00
Mailing Address 213 Hwy 30 W	100 - William - 11-12-				
City, State, Zip Code New Albany, MS 3	88652-3111				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC	Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Mack Varner				07/18/2023	\$250.00
Mailing Address 1110 Jackson St.					
City, State, Zip Code Vicksburg, MS 39	183-2538				
Name of Employer (Required) Self Er	nployed				
Occupation (Required) Attorney				Aggregate Year-to-date	\$250.00
Source: Corporation PAC	Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura McMaster			*	07/17/2023	\$250.00
Mailing Address 113 Oakhurst Trail					
City, State, Zip Code Ridgeland, MS 39	157				
Name of Employer (Required) Self					
Occupation (Required) Business				Aggregate Year-to-date	\$1,250.00
Source: 🗶 Corporation 🛛 PAC	🛛 Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornerstone Government	Affairs, Inc.			07/10/2023	\$1,000.00
Mailing Address 800 Maine Avenue SV	N, 7th Floor				
City, State, Zip Code Washington, DC	20024-2805				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$1,000.00

Page Page 9 of 37

Tate for Governor

Page Page 10 of 37

Reporting Period _____07/01/2023

through _____07/29/2023

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stan Roberts	07/05/2023	\$500.00
Mailing Address 4 Sheffield Ct.		
City, State, Zip Code Jackson, MS 39211-5756		
Name of Employer (Required) Capital Transport Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zemek	07/01/2023	\$150.00
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	\$1,200.00
Source: Corporation PAC Individual Loan	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 Oceans Acquisition Inc.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required)	Date (Mo., Day, Year) 07/28/2023	receipt this period \$1,000.00
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required) Occupation (Required) Source: Corporation PAC * Individual Loan	Date (Mo., Day, Year) 07/28/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)	Date (Mo., Day, Year) 07/28/2023 07/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required) Occupation (Required) Source: Corporation PAC * Individual Loan Other (please specify) Full Name Daniel N Holland	Date (Mo., Day, Year) 07/28/2023 07/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/28/2023 07/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period

Tate for Governor

Page Page 11 of 37

Reporting Period _____07/01/2023

_ through _____07/29/2023

Source: Corporation PAC * Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Kloss	07/15/2023	\$250.00
Mailing Address 453 Saylor Drive		
City, State, Zip Code Biloxi, MS 39531-2225		
Name of Employer (Required) retired		e o Adapte en en en antigen en e
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clarke Reed	07/18/2023	\$500.00
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	\$1,500.00
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 Yukio Tashiro Mailing Address	(Mo., Day, Year)	receipt this period
City State Zip Code Other (please specify) Full Name Yukio Tashiro 208 Crowe Lane	(Mo., Day, Year)	receipt this period
City, State, Zip Code Nicholasville, KY 40356-3009 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Yukio Tashiro Mailing Address 208 Crowe Lane City, State, Zip Code Nicholasville, KY 40356-3009 Name of Employer (Required) N/A Occupation (Required) N/A	(Mo., Day, Year) 07/17/2023 Aggregate	receipt this period \$100.00
Other (please specify) Full Name Yukio Tashiro Mailing Address 208 Crowe Lane City, State, Zip Code Nicholasville, KY 40356-3009 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$240.00 Amount of each receipt
Other (please specify) Full Name Yukio Tashiro Mailing Address 208 Crowe Lane City, State, Zip Code Nicholasville, KY 40356-3009 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$240.00 Amount of each receipt this period
Other (please specify) Full Name Yukio Tashiro Mailing Address 208 Crowe Lane City, State, Zip Code Nicholasville, KY 40356-3009 Name of Employer (Required) N/A Occupation (Required) N/A Occupation (Required) Retired Source: Corporation PAC Other (please specify)	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$240.00 Amount of each receipt this period
□ Other (please specify) Full Name Yukio Tashiro Mailing Address 208 Crowe Lane City, State, Zip Code Nicholasville, KY 40356-3009 Name of Employer (Required) N/A Occupation (Required) N/A Source: □ Corporation □ PAC ⊡ Individual □ Loan □ Other (please specify)	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$240.00 Amount of each receipt this period

Name of Candidate or Committee	Tate for Govern
	and the second se

Page Page 12 of 37

Reporting Period	07/01/2023
reporting r criou	and the second se

or Governor

ITEMIZED RECEIPTS

_ through _

07/29/2023

Source: Corporation PAC I Individual Loan	1	Amount of each
Source: Corporation C PAC L Individual C Loan	Date (Mo., Day, Year)	receipt this period
Full Name James W. Rawlings	07/15/2023	\$250.00
Mailing Address 1078 Daffodil Lane		
City, State, Zip Code Summit, MS 39666-7985		
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 Mitchell Metal Products Inc.	07/20/2023	\$1,000.00
Mailing Address PO Box 789		
City, State, Zip Code Kosciusko, MS 39090-0789		
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
	1020A0A0A05A801	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy L. Pierce Mailing Address	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362	(Mo., Day, Year)	receipt this period
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	(Mo., Day, Year) 07/08/2023 Aggregate	receipt this period \$250.00
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	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$650.00 Amount of each receipt
□ Other (please specify)	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00 Amount of each receipt this period

Page Page 13 of 37

07/01/2023 Reporting Period _

07/29/2023 _ through _

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Justus	07/13/2023	\$500.00
Mailing Address 1411 23rd Ave	5	
City, State, Zip Code Meridian, MS 39301-4024		
Name of Employer (Required) Self Employed		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Billy Hewes	07/18/2023	\$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 I Individual Loan	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 David Joseph Hardy Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Joseph Hardy Mailing Address 1091 Tommy Munro Drive City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Biloxi, MS 39532-2100 City Generation Content of Employer (Beguired)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Joseph Hardy Mailing Address 1091 Tommy Munro Drive City, State, Zip Code Biloxi, MS 39532-2100 Name of Employer (Required) Eley Guild Hardy Architects PA Occupation (Required) Eley Guild Hardy Architects PA	Date (Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name David Joseph Hardy Mailing Address 1091 Tommy Munro Drive City, State, Zip Code Biloxi, MS 39532-2100 Name of Employer (Required) Eley Guild Hardy Architects PA Occupation (Required) Architect Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name David Joseph Hardy Mailing Address 1091 Tommy Munro Drive City, State, Zip Code Biloxi, MS 39532-2100 Name of Employer (Required) Eley Guild Hardy Architects PA Occupation (Required) Architect Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period

Tate for Governor

Page Page 14 of 37

Reporting Period ____07/01/2023

_ through ____07/29/2023

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ricky Caplin	07/20/2023	\$2,500.00
Mailing Address 6440 Southpoint Parkway STE 300		
City, State, Zip Code Jacksonville, FL 32216-8003		
Name of Employer (Required) Caplin Family Offices		
Dccupation (Required) CEO	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey B. Olson	07/10/2023	\$250.00
Mailing Address 401 Adams Ave.		
City, State, Zip Code New Albany, MS 38652-4006		
Name of Employer (Required) City		
Dccupation (Required) Alderman	Aggregate Year-to-date	\$250.00
Source: Corporation I PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tourism Mississippi PAC	07/10/2023	\$5,000.00
Mailing Address PO Box 2745		
City, State, Zip Code Madison, MS 39130-2745		
Name of Employer (Required)		na anna ann an Anna an Anna an Anna Cao
Dccupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Max A Phillips	07/21/2023	\$500.00
Mailing Address 1207 Scr 8		
City, State, Zip Code Taylorsville, MS 39168-5153		
Name of Employer (Required) N/A		
	Aggregate	

				Page Page 1	5 of 37
Name of Candidate or Committee	Tate for Governo	or	· · · · · · · · · · · · · · · · · · ·		
Reporting Period07/01/2023		_ through _	07/29/2023		
	ITEMIZ	ED RE	CEIPTS		
Source: Corporation PAC	🛛 Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chevron Policy Govt & Pul	blic Affairs			07/13/2023	\$1,000.00
Mailing Address PO Box 6042					
City, State, Zip Code San Ramon, CA 9	4583-0742				
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 Caterpillar Inc PAC				07/17/2023	\$10,000.00
Mailing Address 5205 N O Connor Blv	d Ste 100				
City, State, Zip Code Irving, TX 75039-3	3712				
Name of Employer (Required)					and a second
Occupation (Required)				Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC	Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hite M. Lane				07/18/2023	\$1,000.00
Mailing Address 108 Kathryn Drive					
City, State, Zip Code Brandon, MS 3904	42-9625				
Name of Employer (Required) Retired	1				
Occupation (Required) Retired				Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC	★ Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Harris				07/24/2023	\$1,000.00
Mailing Address PO Box 320248					
City, State, Zip Code Flowood, MS 392	32-0248		*****		
Name of Employer (Required) Home-	Land Neighborhoo	d Management			
Occupation (Required) Executive				Aggregate Year-to-date	\$1,000.00

Name of Candidate	or Committee	Tate for Governor		
Reporting Period	07/01/2023	through _	07/29/2023	
		ITEMIZED RE	CEIPTS	

Source: Corporation PAC * Individual C Loan	T	Amount of each
Source: LJ Corporation LJ PAC L* Individual LJ Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Lori Berry	07/11/2023	\$1,000.00
Mailing Address 8400 Arkabutla Dam Road		
City, State, Zip Code Robinsonville, MS 38664-9729		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert E. Luke	07/13/2023	\$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 Year-to-date	\$10,000.00
Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steve Bolin Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City. State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steve Bolin Mailing Address 530 Highway 15 City, State, Zip Code Blue Mountain, MS 38610-9720	(Mo., Day, Year)	receipt this period
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) JNS Biofuel, LLC	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$2,500.00
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	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt
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)	(Mo., Day, Year) 07/13/2023 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)	(Mo., Day, Year) 07/13/2023 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)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

.

Page Page 16 of 37

.....

Tate for Governor

Page Page 17 of 37

Reporting Period	07/01/2023
	CALL OF A DESCRIPTION OF A

Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Smith Stoner	07/29/2023	\$1,000.00
Mailing Address PO Box 11		
City, State, Zip Code Holly Bluff, MS 39088-0011		
Name of Employer (Required) Stoner Farms		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Morris	07/10/2023	\$500.00
Mailing Address PO Box 994		
City, State, Zip Code New Albany, MS 38652-0994		
Name of Employer (Required) Morris Family Ltd Partnership		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	2002/2042/04/08/	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph O. Gaul	(Mo., Day, Year)	receipt this period
City State Zip Code Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph O. Gaul Mailing Address 3916 NE 59th St City, State, Zip Code Gladstone, MO 64119-2202 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Image: Content (please specify) Full Name Joseph O. Gaul Mailing Address 3916 NE 59th St City, State, Zip Code Gladstone, MO 64119-2202 Name of Employer (Required) Retired FAA Instpector Occupation (Required) Retired FAA Instpector	(Mo., Day, Year) 07/24/2023 Aggregate	receipt this period \$100.00
Other (please specify) Full Name Joseph O. Gaul Mailing Address 3916 NE 59th St City, State, Zip Code Gladstone, MO 64119-2202 Name of Employer (Required) Retired FAA Instpector Occupation (Required) US DOT Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$850.00 Amount of each receipt
Other (please specify) Full Name Joseph O. Gaul Mailing Address 3916 NE 59th St City, State, Zip Code Gladstone, MO 64119-2202 Name of Employer (Required) Retired FAA Instpector Occupation (Required) US DOT Source: Corporation PAC Individual Loan Other (please specify) LLC	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$850.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$850.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$850.00 Amount of each receipt this period

	T-1 (0			Page Page 1	8 of 37
Name of Candidate or Committee	Tate for Governor		07/00/0000	······	
Reporting Period 07/01/2023		through	07/29/2023		
	ITEMIZE	ED RE	CEIPTS		
Source: Corporation PAC	Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barden Mississippi Gaming	LLC			07/17/2023	\$5,000.00
Mailing Address PO Box 327					
City, State, Zip Code Robinsonville, MS	38664-0327				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC	★ Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James P. Owen				07/10/2023	\$250.00
Mailing Address P.O. Box 843		2			
City, State, Zip Code New Albany, MS 3	8652-0843	7			
Name of Employer (Required) JPO Inv	vestments, LLC				
Occupation (Required) President				Aggregate Year-to-date	\$250.00
Source: Corporation PAC	★ Individual	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael W. Castle Jr.				07/13/2023	\$1,000.00
Mailing Address 8189 Pine Springs Rd					
City, State, Zip Code Meridian, MS 3930	5-9027				
Name of Employer (Required) Progress	sive Pipeline Const	ruction, LLC			
Occupation (Required) President				Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC	Individual	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Betty Lou Jones				07/13/2023	\$500.00
Mailing Address 3637 Parkway Bouleva	ard				
City, State, Zip Code Meridian, MS 3930	5-3869				
Name of Employer (Required) N/A					
Occupation (Required) Retired		5		Aggregate Year-to-date	\$500.00

Tate for Governor

Page Page 19 of 37

Reporting Period 07/01/2023

_ through _____07/29/2023

Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Ralph Morgan	07/13/2023	\$500.00
Mailing Address 7706 Lizelia Rd.		and an and a second
City, State, Zip Code Meridian, MS 39305-8444		
Name of Employer (Required) Ralph Morgan Logging		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Don Larkin Kennedy	07/13/2023	\$250.00
Mailing Address 1211 White Oak Dr.		
City, State, Zip Code Meridian, MS 39305-1902		
Name of Employer (Required) Rush Health Systems		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00
		and the second se
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	200000 CULTU	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dees Management Group Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code Other (please specify) Control of the please specify) Control of the please specify	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dees Management Group Mailing Address 8440 Bluebonnet Blvd STE A City, State, Zip Code Baton Rouge, LA 70810-2978	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dees Management Group Mailing Address 8440 Bluebonnet Blvd STE A City, State, Zip Code Baton Rouge, LA 70810-2978 Name of Employer (Required)	(Mo., Day, Year) 07/11/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Dees Management Group Mailing Address 8440 Bluebonnet Blvd STE A City, State, Zip Code Baton Rouge, LA 70810-2978 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/11/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 \$500.00 Amount of each receipt
□ Other (please specify)	(Mo., Day, Year) 07/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/11/2023 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	Tate for Governor		
Reporting Period 07/01/2023	through07/29/2023		
	ITEMIZED RECEIPTS	5	
Source: Corporation PAC	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Portable Building	s, LLC	07/13/2023	\$250.00
Mailing Address 999 Virginia Dr.		1 1	
City, State, Zip Code Meridian, MS 3930)1-5505		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC	Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RW Whitaker		07/21/2023	\$500.00
Mailing Address 4206 Ridgemont Dr			an in het blev et som ander ander het het som andere andere som et s
City, State, Zip Code Belden, MS 38826	-9783		
Name of Employer (Required) Whitake	er Sales Inc.		n de fan feren en e
Occupation (Required) Sales		Aggregate Year-to-date	\$500.00
Source: Corporation PAC	Loan Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Presidential Coalition,	LLC	07/10/2023	\$10,000.00
Mailing Address 1006 Pennsylvania Av	e SE		
City, State, Zip Code Washington, DC 2	0003-2142		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC	□ Individual □ Loan _C	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BCM Holding, LLC		07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Drive	STE 900		
City, State, Zip Code Bossier City, LA 7	1111	1 1	
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$1,000.00

Page Page 20 of 37

Name of	Candidate or	Committee

Tate	for	Governor
iaco	101	Covernor

Page Page 21 of 37

Reporting Period	07/01/2023

through ____07/29/2023

Source: Corporation PAC Individual Loan	T	Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Full Nama		
F.B.S., Inc.	07/11/2023	\$1,000.00
Mailing Address 8440 Bluebonnet Boulevard Suite A		
City, State, Zip Code Baton Rouge, LA 70810-2978		
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 Michael Dees	07/10/2023	\$2,500.00
Mailing Address PO Box 98		
City, State, Zip Code Ripley, MS 38663-0098		
Name of Employer (Required) Dees Oil Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rick Barry	07/13/2023	\$1,000.00
Mailing Address 5141 Windsor Road		
City, State, Zip Code Meridian, MS 39305-9394		
Name of Employer (Required) Barry, Thaggard, May & Bailey		An the Albert of Annal and Anna
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
Full Name Joel Porter	07/19/2023	\$250.00
Mailing Address 1125 W Poplar		
City, State, Zip Code Collierville, TN 38017-3102		
Name of Employer (Required) Self		
Occupation (Required) N/A	Aggregate Year-to-date	\$250.00

Tate for Governor

Page Page 22 of 37

07/01/2023 **Reporting Period**

through .

07/29/2023

Source: Corporation PAC Individual Loan	Г	Amount of each
Source: Corporation C PAC C Individual C Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Mark E. Henderson	07/24/2023	\$1,000.00
Mailing Address 15006 Pawnee Pl.		
City, State, Zip Code Kiln, MS 39556-8174		
Name of Employer (Required) Lazy Magnolia Brewing Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Ther (please specify) LLC	(this period
Full Name Kinetic Staffing, LLC	07/24/2023	\$5,000.00
Mailing Address PO Box 55914		
City, State, Zip Code Jackson, MS 39296-5914		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$5,000.00
	Year-to-date	1.2. 0.00
Source: Corporation PAC I Individual Loan		Amount of each
_	Date	receipt
Other (please specify)		
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Nancy Craddock Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City. State. Zip Code	Date (Mo., Day, Year)	receipt this period
Content of the plane of Employer (Plane specify) Other (please specify) Full Name Nancy Craddock Mailing Address 1002 Hillshire Drive City, State, Zip Code McComb, MS 39648-9559 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
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	Date (Mo., Day, Year) 07/17/2023 Aggregate Year-to-date	receipt this period \$100.00
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) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$400.00 Amount of each receipt
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) 07/17/2023 Aggregate Year-to-date	receipt this period \$100.00 \$400.00 Amount of each
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) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$400.00 Amount of each receipt
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) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period

Name of	Candidate	or Committee
---------	-----------	--------------

Tate for Governor

Page Page 23 of 37

Reporting Period	07/01/2023

_ through _____07/29/2023

Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carson M. Hughes	07/16/2023	\$50.00
Mailing Address 129 Kingston Ct.		
City, State, Zip Code Starkville, MS 39759-4246		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$650.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John W. Lange	07/24/2023	\$1,000.00
Mailing Address 12 Waterstone Place	d	
City, State, Zip Code Jackson, MS 39211-5987		
Name of Employer (Required) Madison Service, Inc		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	(173 24733) (7532) (7532) (75	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William H. Allen Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William H. Allen Mailing Address PO Box 2302 City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Image: Content of the content of th	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name William H. Allen Mailing Address PO Box 2302 City, State, Zip Code Tunica, MS 38676-2302 Name of Employer (Required) A & J Planting Company Occupation (Required) Executive Source: Corporation PAC * Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name William H. Allen Mailing Address PO Box 2302 City, State, Zip Code Tunica, MS 38676-2302 Name of Employer (Required) A & J Planting Company Occupation (Required) Executive Source: Corporation PAC * Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

Tate	for	Governor
------	-----	----------

Page Page 24 of 37

Reporting Period	07/01/2023

_____ through _____07/29/2023

Source: Torporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Soigne Corporation	07/24/2023	\$1,000.00
Mailing Address PO Box 14054		
City, State, Zip Code Jackson, MS 39236-4054		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation I PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Penn National Gaming PAC	07/06/2023	\$1,500.00
Mailing Address 825 Berkshire Blvd Ste 200		
City, State, Zip Code Reading, PA 19610-1247		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	1.04034930423867427	receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Other (please specify) LLC Full Name Epic Strategies, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) LLC Full Name Epic Strategies, LLC Mailing Address P.O. Box 802 City, State Zip Code	(Mo., Day, Year)	receipt this period
Image: Constant of the state of the sta	(Mo., Day, Year)	receipt this period
Image: Strategies in the strategie	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$500.00
Other (please specify) LLC Epic Strategies, LLC Mailing Address P.O. Box 802 City, State, Zip Code New Albany, MS 38652-0802 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 \$500.00 Amount of each receipt
Other (please specify) LLC Full Name Epic Strategies, LLC Mailing Address P.O. Box 802 City, State, Zip Code New Albany, MS 38652-0802 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Eull Name	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Image: Strategies and the specify image: S	(Mo., Day, Year) 07/10/2023 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 Epic Strategies, LLC Mailing Address P.O. Box 802 City, State, Zip Code New Albany, MS 38652-0802 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Fred A. Monsour Mailing Address 727 Wildwood Dr City State Zip Code	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

Name of C	Candidate or	Committee
-----------	--------------	-----------

Page Page 25 of 37

Reporting Period	07/01/2023

ITEMIZED RECEIPTS

_ through _

07/29/2023

Source: Corporation T PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Chiropractors PAC	07/17/2023	\$2,500.00
Mailing Address 4294 Lakeland Dr Ste 100		18. 81 (A)
City, State, Zip Code Flowood, MS 39232-9510		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas R. Dykes	07/16/2023	\$250.00
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	Aggregate Year-to-date	\$450.00
	i cui te unio	- Carlon Control and a control of the second state of the second s
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Tom Kline Mailing Address	Date (Mo., Day, Year)	receipt this period
City State Zin Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Fulton, MS 38843-1707 City State, Zip Code Fulton, MS 38843-1707 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Tom Kline Mailing Address 409 South Spring St. City, State, Zip Code Fulton, MS 38843-1707 Name of Employer (Required) Kline Mechanical Systems, Inc. Occupation (Required)	Date (Mo., Day, Year) 07/27/2023	receipt this period \$750.00
Other (please specify) Full Name Tom Kline Mailing Address 409 South Spring St. City, State, Zip Code Fulton, MS 38843-1707 Name of Employer (Required) Kline Mechanical Systems, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date	receipt this period \$750.00 \$1,250.00 Amount of each receipt
□ Other (please specify)	Date (Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$750.00 \$1,250.00 Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$750.00 \$1,250.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$750.00 \$1,250.00 Amount of each receipt this period

Name of Candidate or Committe

Tate for Governor

Page Page 26 of 37

07/01/2023 Reporting Period _

07/29/2023

ITEMIZED RECEIPTS

_ through _

Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michelle Fager	07/22/2023	\$250.00
Mailing Address 1204 Pleasant Dr.		
City, State, Zip Code Oxford, MS 38655-2839		
Name of Employer (Required) Self		
Occupation (Required) Business Owner	Aggregate Year-to-date	\$350.00
Source: Corporation PAC 🗈 Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Barge	07/19/2023	\$1,000.00
Mailing Address PO Box 72		
City, State, Zip Code Macon, MS 39341-0072		
Name of Employer (Required) Barge Forest Products		
Dccupation (Required) Forester	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 Tucker, Selden & Tucker PLLC	07/11/2023	\$500.00
Mailing Address PO Box 68		
City, State, Zip Code Tunica, MS 38676-0068		
Name of Employer (Required)		anandan an an an an dia an an an an an an
Dccupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation I PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Manufacturers Association PAC	07/17/2023	\$25,000.00
Address 720 N President St		
City, State, Zip Code Jackson, MS 39202-3004		
Name of Employer (Required)		

				Page Page 2	7 of 37
Name of Candidate or Committee	Tate for Governor				
Reporting Period07/01/2023		through _	07/29/2023	5 May 10	
	ITEMIZE	ED RE	CEIPTS		
Source: Corporation PAC	▲ Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M. Thompson			an a	07/10/2023	\$500.00
Mailing Address 6 Provence Blvd.					
City, State, Zip Code Madison, MS 3911	0				
Name of Employer (Required) Thomps	son Fisheries				
Occupation (Required) Owner				Aggregate Year-to-date	\$500.00
Source: Corporation PAC	★ Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Scott Newton	Danie 1			07/24/2023	\$1,000.00
Mailing Address 206 Bellewether Pass					
City, State, Zip Code Ridgeland, MS 39	157-8763				
Name of Employer (Required) Baker,	Donelson, Bearman	n, Caldwell & I	Berkowitz		
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
Full Name Patrick L. Johnson Jr.				07/10/2023	\$2,500.00
Mailing Address PO Box 457					
City, State, Zip Code Tunica, MS 38676	-0457				
Name of Employer (Required) Self					
Occupation (Required) Farmer				Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC	★ Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael A Counihan				07/20/2023	\$250.00
Mailing Address 50 Scarlet Dr.					
City, State, Zip Code Columbus, MS 397	705-3046				a Marana da Angela ang kanang kana
Name of Employer (Required) N/A					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00

Name of Candidate or Committee	Tate for Governor			Δ
Reporting Period 07/01/2023	throu	07/29/2023		
		RECEIPTS		
Source: Corporation PAC	🗈 Individual 🔲 լ	.oan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Pickett			07/24/2023	\$1,000.00
Mailing Address 217 Brae Burn Dr				
City, State, Zip Code Jackson, MS 39211-2	2505			
Name of Employer (Required)	radford & Assoc., PA			
Occupation (Required) Life Insurance Ag			Aggregate Year-to-date	\$2,000.00
Other (please specify)	🗶 Individual 🔲 L	.oan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Childs			07/10/2023	\$1,000.00
Mailing Address 898 S Main Street				
City, State, Zip Code Ripley, MS 38663-29	15			
Name of Employer (Required) Peoples E	Bank			
Occupation (Required) Executive			Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC	Individual 🛛 L	.oan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William L. Freeman Jr.			07/10/2023	\$250.00
Mailing Address 114 Shady Grove Avenue	9			
City, State, Zip Code Newton, MS 39345-2	2856			
Name of Employer (Required) Retired	an anna an an Anna ann an Anna an Anna			
Occupation (Required) Retired			Aggregate Year-to-date	\$500.00
Source: Corporation PAC		.oan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rehabilitation Services of Lou	iisiana, LLC		07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. STE	E 900			
City, State, Zip Code Bossier City, LA 7111	11			
Name of Employer (Required)				
Occupation (Required)			Aggregate	\$1,000.00

Page Page 28 of 37

Name of Candidate o	or Committee
---------------------	--------------

Tate for Governor

Page Page 29 of 37

Reporting Period	07/01/2023
reporting r onou	A CONTRACT OF STATE OF STATE OF STATE

ITEMIZED RECEIPTS

_ through _

07/29/2023

		Amount of each
Source: Torporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Hearn Law Firm	07/10/2023	\$250.00
Mailing Address PO Box 1		
City, State, Zip Code Blue Mountain, MS 38610-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC Full Name THO MARKED AND AND AND AND AND AND AND AND AND AN	(11101, Duy, Teur)	this period
	07/10/2023	\$1,250.00
Mailing Address PO Box 5205		
City, State, Zip Code Holly Springs, MS 38634-5205		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,250.00
	Teal-to-uate	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify)	Date	
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Justin Stoll Mailing Address	Date (Mo., Day, Year)	receipt this period
City State Zin Code Other (please specify) Other (please specify) Full Name Justin Stoll Other (please specify) City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Justin Stoll Mailing Address PO Box 409 City, State, Zip Code Tylertown, MS 39667-0409 Name of Employer (Bequired)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Justin Stoll Mailing Address PO Box 409 City, State, Zip Code Tylertown, MS 39667-0409 Name of Employer (Required) State Farm Insurance Occupation (Required) State Farm Insurance	Date (Mo., Day, Year) 07/18/2023 Aggregate	receipt this period \$100.00
Other (please specify) Full Name Justin Stoll Mailing Address PO Box 409 City, State, Zip Code Tylertown, MS 39667-0409 Name of Employer (Required) State Farm Insurance Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$750.00 Amount of each receipt
Other (please specify) Full Name Justin Stoll Mailing Address PO Box 409 City, State, Zip Code Tylertown, MS 39667-0409 Name of Employer (Required) State Farm Insurance Occupation (Required) Insurance Agent Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$750.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$750.00 Amount of each receipt this period
Image: Context (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$750.00 Amount of each receipt this period

Name of Candidate or Committee	Tate for Governo			Page Page 3	0 of 37
Reporting Period07/01/2023			07/29/2023		
		_ through _			
	ITEMIZ	ED RE	CEIPTS		
Source: TCorporation PAC	🛛 Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Foremost Finance Corp				07/11/2023	\$1,000.00
Mailing Address 8440 Bluebonnet Blvd	STE A				when an all the strategy of the
City, State, Zip Code Baton Rouge, LA 7	70810-2978				
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 E. Bruce Martin				07/18/2023	\$1,000.00
Mailing Address PO Box 1729					
City, State, Zip Code Meridian, MS 3930	02-1729				
Name of Employer (Required) Meyer 8	& Rosenbaum				
Occupation (Required) Owner				Aggregate Year-to-date	\$27,000.00
Source: Corporation PAC	★ Individual	🛛 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Kelly				07/21/2023	\$250.00
Mailing Address 512 Northbay Dr.					
City, State, Zip Code Madison, MS 3911	0-8861				
Name of Employer (Required) Self					
Occupation (Required) Property Manag	gement			Aggregate Year-to-date	\$250.00
Source: Corporation PAC	▲ Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Morris				07/10/2023	\$250.00
Mailing Address 600 Pinecrest Cove					- Contractor and a second s
City, State, Zip Code New Albany, MS 38	8652-4705				
Name of Employer (Required) Morris F	Recycling				
Occupation (Required) Executive				Aggregate Year-to-date	\$250.00

÷

Page Page 31 of 37

Reporting Period _____07/01/2023

_____ through ____07/29/2023

ITE	MIZ	ZED	RE	CE	P	-S
						-

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M. Pitts Jr.	07/21/2023	\$100.00
Mailing Address 68 Round Lake Rd		
City, State, Zip Code Indianola, MS 38751-2683		
Name of Employer (Required) Pitts Farm		
Occupation (Required) Farmer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gilreath Construction Company, LLC	07/17/2023	\$500.00
Mailing Address 140 Old US 80 Suite C		
City, State, Zip Code Brandon, MS 39042		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
	1200010236000	receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Other (please specify) LLC Full Name Loss Prevention Services LLC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) LLC Full Name Loss Prevention Services LLC Mailing Address PO Box 1827 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Image: Construction of the state of the	(Mo., Day, Year)	receipt this period
Image: Construction of the second of the	(Mo., Day, Year) 07/14/2023 Aggregate	receipt this period \$12,500.00
Image: Source: Image: Sour	(Mo., Day, Year) 07/14/2023 Aggregate Year-to-date Date	receipt this period \$12,500.00 \$25,000.00 Amount of each receipt
Other (please specify)LLC Full Name Loss Prevention Services LLC Mailing Address PO Box 1827 City, State, Zip Code Natchez, MS 39121-1827 Name of Employer (Required) Occupation (Required) Source: □ Corporation PAC □ Individual □ Loan □ Other (please specify) Eull Name	(Mo., Day, Year) 07/14/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$12,500.00 \$25,000.00 Amount of each receipt this period
Image: Construction of the problem of th	(Mo., Day, Year) 07/14/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$12,500.00 \$25,000.00 Amount of each receipt this period
☑ Other (please specify) LLC Full Name Loss Prevention Services LLC Mailing Address PO Box 1827 City, State, Zip Code Natchez, MS 39121-1827 Name of Employer (Required) Occupation (Required) Occupation (Required) Individual Loan ☑ Other (please specify)	(Mo., Day, Year) 07/14/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$12,500.00 \$25,000.00 Amount of each receipt this period

Name of Occulture of the	Tate for Governor			Page Page 3	2 of 37
Name of Candidate or Committee Reporting Period			07/29/2023		
		through	01129/2023		
	ITEMIZE	ED RE	CEIPTS		
Source: Corporation PAC	1ndividual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas B. Nusz				07/17/2023	\$250.00
Mailing Address 178 Augusta Lane					
City, State, Zip Code Madison, MS 3911	0-4753				
Name of Employer (Required) N/A					
Occupation (Required) Retired				Aggregate Year-to-date	\$750.00
Source: Corporation PAC	★ Individual	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas B. Nusz				07/17/2023	\$250.00
Mailing Address 178 Augusta Lane					
City, State, Zip Code Madison, MS 3911	0-4753				
Name of Employer (Required) N/A					
Occupation (Required) Retired				Aggregate Year-to-date	\$750.00
Source: Corporation PAC	Individual .C	🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name PRN Personnel Staffing, LL	C			07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. S	TE 900				
City, State, Zip Code Bossier City, LA 71	111-2455				
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 Michael E. Johnson				07/10/2023	\$2,500.00
Mailing Address 5875 Fox Island Road					
City, State, Zip Code Tunica, MS 38676-	·9120				
Name of Employer (Required) Self		10. W.H.C.			
Occupation (Required) Farmer				Aggregate Year-to-date	\$2,500.00

Tate for Governor

Page Page 33 of 37

Reporting Period 07/01/2023

_____ through ____0

07/29/2023

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Paul Belenchia	07/10/2023	\$250.00
Mailing Address 2036 Saint Ives Lane		
City, State, Zip Code Hernando, MS 38632-7693		
Name of Employer (Required) Retired		
Dccupation (Required) Retired	Aggregate Year-to-date	\$750.00
Source: Corporation PAC 🖄 Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance Sanders	07/26/2023	\$5,000.00
Mailing Address 2253 Mudline Road		
City, State, Zip Code Lake, MS 39092-9406		
Name of Employer (Required) Waste Management		
Dccupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	07/18/2023	\$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	\$26,000.00
Owner Source: Corporation PAC Individual Loan Other (please specify)		\$26,000.00 Amount of each receipt this period
Owner Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date	Amount of each receipt
Owner Source: Corporation PAC I 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 Adam Mitchell 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 Adam Mitchell Mailing Address 5353 10th Ave City: State Zip Code	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

Name of Candidate	or Committee	Tate for Governor	
Reporting Period	07/01/2023	through _	07/29/2023

Page Page 34 of 37

	T	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(this period
Full Name R. B. Flowers Jr.	07/05/2023	\$500.00
Mailing Address 732 Friars Point Road		
City, State, Zip Code Clarksdale, MS 38614-9750		999-999-999-99-999-999-99-99-99-99-99-9
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$500.00
		Amount of each
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Full Name Eli Lilly and Company PAC	07/10/2023	\$1,000.00
Mailing Address 639 S Delaware St		
City, State, Zip Code Indianapolis, IN 46225-1392		
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
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Pharr Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Pharr Mailing Address PO Box 5369 City. State Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39296-5369	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Pharr Mailing Address PO Box 5369 City, State, Zip Code Jackson, MS 39296-5369 Name of Employer (Required) Self Occupation (Required) Self	(Mo., Day, Year) 07/27/2023 Aggregate	receipt this period \$255.00
Other (please specify) Full Name David Pharr Mailing Address PO Box 5369 City, State, Zip Code Jackson, MS 39296-5369 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual	(Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date	receipt this period \$255.00 \$255.00 Amount of each receipt
Other (please specify) Full Name David Pharr Mailing Address PO Box 5369 City, State, Zip Code Jackson, MS 39296-5369 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Evil Name	(Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$255.00 \$255.00 Amount of each receipt this period
□ Other (please specify)	(Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$255.00 \$255.00 Amount of each receipt this period
□ Other (please specify) Full Name David Pharr Mailing Address PO Box 5369 City, State, Zip Code Jackson, MS 39296-5369 Name of Employer (Required) Self Occupation (Required) Attorney Source: □ Corporation □ PAC ≦ Individual □ Loan □ Other (please specify)	(Mo., Day, Year) 07/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$255.00 \$255.00 Amount of each receipt this period

Tate for Governor

Page Page 35 of 37

Reporting Period 07/01/2023

_ through ____07/29/2023

ITEMIZED RECEIPTS

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Alan Windham	07/07/2023	\$1,000.00
Mailing Address 818 W Bankhead St.		
City, State, Zip Code New Albany, MS 38652-2803		
Name of Employer (Required) Windham Body Shop		
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
Full Name Braxton Coombs	07/10/2023	\$500.00
Mailing Address 415 Rogers Dr.		
City, State, Zip Code New Albany, MS 38652-2602		
Name of Employer (Required) Coombs Gas		
Dccupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Interest Earnings	07/01/2023	\$18,693.97
Mailing Address 1667 Lelia Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required)		
Dccupation (Required)	Aggregate Year-to-date	\$64,314.06
Source: া Corporation 🛛 PAC 🔲 Individual 💭 Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name PhRMA	07/06/2023	\$1,000.00
Mailing Address 950 F Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1440		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Tate for Governor

Page Page 36 of 37

Reporting Period ____07/01/2023

_ through _____07/29/2023

ITEMIZED RECEIPTS

Source: Corporation PAC I Individual Loan	1	Amount of each
Source: Corporation C PAC L Individual L Loan	Date (Mo., Day, Year)	receipt this period
Full Name Timothy Hogan	07/25/2023	\$250.00
Mailing Address PO Box 550		
City, State, Zip Code Meridian, MS 39302-0550		
Name of Employer (Required) Mitchell Signs		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyler Norman	07/13/2023	\$1,000.00
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	\$26,000.00
Source: Torporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	1.000000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required)	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Mailing Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt
□ Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC ▲ Individual □ Loan □ Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC ① Other (please specify) Full Name David Barge Mailing Address 706 Magnolia Drive City, State, Zip Code Macon, MS 39341-2090	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Barge Mailing Address 706 Magnolia Drive	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 \$1,000.00 Amount of each receipt this period

Tate for Governor

Page Page 37 of 37

Reporting Period _____07/01/2023

_ through ____07/29/2023

ITEMIZED RECEIPTS

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Full Name Sylvia Shoemaker		this period
Mailing Address	07/03/2023	\$1,000.00
68 Enclave Cr		
City, State, Zip Code Ridgeland, MS 39157-4513		
Name of Employer (Required) N/A		×
Occupation (Required) Retired	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C.G. Carter	07/17/2023	\$500.00
Mailing Address 551 N First St		
City, State, Zip Code Rolling Fork, MS 39159-2215		
Name of Employer (Required) Carter Brothers Farm		
Occupation (Required) Farmer	Aggregate Year-to-date	\$500.00
	ical-to-date	
Source: Corporation PAC Individual Loan	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 Robert C. Daniels Jr. Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert C. Daniels Jr. Mailing Address 15 Field Brook Drive City. State. Zin Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Carriere, MS 39426-8001 City Genuired) City Genuired	Date (Mo., Day, Year)	receipt this period
Other (please specify)	Date (Mo., Day, Year) 07/18/2023	receipt this period \$500.00
□ Other (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Robert C. Daniels Jr. Mailing Address 15 Field Brook Drive City, State, Zip Code Carriere, MS 39426-8001 Name of Employer (Required) Retired Occupation (Required) Retired Source: *** Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify)	Date (Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period

	Page Page 1 of 2
Name of Candidate or Committee Tate for Governor	
Reporting Period07/01/2023 through07/29/20	023
ITEMIZED RECEIPTS IN-KIND	CONTRIBUTIONS
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)
Full Name Barry W. Bridgforth	07/05/2023
Mailing Address 3606 Bridgeforth Road	Estimated Amount
City, State, Zip Code Olive Branch, MS 38654-6924	of In-Kind Contribution*
Name of Employer (Required) Bridgforth Realty, Inc.	\$2,500.00
Occupation (Required) President, Director	
In-Kind Description:	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)
Full Name Christopher Brent Federick	07/19/2023
Mailing Address 434 Woodhaven Dr.	Estimated Amount
City, State, Zip Code Carthage, MS 39051-3218	of In-Kind Contribution*
Name of Employer (Required) Self	\$1,535.94
Occupation (Required) Real Estate	
In-Kind Description: Printing of campaign banners	

	Teter	Page Page 2 of 2
Name of Candidate or Committee	Tate for Governor	
Reporting Period 07/01/2023	through07/29/2023	· · · · · · · · · · · · · · · · · · ·
ITEMIZED RE	CEIPTS IN-KIND CON	TRIBUTIONS
Source: 🖄 Corporation 🛛 PAC	🛛 Individual 🔲 Loan	Date
Other (please specify)		(Mo., Day, Year)
Full Name Swetman Security Service	es	07/27/2023
Mailing Address 180 Delauney Street		Estimated Amount
City, State, Zip Code Biloxi, MS 39530-	3816	of In-Kind Contribution*
Name of Employer (Required)		\$1,000.00
Occupation (Required)		
In-Kind Description:		
Transportation Services		
	,	

Tate for Governor

Page Page 1 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

Full Name	Copey Grantham	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	07/03/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		φ2,000.00
Purpose of Disbursem	ent (Optional)	Aggregate	#15.000.10
Consulting Services	S	Year-to-date	\$15,068.10
Full Name	Lowes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Ridge Way	07/26/2023	\$446.09
City, State, Zip Code	Flowood, MS 39232-3302		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$1,109.83
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/21/2023	\$2,113.25
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem IT equipment	ent (Optional)	Aggregate Year-to-date	\$15,761.71
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	07/12/2023	\$260.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursem Event Expense, Ca		Aggregate Year-to-date	\$8,240.55
Full Name	Cline Tours, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1498	07/27/2023	\$2,040.12
City, State, Zip Code	Ridgeland, MS 39158-1498		
Purpose of Disbursem Transportation/Ever		Aggregate Year-to-date	\$2,040.12
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	07/05/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursem Rent for office spac		Aggregate Year-to-date	\$21,250.00

Tate for Governor

Page Page 2 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

Full Name	McClain Lodge	Date (Mo., Day, Year)	Aggregate Total Runnin Amount of each disbursment this period
Mailing Address	314 Clark Creek Road	07/03/2023	\$3,391.67
City, State, Zip Code	Brandon, MS 39047-9321		
Purpose of Disbursen		Aggregate	
Event Expense, Ca	atering	Year-to-date	\$3,391.67
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	07/24/2023	\$1,306.95
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$55,207.63
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	211 Colony Wy	07/03/2023	\$11.86
City, State, Zip Code	Madison, MS 39110		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$11.86
Full Name	Lowes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Ridge Way	07/24/2023	\$201.93
City, State, Zip Code	Flowood, MS 39232-3302		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$663.74
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	07/03/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$4,196.00
Full Name	Lowes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Ridge Way	07/18/2023	\$461.81
City, State, Zip Code	Flowood, MS 39232-3302		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$461.81

Tate for Governor

Page Page 3 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

_ through

Full Name	Costco	Date (Mo., Day, Year)	Aggregate Total Runnin Amount of each disbursment this period
Mailing Address	700 Highland Colony Pkwy	07/25/2023	\$247.87
City, State, Zip Code	Ridgeland, MS 39157-8701		
Purpose of Disbursen Event supplies		Aggregate	\$561.62
Full Name		Year-to-date	
	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	07/19/2023	\$2,000.00
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$3,561.80
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	07/03/2023	\$984.93
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursen Reimbursement of		Aggregate Year-to-date	\$16,053.03
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	07/18/2023	\$85.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursen Design Services	nent (Optional)	Aggregate Year-to-date	\$2,174.50
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	07/12/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$1,050.00
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1680 Elizabeth Blvd	07/06/2023	\$500.00
City, State, Zip Code	Biloxi, MS 39532-8577		
Purpose of Disbursen Supplies for signs	nent (Optional)	Aggregate Year-to-date	\$994.29

Tate for Governor

Page Page 4 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

Full Name	Home Depot	Date	Aggregate Total Runnin Amount of each
Mailing Address		(Mo., Day, Year)	disbursment this period
maning Address	211 Colony Wy	07/11/2023	\$500.00
City, State, Zip Code	Madison, MS 39110		
Purpose of Disburser	ment (Optional)	Aggregate	A E 40.00
Sign supplies		Year-to-date	\$540.20
Full Name	Mississippi Department Of Revenue	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 23058	07/14/2023	\$523.00
City, State, Zip Code	Jackson, MS 39225-3058		
Purpose of Disbursen Payroll Tax Expense		Aggregate Year-to-date	\$1,943.00
Full Name	Oxford Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1103 Jefferson Ave	07/03/2023	\$224.70
City, State, Zip Code	Oxford, MS 38655-3641		
Purpose of Disbursen Event expense	nent (Optional)	Aggregate Year-to-date	\$224.70
Full Name	Neshoba County Fair Association	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	16800 Highway 21 S	07/26/2023	\$93.15
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursen	nent (Optional)	Aggregate	¢5 242 15
Event Expense		Year-to-date	\$5,343.15
Full Name	Chris Todd Photography, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	107 E. Willow Ct.	07/28/2023	\$750.00
City, State, Zip Code	Ridgeland, MS 39157-2121		
Purpose of Disbursem Photography Servio		Aggregate Year-to-date	\$750.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/19/2023	\$2,223.45
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem	ent (Optional) IT Services, Equipment	Aggregate	\$13,648.46

Tate for Governor

Page Page 5 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

Full Name	C Spire	Date (Mo., Day, Year)	Aggregate Total Runnin Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/25/2023	\$1,546.33
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen	nent (Optional)	Aggregate	
Wireless Services,		Year-to-date	\$17,308.04
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/11/2023	\$47.34
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$10,509.73
Full Name	Walmart	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5341 MS-25	07/24/2023	\$393.03
City, State, Zip Code	Flowood, MS 39232		
Purpose of Disbursen Event Supplies	nent (Optional)	Aggregate Year-to-date	\$393.03
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	07/07/2023	\$10,758.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production	nent (Optional)	Aggregate Year-to-date	\$860,834.68
Full Name	Chick fil A	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	274 Dogwood Blvd	07/26/2023	\$381.24
City, State, Zip Code	Flowood, MS 39232-8602		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$381.24
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	07/12/2023	\$260.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursen Event Expense, Ca	a a presidente	Aggregate Year-to-date	\$8,500.55

Tate for Governor

Page Page 6 of 10

Reporting Period 07/01/2023

_ through _____07/29/2023

ITEMIZED DISBURSEMENTS

Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	07/11/2023	\$260.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursen		Aggregate	
Event Expense, Ca	atering	Year-to-date	\$7,980.55
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	07/05/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$70,500.00
Full Name	Fresh Cut Catering & Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	108 Cypress Cove	07/10/2023	(\$959.20)
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursem Refund	nent (Optional)	Aggregate Year-to-date	\$959.20
Full Name	Kelli Miller	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	950 Anniston Ave	07/05/2023	\$2,000.00
City, State, Zip Code	Gulfport, MS 39507-2731		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$6,000.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/27/2023	\$300.00
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	nent (Optional)	Aggregate Year-to-date	\$970.03
Full Name	Swetman Security Services	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	180 Delauney Street	07/27/2023	\$300.00
City, State, Zip Code	Biloxi, MS 39530-3816		
Purpose of Disbursem	nent (Optional)	Aggregate	\$300.00

Tate for Governor

Page Page 7 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

Full Name		Date	Aggregate Total Running Amount of each
	Hederman Brothers	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 1036	07/24/2023	\$15,808.16
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate	\$71,015.79
Full Name		Year-to-date	
	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	07/28/2023	\$529.44
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing Fees	nent (Optional)	Aggregate Year-to-date	\$14,491.14
Full Name	PT Strategy LLC	Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursment this period
City State 7 0 1	1223 Aldebraran Dr.	07/07/2023	\$5,000.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$24,723.02
Full Name	Best Buy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	175 Grandview Blvd	07/26/2023	\$216.13
City, State, Zip Code	Madison, MS 39110-6039		
Purpose of Disbursem	ent (Optional)	Aggregate	\$280.32
Office Supplies		Year-to-date	
Full Name	Community Foundation For Mississippi	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	119 S. President Street	07/26/2023	\$500.00
City, State, Zip Code	Jackson, MS 39201-3608		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$500.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	07/18/2023	. \$42.50
City, State, Zip Code	Flowood, MS 39232-0925		the manufacture of the second to be a second s
Purpose of Disbursem Design Services	ent (Optional)	Aggregate	\$2,217.00

Tate for Governor

Page Page 8 of 10

Reporting Period 07/01/2023

07/29/2023

ITEMIZED DISBURSEMENTS

Full Name	Trustmark Bank	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	PO Box 291	07/25/2023	\$6.00
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank Fee	nent (Optional)	Aggregate Year-to-date	\$670.03
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	07/07/2023	\$10,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursement (Optional) Consulting Services		Aggregate Year-to-date	\$870,834.68
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	07/07/2023	\$438.70
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$15,137.08
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	07/11/2023	\$445.12
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$1,246.02
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/13/2023	\$915.28
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursement (Optional) Wireless Services, IT Services		Aggregate Year-to-date	\$11,425.01
Full Name	Neshoba County Fair Association	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	16800 Highway 21 S	07/24/2023	\$5,250.00
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursen Event Expense	ent (Optional)	Aggregate Year-to-date	\$5,250.00

Tate for Governor

Page Page 9 of 10

Reporting Period 07/01/2023

ITEMIZED DISBURSEMENTS

through

07/29/2023

Full Name		Date	Aggregate Total Runnin Amount of each
	Madison Central Big Blue Club	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 1243	07/05/2023	\$350.00
City, State, Zip Code	Madison, MS 39130-1243		
Purpose of Disbursen Advertising	nent (Optional)	Aggregate Year-to-date	\$350.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	07/10/2023	\$395,886.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Buy	nent (Optional)	Aggregate Year-to-date	\$1,266,720.68
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	07/06/2023	\$61,762.83
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$375,937.01
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	211 Colony Wy	07/03/2023	\$28.34
City, State, Zip Code	Madison, MS 39110		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$40.20
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	07/03/2023	\$60.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursement (Optional) Email and Data Services		Aggregate Year-to-date	\$362.00
Full Name	J.S. lupe's	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 2736	07/21/2023	\$2,488.82
City, State, Zip Code	Madison, MS 39130-2736		
Purpose of Disbursem Printed Materials	ent (Optional)	Aggregate Year-to-date	\$3,601.09

07/01/2023

Tate for Governor

•..

Page Page 10 of 10

Reporting Period

ITEMIZED DISBURSEMENTS

through

07/29/2023

TEMIZED DIODONOLIVILINIS				
Full Name	Mississippi Wildlife Federation	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period	
Mailing Address	2630 Ridgewood Road STE D	07/26/2023	\$650.00	
City, State, Zip Code	Jackson, MS 39216-4920			
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$650.00	
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period	
Mailing Address	Department of the Treasury Internal Revenue Service Ce	07/14/2023	\$4,068.50	
City, State, Zip Code	Ogden, UT 84201-0001			
Purpose of Disbursement (Optional) Payroll Tax Expense		Aggregate Year-to-date	\$22,804.50	
Full Name	Anjou Restaurant	Date (Mo., Day, Year)	Amount of each disbursment this period	
Mailing Address	361 Township Ave.	07/26/2023	\$812.59	
City, State, Zip Code	Ridgeland, MS 39157			
Purpose of Disbursement (Optional) Event Expense, Catering		Aggregate Year-to-date	\$812.59	
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period	
Mailing Address	5339 Saratoga	07/03/2023	\$410.42	
City, State, Zip Code	Jackson, MS 39211-4112			
Purpose of Disburseme Expense reimburser		Aggregate Year-to-date	\$3,910.42	