SECRETARY OF STATE

## Candidate's Committee REPORT OF RECEIPTS AND D RECEIVED

2021 Annual Rep

By SOS Elections at 4:26 pm, Jan 31, 2022

Name of Candidate_Tate for Governor	DATE STAMP
Address PO Box 24355	City/State/Zip_Jackson, MS 39225
Telephone (Work)(Home)_	(Fax)
Contact Name_Kristin McDevitt	Email Address
Office Sought Governor	
Check here if above information is different from previous report	
TYPE (	OF REPORT
* Monday, January 31, 2022 (January 1, 2021 through Dece	ember 31, 2021)Annual Report
Termination Report (Candidate will no longer accept cont has no outstanding campaign debt of	ributions, make campaign expenditures, bligation)  Required to terminate reporting obligations

#### **IMPORTANT**

- Annual Reports are mandatory for all candidates who did not run for office in 2021 filing 2021 Periodic Reports and have not filed a Termination Report prior to December 31, 2021, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "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.
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$

 $<sup>^1</sup>$  Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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

JAN. 1, 2021 CASH ON HAND B.	\$ 969,519.52		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 2,375,551.93	\$ 12,013.77	\$ 2,387,565.70
TOTAL AMT OF DISBURSEMENTS	\$ 468,524.99	\$ 1,265.07	\$ 469,790.06
DEC. 31, 2021 CASH ON HAND I	BALANCE	Hostory W. W. off Olyss	\$ 2,887,295.16

I certify that I have examined this report and to the best	of my knowledge and belief it is true, accurate, and complete.
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1 to 1/ 0000	1/31/2022
- Jac Junes	
Signature of Candidate	Date

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

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

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Name of Candidate	or Committee
Reporting Period	01/01/2021

Tate for Governor

\_ through \_

12/31/2021

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	— (MO., Day, Teal)	this period
Chad J. MacDonald	11/11/2021	\$1,000.00
Mailing Address 3204 Woodford Drive		
City, State, Zip Code Arlington, TX 76013-1137		
Name of Employer (Required)  New York Mets		
Occupation (Required)  Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Susannah Wessel	11/01/2021	\$250.00
Mailing Address 200 S Leflore Ave		Ψ200.00
City, State, Zip Code Cleveland, MS 38732-3210		
Name of Employer (Required) St. Luke United Methodist Church		
Occupation (Required) Recording Secretary	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippì Dental Association 5th District PAC	08/12/2021	\$5,000.00
Mailing Address 1213 Broad Ave Ste 1		φο,σσσ.σσ
City, State, Zip Code Gulfport, MS 39501-2475		
lame of Employer (Required)		
Occupation (Required)		
occupation (Required)	Aggregate Year-to-date	\$5,400.00
Source: Corporation PAC Individual Loan  Other (please specify)		\$5,400.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  full Name  Michael W. Sanders Jr.	Year-to-date  Date	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Michael W. Sanders Jr.	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael W. Sanders Jr.  Halling Address  545 Hillcrest Cr.	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Name o	of	Candidate	or	Committee
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Reporting Period 01/01/2021

\_\_ through \_\_\_

12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Morris	08/03/2021	\$250.00
Mailing Address 600 Pinecrest Cove		<b>\$250.00</b>
City, State, Zip Code New Albany, MS 38652-4705		
Name of Employer (Required)  Morris Recycling		
Occupation (Required)  Executive	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arbor Station LB LLC	05/03/2021	\$5,000.00
Mailing Address 215 Rosehill Lane		
City, State, Zip Code Tallahassee, FL 32312-9091		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Cother (please specify)  Full Name  Mildred Dickson Darnell  Mailing Address	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mildred Dickson Darnell  Mailing Address 3728 Quave Road  City, State, Zip Code Ocean Springs, MS 39564-7560  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Mildred Dickson Darnell  Mailing Address 3728 Quave Road  City, State, Zip Code Ocean Springs, MS 39564-7560  Name of Employer (Required)  N/A  Occupation (Required)	Date (Mo., Day, Year)  10/18/2021  Aggregate	receipt this period \$250.00
Gource: Corporation PAC Individual Loan	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Tull Name Mildred Dickson Darnell  Mailing Address 3728 Quave Road  City, State, Zip Code Ocean Springs, MS 39564-7560  Name of Employer (Required) N/A  Doccupation (Required) Retired  Source: Corporation PAC Individual Loan  Tother (please specify) LLC	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code Ocean Springs, MS 39564-7560  Name of Employer (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Speed Commercial Real Estate, LLC	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Mildred Dickson Darnell  Mailing Address 3728 Quave Road  City, State, Zip Code Ocean Springs, MS 39564-7560  Name of Employer (Required)  N/A  Doccupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name Speed Commercial Real Estate, LLC  Mailing Address  PO Box 0806	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Name of Candidate o	r Committee
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01/01/2021

Tate for Governor

\_\_\_\_\_through \_\_\_\_\_\_12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Guy C. Geller	11/22/2021	
Mailing Address PO BOX 123	11122/2021	\$250.00
City, State, Zip Code Magnolia, MS 39652-0123		
Name of Employer (Required)  Retired		
Occupation (Required)	Aggregate	
Retired	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 Joel Callahan	07/14/2021	\$250.00
Mailing Address 5725 Hwy 39 N		7-2-1
City, State, Zip Code Meridian, MS 39305-1460		
Name of Employer (Required) Rush		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation C PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Rex Gillis	(Mo., Day, Year)	this period
Full Name		
Full Name Rex Gillis		this period
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code		this period
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code Columbus, MS 39704-5051  Name of Employer (Required)		this period
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code Columbus, MS 39704-5051  Name of Employer (Required)  The Dutch Group  Occupation (Required)	10/11/2021  Aggregate	this period \$2,500.00
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code Columbus, MS 39704-5051  Name of Employer (Required) The Dutch Group  Occupation (Required) Owner  Source: Corporation PAC Individual Loan	Aggregate Year-to-date  Date	\$2,500.00 \$2,500.00  Amount of each receipt this period
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code Columbus, MS 39704-5051  Name of Employer (Required) The Dutch Group  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code Columbus, MS 39704-5051  Name of Employer (Required) The Dutch Group  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mary Bunch	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Full Name Rex Gillis  Mailing Address PO Box 5051  City, State, Zip Code Columbus, MS 39704-5051  Name of Employer (Required) The Dutch Group  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mary Bunch  Mailing Address PO Box 141  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Name	of	Candidate	ог	Committee
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01/01/2021

Tate for Governor

	12/31/2021
through	12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clifford J. Cook	04/23/2021	
Mailing Address 10437 Lamey Bridge Road STE E	04/23/2021	\$500.00
City, State, Zip Code Diberville, MS 39540-2710		
Name of Employer (Required) Self	-	
Occupation (Required)	Aggregate	
Dentist	Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Herring	04/04/2021	\$500.00
Mailing Address 232 E Semmes Street		
City, State, Zip Code Canton, MS 39046-4530		,
Name of Employer (Required) Herring, Long, and Crews		
Occupation (Required) Attorney	Aggregate Year-to-date	\$750.00
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)LLC	Date (Mo., Day, Year)	receipt
United-Johnson Brothers of Mississippi LLC  Walling Address	Date (Mo., Day, Year)	receipt this period
United-Johnson Brothers of Mississippi LLC  Walling Address  3010 Lakeland Cove STE Y  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code  Cother (please specify)  LLC  LLC  Malling Address  3010 Lakeland Cove STE Y  Flowood, MS 39232-9709	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Flowood, MS 39232-9709  Rame of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan  Condition Company C	Date (Mo., Day, Year) 12/23/2021 Aggregate	receipt this period \$10,000.00
City, State, Zip Code Flowood, MS 39232-9709 Flowood (Required) Flowore:  Corporation  PAC  ILC  LLC  LLC  Malling Address  3010 Lakeland Cove STE Y  City, State, Zip Code Flowood, MS 39232-9709  Idame of Employer (Required)  Cocupation (Required)  Flowood Individual Loan	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Cource: Corporation PAC Individual Loan  Other (please specify) LLC  Control Description Candidate Campaign Committee	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  United-Johnson Brothers of Mississippi LLC  Malling Address  3010 Lakeland Cove STE Y  City, State, Zip Code  Flowood, MS 39232-9709  Jame of Employer (Required)  Cocupation (Required)  Cocupation (Required)  Other (please specify)  Candidate Campaign Committee  Full Name  Friends of Kevin Blackwell  Jailing Address	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period
Cother (please specify)  LLC  Full Name  United-Johnson Brothers of Mississippi LLC  Malling Address  3010 Lakeland Cove STE Y  City, State, Zip Code  Flowood, MS 39232-9709  Jame of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Candidate Campaign Committee  Friends of Kevin Blackwell  Jailing Address  4105 Jessica Dr  itv. State, Zip Code	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period

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Name	of	Candidate	or	Committee
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Reporting Period 01/01/2021 through

\_\_through \_\_\_\_12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Antoine Anderson		una periou
Mailing Address	01/20/2021	\$2,500.00
100 Laurel Ridge		
City, State, Zip Code Canton, MS 39046-4549		
Name of Employer (Required)  Bankplus		
Occupation (Required) VP	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name S. L. Sethi	02/03/2021	\$501.00
Mailing Address 100 Trey Cove		
City, State, Zip Code Madison, MS 39110-7869		
Name of Employer (Required)  Jackies International		
Occupation (Required) Owner	Aggregate	\$501.00
	Year-to-date	7
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name  Karen Kratz  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name Karen Kratz  Mailing Address  12 Cove Lane  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name Karen Kratz  Mailing Address  12 Cove Lane  City, State, Zip Code Hattiesburg, MS 39402-7704  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name Karen Kratz  Mailing Address 12 Cove Lane  City, State, Zip Code Hattiesburg, MS 39402-7704  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source:  Other (please specify)	Date (Mo., Day, Year)  08/11/2021  Aggregate	Amount of each receipt this period \$5,500.00
Other (please specify)  Full Name Karen Kratz  Mailing Address  12 Cove Lane  City, State, Zip Code Hattiesburg, MS 39402-7704  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$5,500.00  \$5,500.00  Amount of each receipt
Other (please specify)  Full Name Karen Kratz  Mailing Address  12 Cove Lane  City, State, Zip Code Hattiesburg, MS 39402-7704  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$5,500.00  \$5,500.00  Amount of each receipt this period
Other (please specify)  Full Name Karen Kratz  Mailing Address 12 Cove Lane  City, State, Zip Code Hattiesburg, MS 39402-7704  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Sidney P. Allen Jr.  Mailing Address	Date (Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$5,500.00  \$5,500.00  Amount of each receipt this period
Other (please specify)  Full Name Karen Kratz  Mailing Address 12 Cove Lane  City, State, Zip Code Hattiesburg, MS 39402-7704  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Sidney P. Allen Jr.  Mailing Address 200 Brae Burn Dr  City, State, Zip Code	Date (Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$5,500.00  \$5,500.00  Amount of each receipt this period

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Name of Candidate or Committe
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Reporting Period	01/01/2021	
Keburunu Pendo		

through .

12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anytime Cash Solutions LLC	05/04/2021	\$1,000.00
Mailing Address 4329 North State St. STE D		ψ1,000.00
City, State, Zip Code Jackson, MS 39206-5261		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Rodgers Brashier	11/02/2021	\$1,000.00
Mailing Address 28 Eureka Plantation Road		
City, State, Zip Code Indianola, MS 38751-2387		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Stephen Neil Forbes  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-6084  Cate Of the Code Ridgeland (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-6084  Name of Employer (Required)  Coupation (Required)	(Mo., Day, Year) - 09/29/2021  Aggregate	receipt this period \$10,000.00
Other (please specify)  Full Name Stephen Neil Forbes  Mailing Address 119 Hidden Oaks Trail  City, State, Zip Code Ridgeland, MS 39157-6084  Name of Employer (Required) Horne  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$10,000.00 \$12,500.00  Amount of each receipt
Other (please specify)  Full Name Stephen Neil Forbes  Mailing Address 119 Hidden Oaks Trail  City, State, Zip Code Ridgeland, MS 39157-6084  Name of Employer (Required) Horne  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  T Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$12,500.00  Amount of each receipt this period
City, State, Zip Code Name of Employer (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name  Covington Civil and Environmental LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$12,500.00  Amount of each receipt this period
Tull Name Stephen Neil Forbes  Mailing Address 119 Hidden Oaks Trail  City, State, Zip Code Ridgeland, MS 39157-6084  Name of Employer (Required) Horne  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Covington Civil and Environmental LLC  Mailing Address 2510 14th St, Ste 1010	Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$12,500.00  Amount of each receipt this period \$20,000.00

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Name of Candida	ite or Committee
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Reporting Period 01/01/2021

\_ through \_\_

12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Darwin Deason	11/01/2021	\$25,000.00
Mailing Address 3953 Maple Ave STE 150		\$20,000.00
City, State, Zip Code Dallas, TX 75219-3220		
Name of Employer (Required)  Deason Capital		
Occupation (Required) CEO	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn B. Stewart	12/03/2021	\$1,000.00
Mailing Address 119 Shore Line Drive		
City, State, Zip Code Madison, MS 39110-6829		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Robert J. Knesal	10/18/2021	
Full Name  Robert J. Knesal  Mailing Address  111 Lundgren Lane	10/18/2021	\$500.00
Robert J. Knesal Mailing Address	10/18/2021	
Mailing Address  111 Lundgren Lane  City, State, Zip Code	10/18/2021	
Robert J. Knesal  Mailing Address  111 Lundgren Lane  City, State, Zip Code  Gulfport, MS 39507-4421  Name of Employer (Required)	10/18/2021  Aggregate Year-to-date	
Mailing Address  111 Lundgren Lane  City, State, Zip Code  Gulfport, MS 39507-4421  Name of Employer (Required)  Right Down Town Properties  Occupation (Required)	Aggregate	\$500.00
Mailing Address  111 Lundgren Lane  City, State, Zip Code Gulfport, MS 39507-4421  Name of Employer (Required) Right Down Town Properties  Occupation (Required) Member  Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$500.00 \$500.00 Amount of each receipt
Mailing Address  111 Lundgren Lane  City, State, Zip Code Gulfport, MS 39507-4421  Name of Employer (Required) Right Down Town Properties  Occupation (Required) Member  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Mailing Address  111 Lundgren Lane  City, State, Zip Code Gulfport, MS 39507-4421  Name of Employer (Required) Right Down Town Properties  Occupation (Required) Member  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mississippi Manufactured Housing Association PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Mailing Address  111 Lundgren Lane  City, State, Zip Code Gulfport, MS 39507-4421  Name of Employer (Required) Right Down Town Properties  Occupation (Required) Member  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mississippi Manufactured Housing Association PAC  Malling Address  P.O. Box 320369  City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Name (	of	Candidate	ОГ	Committee
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Reporting Period 01/01/2021

\_ through \_

12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rick J. Calhoon	12/23/2021	\$5,000.00
Mailing Address 4211 Eastover Place		
City, State, Zip Code Jackson, MS 39211-6112		
Name of Employer (Required) Pruet Oil Company		
Occupation (Required) Partner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kirk Auto Company	09/27/2021	\$1,000.00
Mailing Address 235 Southwest Frontage Road		
City, State, Zip Code Grenada, MS 38901-8009		
Name of Employer (Required)		TIV .
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
·		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name  Nancy Adams Collins  Mailing Address  1604 Briar Ridge Road  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required) Retired	(Mo., Day, Year) 04/08/2021 Aggregate	receipt this period \$50.00
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date	\$50.00 \$50.00 Amount of each receipt
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50.00 \$50.00  Amount of each receipt this period
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Cary E. Vaughn	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50.00 \$50.00  Amount of each receipt this period
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Cary E. Vaughn  Mailing Address 8880 N. Gragg Road	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50.00 \$50.00  Amount of each receipt this period
Other (please specify)  Full Name Nancy Adams Collins  Mailing Address 1604 Briar Ridge Road  City, State, Zip Code Tupelo, MS 38804-5108  Name of Employer (Required) Retired  Cocupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Cary E. Vaughn  Mailing Address 8880 N. Gragg Road  City, State, Zip Code Millington, TN 38053-4839  Jame of Employer (Required)	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50.00 \$50.00  Amount of each receipt this period

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Name of Ca	andidate o	r Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shane Spees	07/09/2021	
Mailing Address 2619 Northplace Drive	07/09/2021	\$1,000.00
City, State, Zip Code		
Tupelo, MS 38804-5018  Name of Employer (Required)		
North Ms Health Systems  Occupation (Required)		
President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Construction Company, Inc.	02/23/2021	\$1,000.00
Mailing Address PO Box 6717		<b>\$1,000.00</b>
City, State, Zip Code  Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Turba	01/12/2021	\$500.00
Mailing Address 203 Oak Hill Drive NE		
City, State, Zip Code Brookhaven, MS 39601-3692		
Name of Employer (Required) Self		*
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
Source: Corporation PAC lindividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William G. Yates Jr.	05/03/2021	\$12,500.00
Mailing Address PO Box 456		
City, State, Zip Code Philadelphia, MS 39350-0456		
Name of Employer (Required) Yates Construction		
Occupation (Required) CEO	Aggregate Year-to-date	\$25,000.00

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Name of Candidate	ОГ	Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Velma Sue Morrisson	07/09/2021	\$250.00
Mailing Address 1652 CR 32	01100.2021	φ230.00
City, State, Zip Code Etta, MS 38627-9770		
Name of Employer (Required)  Retired		
Occupation (Required)	Aggregate	
Retired	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 Dorothea C. Fail	12/28/2021	\$2,500.00
Mailing Address PO Box 922		
City, State, Zip Code Bay Springs, MS 39422-0922		
Name of Employer (Required) Fail Leasing Inc		-
Occupation (Required) Officer	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Cother (please specify)  LLC  Full Name  USA Pathology PLLC  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name USA Pathology PLLC  Mailing Address 5052 W. 4th Street STE 3  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name USA Pathology PLLC  Mailing Address 5052 W. 4th Street STE 3  City, State, Zip Code Hattiesburg, MS 39402-1069	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  USA Pathology PLLC  Mailing Address  5052 W. 4th Street STE 3  City, State, Zip Code  Hattiesburg, MS 39402-1069  Name of Employer (Required)  Decupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	(Mo., Day, Year)  08/11/2021  Aggregate	receipt this period \$4,000.00
Tother (please specify)  Full Name  USA Pathology PLLC  Mailing Address  5052 W. 4th Street STE 3  City, State, Zip Code  Hattiesburg, MS 39402-1069  Name of Employer (Required)  Decupation (Required)  Source:  Corporation  PAC  Individual  Loan	Aggregate Year-to-date	\$4,000.00  \$4,000.00  Amount of each receipt
Tother (please specify)  Full Name  USA Pathology PLLC  Mailing Address  5052 W. 4th Street STE 3  City, State, Zip Code  Hattiesburg, MS 39402-1069  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$4,000.00  \$4,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  USA Pathology PLLC  Mailing Address  5052 W. 4th Street STE 3  City, State, Zip Code  Hattiesburg, MS 39402-1069  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Jane Moss  Mailing Address	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$4,000.00  \$4,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  USA Pathology PLLC  Mailing Address  5052 W. 4th Street STE 3  City, State, Zip Code  Hattiesburg, MS 39402-1069  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Jane Moss  Mailing Address  292 County Rd 352	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$4,000.00  \$4,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southern Consulting Associates Inc	12/23/2021	\$1,000.00
Mailing Address 822 Aberdeen Cove		<b>V</b> 1,000.00
City, State, Zip Code Madison, MS 39110-7065		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southgate Realty LLC	08/16/2021	\$1,000.00
Mailing Address PO Box 16615		
City, State, Zip Code Hattiesburg, MS 39404-6615		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Jim Hardin  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code  Biloxi, MS 39532-3134	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code  Biloxi, MS 39532-3134  Name of Employer (Required)  Aladdin Construction Co. Inc.  Occupation (Required)  Sr. Vice President  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	(Mo., Day, Year) 10/06/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code  Biloxi, MS 39532-3134  Name of Employer (Required)  Aladdin Construction Co. Inc.  Occupation (Required)  Sr. Vice President  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Deviney Construction Company, Inc.	(Mo., Day, Year)  10/06/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code  Biloxi, MS 39532-3134  Name of Employer (Required)  Aladdin Construction Co. Inc.  Occupation (Required)  Sr. Vice President  Source:  Corporation  PAC  Individual  Other (please specify)	(Mo., Day, Year)  10/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code  Biloxi, MS 39532-3134  Name of Employer (Required)  Aladdin Construction Co. Inc.  Occupation (Required)  Sr. Vice President  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Deviney Construction Company, Inc.  Mailing Address  PO Box 6717  City, State, Zip Code  Jackson, MS 39282-6717	(Mo., Day, Year)  10/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name  Jim Hardin  Mailing Address  2330 Beau Chene Dr  City, State, Zip Code  Biloxi, MS 39532-3134  Name of Employer (Required)  Aladdin Construction Co. Inc.  Occupation (Required)  Sr. Vice President  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Deviney Construction Company, Inc.  Mailing Address  PO Box 6717	(Mo., Day, Year)  10/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
Lenders Political Action Committee	11/03/2021	\$10,000.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 39225-4087		
Name of Employer (Required)	+	
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shawn Harris	08/16/2021	\$250.00
Mailing Address 4 Belle Wood Drive		
City, State, Zip Code Hattiesburg, MS 39402-2007		
Name of Employer (Required) Hancock Whitney Bank		
Occupation (Required) Commercial Banker	Aggregate Year-to-date	\$250.00
	Tour to date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Kelli B. Miller  Mailing Address	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kelli B. Miller  Mailing Address 669 Zetus Road NE  City, State, Zip Code Brookhaven, MS 39601-8150	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Brookhaven, MS 39601-8150  Name of Employer (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  11/29/2021  Aggregate	receipt this period \$1,000.00
City, State, Zip Code Brookhaven, MS 39601-8150  Name of Employer (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Willie Levi Crossley Jr.	Date (Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Gother (please specify)  Full Name Kelli B. Miller  Mailing Address 669 Zetus Road NE  City, State, Zip Code Brookhaven, MS 39601-8150  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Willie Levi Crossley Jr.  Mailing Address 5096 Hwy 49 S	Date (Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
City, State, Zip Code Brookhaven, MS 39601-8150  Name of Employer (Required)  N/A  Cocupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Willie Levi Crossley Jr.  Mailing Address  5096 Hwy 49 S  City, State, Zip Code  Piney Woods, MS 39148	Date (Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
City, State, Zip Code  Brookhaven, MS 39601-8150  Name of Employer (Required)  N/A  Decupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Willie Levi Crossley Jr.  Mailing Address  5096 Hwy 49 S	Date (Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Haley Barbour	04/13/2021	\$2,500.00
Mailing Address 648 Dogwood Drive		<del>+</del>
City, State, Zip Code Yazoo City, MS 39194-8205		
Name of Employer (Required) BGR Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Vanveckhoven	09/27/2021	\$1,000.00
Mailing Address 4525 9th Ave.		
City, State, Zip Code Meridian, MS 39305-2815		
Name of Employer (Required)  New South Ford Nissan		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John C. Higgins	07/16/2021	\$5,000.00
Mailing Address 208 N Spring St.		
200 N Spring St.		
City, State, Zip Code Tupelo, MS 38804-3995		
City. State. Zin Code		
City, State, Zip Code  Tupelo, MS 38804-3995  Name of Employer (Required)	Aggregate Year-to-date	\$5,000.00
City, State, Zip Code  Tupelo, MS 38804-3995  Name of Employer (Required)  Spring Street Cigars  Occupation (Required)		\$5,000.00  Amount of each receipt this period
City, State, Zip Code Tupelo, MS 38804-3995  Name of Employer (Required) Spring Street Cigars  Occupation (Required) Owner  Source: Corporation PAC Individual Loan	Year-to-date  Date	Amount of each receipt
Tupelo, MS 38804-3995  Name of Employer (Required) Spring Street Cigars  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Tupelo, MS 38804-3995  Name of Employer (Required) Spring Street Cigars  Occupation (Required) Owner  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Robert E. Donnell II	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Tupelo, MS 38804-3995  Name of Employer (Required) Spring Street Cigars  Occupation (Required) Owner  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Robert E. Donnell II  Mailing Address 22 Bellegrass Blvd  City. State, Zip Code	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthem PAC	10/06/2021	\$5,000.00
Mailing Address 1001 Pennsylvania Ave NW Ste 710		ψ3,000.00
City, State, Zip Code  Washington, DC 20004-2513		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
	Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name LMS, INC	10/19/2021	\$500.00
Mailing Address 806 Washington Ave		
City, State, Zip Code Ocean Springs, MS 39564-4638		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin McCormick	10/07/2021	\$500.00
Mailing Address 297 Rosedale Drive		W
City, State, Zip Code West Point, MS 39773-9180		1
Name of Employer (Required) Watkins, Ward & Stafford, PLLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$750.00
	Tear-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full Name Cindy Coopwood	Date (Mo., Day, Year)	receipt this period
Cindy Coopwood  Mailing Address  200 S Pearman Avenue	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code	Date (Mo., Day, Year)	receipt this period

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12/31/2021

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rhonda L. Dunaway	40/07/0004	
Mailing Address	10/07/2021	\$1,000.00
10673 Oakcrest Drive N.  City, State, Zip Code		
Biloxi, MS 39532-8305		
Name of Employer (Required)  Coastal Family Health Center		
Occupation (Required) Pharmacist	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  J. Paul Janoush	11/05/2021	\$500.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38769-0397		
Name of Employer (Required)  JANTRAN		
Occupation (Required) CFO	Aggregate Year-to-date	\$500.00
	Tour to date	
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Full Name Rainer Law Firm, LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC  Full Name Rainer Law Firm, LLC  Mailing Address PO Box 258  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code  Pull Name  Rainer Law Firm, LLC  PO Box 258  Brandon, MS 39043-0258	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Brandon, MS 39043-0258  PO Box 258  Description: Brandon, MS 39043-0258  Description: Brandon of Employer (Required)	Date (Mo., Day, Year)  05/19/2021  Aggregate	receipt this period \$2,500.00
Tother (please specify)  Full Name  Rainer Law Firm, LLC  Mailing Address  PO Box 258  City, State, Zip Code  Brandon, MS 39043-0258  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date	\$2,500.00 \$2,500.00  Amount of each receipt this period
Tother (please specify)  Full Name  Rainer Law Firm, LLC  Mailing Address  PO Box 258  City, State, Zip Code  Brandon, MS 39043-0258  Name of Employer (Required)  Coccupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  LLC	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt
Tother (please specify)  Full Name  Rainer Law Firm, LLC  Mailing Address  PO Box 258  City, State, Zip Code  Brandon, MS 39043-0258  Name of Employer (Required)  Coccupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Enviva Development Holdings LLC  Mailing Address	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Tother (please specify) LLC  Full Name Rainer Law Firm, LLC  Mailing Address PO Box 258  City, State, Zip Code Brandon, MS 39043-0258  Name of Employer (Required)  Coccupation (Required)  Coccupation (Required)  Tother (please specify) LLC  Full Name Enviva Development Holdings LLC  Mailing Address 7272 Wisconsin Ave STE 1800  City, State, Zip Code	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Renasant Bank Employees Voluntary PAC	07/28/2021	\$2,500.00
Mailing Address PO Box 709		Ψ2,000.00
City, State, Zip Code Tupelo, MS 38802-0709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Ball	11/29/2021	\$1,000.00
Mailing Address 533 Duncan Avenue		
City, State, Zlp Code Natchez, MS 39120-4014		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
	1000 00 0000	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name Claiborne D. Adcock  Mailing Address	Date (Mo., Day, Year)	receipt this period
Claiborne D. Adcock  Mailing Address PO Box 159  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Claiborne D. Adcock  Mailing Address PO Box 159  City, State, Zip Code Holly Bluff, MS 39088-0159  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Claiborne D. Adcock  Mailing Address PO Box 159  City, State, Zip Code Holly Bluff, MS 39088-0159  Name of Employer (Required) Self	Date (Mo., Day, Year)  09/06/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Claiborne D. Adcock  Mailing Address PO Box 159  City, State, Zip Code Holly Bluff, MS 39088-0159  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  09/06/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Claiborne D. Adcock  Mailing Address PO Box 159  City, State, Zip Code Holly Bluff, MS 39088-0159  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  09/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Claiborne D. Adcock  Malling Address PO Box 159  City, State, Zip Code Holly Bluff, MS 39088-0159  Name of Employer (Required) Self  Cocupation (Required) Farmer  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Mississippi Malt Beverage Association Six-PAC	Date (Mo., Day, Year)  09/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Claiborne D. Adcock  Mailing Address PO Box 159  City, State, Zip Code Holly Bluff, MS 39088-0159  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Mississippi Malt Beverage Association Six-PAC  Mailing Address PO Box 1132	Date (Mo., Day, Year)  09/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clayton Stanley	03/22/2021	\$5,000.00
Mailing Address 4172 N HARPER RD		<b>QUICE STORY</b>
City, State, Zip Code Corinth, MS 38834-2908		
Name of Employer (Required)  Alliance		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Equipment/Rental & Supply	02/24/2021	\$1,000.00
Mailing Address PO Box 7179		
City, State, Zip Code  Jackson, MS 39282-7179		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	IV.	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Full Name Pitcher Point Investments LLC  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code  City Other (please specify)  LLC  LLC  LLC  LLC  LLC  LLC  LLC  L	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Ditcher (please specify)  LLC  LLC  LLC  Pitcher Point Investments LLC  15039 Lorraine Rd  Biloxi, MS 39532-9111	(Mo., Day, Year)	receipt this period
City, State, Zip Code Billoxi, MS 39532-9111  Name of Employer (Required)	(Mo., Day, Year) 12/06/2021 Aggregate	receipt this period \$1,000.00
Tother (please specify)  Full Name  Pitcher Point Investments LLC  Mailing Address  15039 Lorraine Rd  City, State, Zip Code  Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	(Mo., Day, Year) 12/06/2021  Aggregate Year-to-date  Date	\$2,000.00  Amount of each receipt
Tother (please specify)  Full Name  Pitcher Point Investments LLC  Mailing Address  15039 Lorraine Rd  City, State, Zip Code  Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	(Mo., Day, Year)  12/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period
Full Name Pitcher Point Investments LLC  Mailing Address 15039 Lorraine Rd  City, State, Zip Code Biloxi, MS 39532-9111  Name of Employer (Required)  Coccupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mississippi Association of Nurse Anesthetists PAC	(Mo., Day, Year)  12/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period
City, State, Zip Code  Biloxi, MS 39532-9111  Name of Employer (Required)  Cocupation (Required)  Coupation (Required)  Coupation (Pacase specify)  Full Name  Mississippi Association of Nurse Anesthetists PAC  Mailing Address  1022 Highland Colony Pkwy Ste 101  City, State, Zip Code	(Mo., Day, Year)  12/06/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name US Consolidated Group LLC	12/30/2021	\$1,000.00
Mailing Address PO Box 20073		<b>‡1,00010</b> 0
City, State, Zip Code Jackson, MS 39289-0073		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven D. Garraway	02/19/2021	\$500.00
Mailing Address PO Box 4024		<del>_</del>
City, State, Zip Code Madison, MS 39130-4024		
Name of Employer (Required) Self		
Occupation (Required) Garraway Appraisal Partners	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	11/23/2021	\$10,000.00
Mailing Address 4209 Lakeland Dr Ste 399		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Equipment/Rental & Supply	11/09/2021	\$1,000.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		*
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Duane Stevens	01/17/2021	
Mailing Address 106 Cherry Cv	01/11/2021	\$250.00
City. State, Zin Code		4
Madison, MS 39110-8557  Name of Employer (Required)		
Stevens Mechanical Systems, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Franco	05/19/2021	\$5,000.00
Mailing Address 66 Grandview Circle		
City, State, Zip Code Brandon, MS 39047-7398		=
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name  Ritchey Automotive  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City. State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026  Iame of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  10/27/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026  Jackson, MS 39211-4026  Jackson (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026  Jackson, MS 39211-4026  Jackson (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026  Jackson, MS 39211-4026  Jame of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name James E. Turner III	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Ritchey Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026  Jackson, MS 39211-4026  Jame of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name James E. Turner III  Mailing Address 407 Norman Circle  City, State, Zip Code	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael B. Wood	05/05/2021	\$500.00
Mailing Address 85 Acadian Circle		4000.00
City, State, Zip Code Hattiesburg, MS 39402-7928		
Name of Employer (Required)  Topp McWhorter Harvey LLC		
Occupation (Required) CPA	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 Luke Montgomery	04/27/2021	\$500.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required)  Montgomery Enterprises, Inc.		- W. W. L.
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Calvin Taylor  Mailing Address	(Mo., Day, Year)	receipt this period
Calvin Taylor  Mailing Address 7 Mulberry  City. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ocean Springs, MS 39564-5069  Ocean Springs, MS 39564-5069	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Ocean Springs, MS 39564-5069  Name of Employer (Required)  Taylor Law Firm  Occupation (Required)	(Mo., Day, Year) 10/06/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Calvin Taylor  Mailing Address 7 Mulberry  City, State, Zip Code Ocean Springs, MS 39564-5069  Name of Employer (Required) Taylor Law Firm  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/06/2021  Aggregate Year-to-date  Date	\$500.00 \$500.00 Amount of each receipt
Other (please specify)  Full Name Calvin Taylor  Mailing Address 7 Mulberry  City, State, Zip Code Ocean Springs, MS 39564-5069  Name of Employer (Required) Taylor Law Firm  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Calvin Taylor  Mailing Address 7 Mulberry  City, State, Zip Code Ocean Springs, MS 39564-5069  Name of Employer (Required) Taylor Law Firm  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Craig Weiss	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Tull Name Calvin Taylor  Mailing Address 7 Mulberry  City, State, Zip Code Ocean Springs, MS 39564-5069  Name of Employer (Required)  Taylor Law Firm  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Craig Weiss  Mailing Address 230 Cloister Lane	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trey Hankins	09/27/2021	\$5,200.00
Mailing Address PO Box 517		45,255
City, State, Zip Code Ripley, MS 38663-0517		
Name of Employer (Required) CFO		
Occupation (Required) Hankins Inc	Aggregate Year-to-date	\$5,200.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Franks Chevrolet Buick GMC	09/24/2021	\$500.00
Mailing Address PO Box 1281		
City, State, Zip Code Kosciusko, MS 39090-1281		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Judith J. Redshaw  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Judith J. Redshaw  Mailing Address  15195 Ponotoc Drive  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Judith J. Redshaw  Mailing Address 15195 Ponotoc Drive  City, State, Zip Code  Kiln, MS 39556-8172	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Judith J. Redshaw  Mailing Address 15195 Ponotoc Drive  City, State, Zip Code Kiln, MS 39556-8172  Name of Employer (Required) Retired Boeing  Occupation (Required) Retired Pilot  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  01/12/2021  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Judith J. Redshaw  Mailing Address 15195 Ponotoc Drive  City, State, Zip Code Kiln, MS 39556-8172  Name of Employer (Required) Retired Boeing  Occupation (Required)  Retired Pilot  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$250.00 \$250.00 Amount of each receipt
Other (please specify)  Full Name  Judith J. Redshaw  Mailing Address  15195 Ponotoc Drive  City, State, Zip Code  Kiln, MS 39556-8172  Name of Employer (Required)  Retired Boeing  Occupation (Required)  Retired Pilot  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code  Mailing Address  Judith J. Redshaw  Mailing Address  15195 Ponotoc Drive  City, State, Zip Code  Kiln, MS 39556-8172  Retired Boeing  Cocupation (Required)  Retired Pilot  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Mississippi Manufacturers Association PAC  Mailing Address  720 N President St  City, State, Zip Code  Jackson, MS 39202-3004	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name  Judith J. Redshaw  Mailing Address  15195 Ponotoc Drive  City, State, Zip Code  Kiln, MS 39556-8172  Name of Employer (Required)  Retired Boeing  Occupation (Required)  Retired Pilot  Source: Corporation  PAC Individual  Loan  Other (please specify)  Full Name  Mississippi Manufacturers Association PAC  Mailing Address  720 N President St	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clay E. Holladay	07/27/2021	\$10,000.00
Mailing Address P.O. Box 1699		\$ 10,000.00
City, State, Zip Code Meridian, MS 39302-1699		
Name of Employer (Required) WMLV Radio		
Occupation (Required) Owner	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeremy Felder	05/10/2021	\$1,500.00
Mailing Address 1228 W 5th St		
City, State, Zip Code Laurel, MS 39440-3808		
Name of Employer (Required) Chancellor Construction, LLC		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,500.00
	104: 10 8810	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name  William Randy James  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William Randy James  Mailing Address  217 W Capitol Street Suite 201  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William Randy James  Mailing Address 217 W Capitol Street Suite 201  City, State, Zip Code  Jackson, MS 39201-2004	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William Randy James  Mailing Address 217 W Capitol Street Suite 201  City, State, Zip Code Jackson, MS 39201-2004  Name of Employer (Required) Pruet Oil	Date (Mo., Day, Year) 12/23/2021 Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name William Randy James  Mailing Address 217 W Capitol Street Suite 201  City, State, Zip Code Jackson, MS 39201-2004  Name of Employer (Required) Pruet Oil  Occupation (Required)  Partner  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Other (please specify)  Full Name William Randy James  Mailing Address 217 W Capitol Street Suite 201  City, State, Zip Code Jackson, MS 39201-2004  Name of Employer (Required) Pruet Oil  Occupation (Required)  Partner  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name William Randy James  Mailing Address 217 W Capitol Street Suite 201  City, State, Zip Code Jackson, MS 39201-2004  Name of Employer (Required) Pruet Oil  Occupation (Required) Partner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name John W. Shinn	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name William Randy James  Mailing Address 217 W Capitol Street Suite 201  City, State, Zip Code Jackson, MS 39201-2004  Name of Employer (Required) Pruet Oil  Occupation (Required) Partner  Source: Corporation PAC Individual Loan Other (please specify)  Full Name John W. Shinn  Mailing Address 1886 Courtney Ln	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Boyce Adams Sr.	10/12/2021	\$2,500.00
Mailing Address 2005 Seminole Dr		Ψ2,000.00
City, State, Zip Code Columbus, MS 39705-1415		
Name of Employer (Required)  Banktel		
Occupation (Required) Chairman	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CSX Transportation	12/23/2021	\$750.00
Mailing Address 500 Water St		
City, State, Zip Code Jacksonville, FL 32202-4423		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comcast Corporation & NBCUniversal PAC	05/13/2021	\$1,000.00
Mailing Address 1 Comcast Ctr 1701 JFK Boulevard		
City, State, Zip Code Philadelphia, PA 19103-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony Petro	10/14/2021	\$1,000.00
Mailing Address 115 West CaneBrake Blvd		
Hattiesburg, MS 39402-8341		
Hattiesburg, MS 39402-8341  lame of Employer (Required)  Petro Nissan		

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blair Bean-Hughes	08/03/2021	\$250.00
Mailing Address 1104 Belledeer Drive		Ψ230.00
City, State, Zip Code Tupelo, MS 38804-1914		
Name of Employer (Required)  Executive		
Occupation (Required) Park Heights Restaurant	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Ramey Agency, LLC	10/25/2021	\$1,000.00
Mailing Address 3100 North State Street, STE 300 STE 300		
City, State, Zip Code Jackson, MS 39216-4013		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Cother (please specify)  Full Name  Lucius M. Lampton  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Magnolia, MS 39652-2825  Magnoly MS 39652-2825	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Magnolia, MS 39652-2825  Name of Employer (Required)  Memorial Hospital  Description	(Mo., Day, Year)  11/29/2021  Aggregate	receipt this period \$2,000.00
City, State, Zip Code  Magnolia, MS 39652-2825  Name of Employer (Required)  Doccupation (Required)  Doctor  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$2,000.00 \$2,000.00 Amount of each receipt
City, State, Zip Code Magnolia, MS 39652-2825  Name of Employer (Required)  Doctor  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$2,000.00 \$2,000.00  Amount of each receipt this period
City, State, Zip Code Magnolia, MS 39652-2825  Name of Employer (Required) Memorial Hospital  Doccupation (Required) Doctor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name John F. Phillips III	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$2,000.00 \$2,000.00  Amount of each receipt this period
City, State, Zip Code  Magnolia, MS 39652-2825  Name of Employer (Required)  Doctor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  John F. Phillips III  Mailing Address  4042 Highway 16 W  City, State, Zip Code	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$2,000.00 \$2,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sean M. Jennings	- 04/45/0004	
Mailing Address	01/15/2021	\$1,000.00
100 Amberwood Ct.  City, State, Zip Code		
Longwood, FL 32779-2144  Name of Employer (Required)		
Waste Pro of MS		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caroline Sims	12/02/2021	\$1,000.00
Mailing Address 4125 Crane Blvd		<b>4</b> 1,300.00
City, State, Zip Code Jackson, MS 39216-3406		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	11/03/2021	\$10,000.00
Mailing Address PO Box 1640		Ţ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John England	12/16/2021	\$1,000.00
MailIng Address 128 Hidden HTS		
City, State, Zip Code Ridgeland, MS 39157-8626		
lame of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph C. Canizaro	10/14/2021	\$25,000.00
Mailing Address 909 Poydras St Ste 1700		Ψ20,000.00
City, State, Zip Code New Orleans, LA 70112-4010		
Name of Employer (Required)  Corporate Capital LLC/First Trust Corp		
Occupation (Required)  Developer/Banker	Aggregate Year-to-date	\$35,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC IN Kind (Atonics Forest	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BGR Government Affairs LLC	04/22/2021	\$3,012.93
Mailing Address 601 13th St. NW 11th Floor		
City, State, Zip Code Washington, DC 20005-3822		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,012.93
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John M. Hairston	12/21/2021	\$5,000.00
Mailing Address 9114 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Whitney Hancock Bank		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Walsh	01/18/2021	\$500.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code  Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George R. Walker III	10/21/2021	\$5,000.00
Mailing Address 4025 Eastover Drive		40,000.00
City, State, Zip Code Jackson, MS 39211-6612		
Name of Employer (Required) Heritage Properties		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Holliday	07/22/2021	\$250.00
Mailing Address 901 Garfield Street		
City, State, Zip Code Tupelo, MS 38801-5737		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Cother (please specify)  Full Name  R. Wilson Montjoy II  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name R. Wilson Montjoy II  Mailing Address 202 Agency Burn  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name R. Wilson Montjoy II  Mailing Address 202 Agency Burn  City, State, Zip Code Ridgeland, MS 39157-9740  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name R. Wilson Montjoy II  Mailing Address 202 Agency Burn  City, State, Zip Code Ridgeland, MS 39157-9740  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)	(Mo., Day, Year)  12/01/2021  Aggregate	receipt this period \$1,000.00
City, State, Zip Code Ridgeland, MS 39157-9740  Name of Employer (Required)  City Attorney  Source: Corporation PAC Individual Loan	Aggregate Year-to-date  (Mo., Day, Year)  12/01/2021	\$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name R. Wilson Montjoy II  Mailing Address 202 Agency Burn  City, State, Zip Code Ridgeland, MS 39157-9740  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00  \$1,000.00  Amount of each receipt this period
City, State, Zip Code Ridgeland, MS 39157-9740  Name of Employer (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  BNSF Railway Company  Mailing Address	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00  \$1,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  R. Wilson Montjoy II  Mailing Address  202 Agency Burn  City, State, Zip Code  Ridgeland, MS 39157-9740  Butler Snow Omara Stevens & Cannada  Cocupation (Required)  Attorney  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  BNSF Railway Company  Mailing Address  2500 Lou Menk Drive AOB-2	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles C. Scianna Jr,	11/02/2021	\$10,000.00
Mailing Address 5738 Old Highway 36 Road		ψ10,000.00
City, State, Zip Code Bellville, TX 77418-3672		
Name of Employer (Required) Sim-Tex, LC		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael R Boleware	11/24/2021	\$250.00
Mailing Address 60 E Lake Road		
City, State, Zip Code Hattiesburg, MS 39402-9532		
Name of Employer (Required) Eagle Consulting LLC		
Occupation (Required) Officer	Aggregate Year-to-date	\$250.00
	1041 10 4410	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
•	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Don R. Shelton  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Don R. Shelton  Mailing Address  508 Pritchard Lane  City. State. Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Columbus, MS 39702-9428  Control Columbus Co	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Don R. Shelton  Mailing Address 508 Pritchard Lane  City, State, Zip Code Columbus, MS 39702-9428  Name of Employer (Required) Trans Power Corporation  Occupation (Required)	Date (Mo., Day, Year)  10/20/2021  Aggregate	receipt this period \$2,500.00
Trans Power Corporation  Other (please specify)  Full Name  Don R. Shelton  508 Pritchard Lane  City, State, Zip Code  Columbus, MS 39702-9428  Name of Employer (Required)  Trans Power Corporation  Occupation (Required)  President  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  10/20/2021  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt
Tull Name Don R. Shelton  Mailing Address 508 Pritchard Lane  City, State, Zip Code Columbus, MS 39702-9428  Name of Employer (Required) Trans Power Corporation  Occupation (Required) President  Source: Corporation PAC Individual Loan  Tother (please specify) LLC	Date (Mo., Day, Year)  10/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Tull Name Don R. Shelton  Mailing Address 508 Pritchard Lane  City, State, Zip Code Columbus, MS 39702-9428  Name of Employer (Required) Trans Power Corporation  Occupation (Required) President  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Columbus Hyundai, LLC	Date (Mo., Day, Year)  10/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Gity, State, Zip Code Columbus, MS 39702-9428  Name of Employer (Required) Coccupation (Required) Coccupation (Required) Corporation Coccupation PAC Columbus Hyundai, LLC  Mailing Address P.O. Box 2568  City State Zip Code  Columbus Hyundai Code Columbus Hyundai Code Columbus Hyundai Code Columbus Hyundai Code Code Code Code Code Code Code Code	Date (Mo., Day, Year)  10/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Connor Adcock	07/22/2021	\$1,000.00
Mailing Address PO Box 417		
City, State, Zip Code Belden, MS 38826-0417		
Name of Employer (Required)  McCullough Steel		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hattiesburg Clinic Healthcare Policy Committee	03/15/2021	\$5,000.00
Mailing Address PO Box 17739		
City, State, Zip Code Hattiesburg, MS 39404-7739		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Gother (please specify)  Full Name  Michael Dunlap  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Full Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code Batesville, MS 38606-0720  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code Batesville, MS 38606-0720  Name of Employer (Required)  Dunlap & Kyle	(Mo., Day, Year) 09/14/2021 Aggregate	receipt this period \$2,500.00
Other (please specify)  Full Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code Batesville, MS 38606-0720  Name of Employer (Required)  Dunlap & Kyle  Occupation (Required)  President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date	\$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify)  Full Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code Batesville, MS 38606-0720  Name of Employer (Required) Dunlap & Kyle  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC MAIL Went Lependes	(Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Tother (please specify)  Full Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code Batesville, MS 38606-0720  Name of Employer (Required)  Dunlap & Kyle  Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify)  LLC MANA CAPPINGS  Full Name Capitol Resources	(Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Tull Name Michael Dunlap  Mailing Address PO Box 720  City, State, Zip Code Batesville, MS 38606-0720  Name of Employer (Required) Dunlap & Kyle  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC MANA ENCAPTIONS  Full Name Capitol Resources  Mailing Address 200 N Congress Street STE 500  City, State, Zip Code	(Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Dunlap	10/15/2021	\$10,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required)  Dunlap & Kyle Co, Inc.		
Occupation (Required) Chairman	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joey Conwill	09/29/2021	\$500.00
Mailing Address 107 Ashley Place		
City, State, Zip Code Ocean Springs, MS 39564-5322		•
Name of Employer (Required) YMCA		
Occupation (Required) Fitness Director	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Dean Jr.	10/29/2021	£4 000 00
	10/29/2021	\$1,000.00
Mailing Address PO Drawer 272	10/29/2021	\$1,000.00
Mailing Address PO Drawer 272  City, State, Zip Code Leland, MS 38756-0272	10/29/2021	\$1,000.00
City, State, Zip Code Leland, MS 38756-0272	10/29/2021	\$1,000.00
City, State, Zip Code  Leland, MS 38756-0272  Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code Leland, MS 38756-0272  Name of Employer (Required) Dean Land & Reality Company  Occupation (Required) Owner	Aggregate	
City, State, Zip Code  Leland, MS 38756-0272  Name of Employer (Required)  Dean Land & Reality Company  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date	\$1,000.00  Amount of each receipt
City, State, Zip Code  Leland, MS 38756-0272  Name of Employer (Required)  Dean Land & Reality Company  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify)  LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period
City, State, Zip Code  Leland, MS 38756-0272  Name of Employer (Required)  Dean Land & Reality Company  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name  Community Care Health Network LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period
City, State, Zip Code  Leland, MS 38756-0272  Name of Employer (Required)  Dean Land & Reality Company  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name  Community Care Health Network LLC  Mailing Address  9201 E Mountain View Rd Ste 220  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Dental PAC	06/30/2021	\$5,000.00
Mailing Address 439B Katherine Drive		
City, State, Zip Code Flowood, MS 39232-9781		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hayes Dent Public Strategies	11/10/2021	\$1,000.00
Mailing Address PO Box 1047		=======
City, State, Zip Code Yazoo City, MS 39194-1047		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
•	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Penn National Gaming  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Penn National Gaming  Mailing Address  3980 Howard Hughes Pkwy  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Penn National Gaming  Mailing Address 3980 Howard Hughes Pkwy  City, State, Zip Code Las Vegas, NV 89169-0992	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Penn National Gaming  Mailing Address 3980 Howard Hughes Pkwy  City, State, Zip Code Las Vegas, NV 89169-0992  Name of Employer (Required)	Date (Mo., Day, Year)  11/18/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Penn National Gaming  Mailing Address 3980 Howard Hughes Pkwy  City, State, Zip Code Las Vegas, NV 89169-0992  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  11/18/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name Penn National Gaming  Mailing Address 3980 Howard Hughes Pkwy  City, State, Zip Code Las Vegas, NV 89169-0992  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  11/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Penn National Gaming  Mailing Address 3980 Howard Hughes Pkwy  City, State, Zip Code Las Vegas, NV 89169-0992  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Charles Robert Ridgway IV	Date (Mo., Day, Year)  11/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Penn National Gaming  Mailing Address 3980 Howard Hughes Pkwy  City, State, Zip Code Las Vegas, NV 89169-0992  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Charles Robert Ridgway IV  Malling Address 4662 Trawick Drive	Date (Mo., Day, Year)  11/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael W. Castle Jr.	03/10/2021	\$1,000.00
Mailing Address 8189 Pine Springs Rd		<b>V</b> 1,500.00
City, State, Zip Code Meridian, MS 39305-9027		
Name of Employer (Required)  Progressive Pipeline Construction, LLC		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann Alexander	03/31/2021	\$100.00
Mailing Address PO Box 307		
City, State, Zip Code Marion, MS 39342-0307		
Name of Employer (Required) A & B Electric		
Occupation (Required) Owner	Aggregate Year-to-date	\$100.00
	7 7	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen C. Edds  Malling Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen C. Edds  Malling Address  120 Herons Landing  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen C. Edds  Mailing Address  120 Herons Landing  City, State, Zip Code Ridgeland, MS 39157-8687	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen C. Edds  Malling Address 120 Herons Landing  City, State, Zip Code Ridgeland, MS 39157-8687  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)	(Mo., Day, Year) 12/10/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Stephen C. Edds  Mailing Address 120 Herons Landing  City, State, Zip Code Ridgeland, MS 39157-8687  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/10/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$6,000.00  Amount of each receipt
Other (please specify)  Full Name Stephen C. Edds  Mailing Address 120 Herons Landing  City, State, Zip Code Ridgeland, MS 39157-8687  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$6,000.00  Amount of each receipt this period
Other (please specify)  Full Name Stephen C. Edds  Mailing Address 120 Herons Landing  City, State, Zip Code Ridgeland, MS 39157-8687  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Whitwell Holdings LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$6,000.00  Amount of each receipt this period
Other (please specify)  Full Name Stephen C. Edds  Mailing Address 120 Herons Landing  City, State, Zip Code Ridgeland, MS 39157-8687  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Whitwell Holdings LLC  Mailing Address PO Box 2547	(Mo., Day, Year)  12/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$6,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Walt Starr	10/20/2021	\$1,000.00
Mailing Address 770 Greenbriar Dr.		
City, State, Zip Code Columbus, MS 39705-1457		
Name of Employer (Required) Golden Triangle Periodontal Ctr.		
Occupation (Required) Dentist	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 Southern States Soccer FC LLC	08/11/2021	\$3,500.00
Mailing Address 12 Cove Lane		
City, State, Zip Code Hattiesburg, MS 39402-7704		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
	Tour to date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full Name  McKesson Corporation Employees Political Fund	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name McKesson Corporation Employees Political Fund  Mailing Address 505 9th St NW Ste 901	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name McKesson Corporation Employees Political Fund  Mailing Address 505 9th St NW Ste 901  City, State, Zip Code Washington, DC 20004-2173	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name McKesson Corporation Employees Political Fund  Malling Address 505 9th St NW Ste 901  City, State, Zip Code Washington, DC 20004-2173  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name McKesson Corporation Employees Political Fund  Malling Address 505 9th St NW Ste 901  City, State, Zip Code Washington, DC 20004-2173  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  10/27/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Washington, DC 20004-2173  Name of Employer (Required)  Coccupation (Required)  Coccupation (Required)  Coupation (Required)  Coupation (Required)  Coupation (Required)  Coupation (Required)  Coupation (Required)  Coupation Coupation PAC Individual Loan  Coupation (Required)	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate of	r Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RAI Services Company	12/23/2021	\$1,000.00
Mailing Address PO Box 464		<b>\$1,000.00</b>
City, State, Zip Code Winston Salem, NC 27102-0464		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gray Wiggers	06/18/2021	\$250.00
Mailing Address 15 Avery Circle		
City, State, Zip Code Jackson, MS 39211-2403		
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 Moses H. Feagin	12/20/2021	\$1,000.00
Mailing Address 2019 Marisol Ct.		
	The state of the s	
City, State, Zip Code Biloxi, MS 39531-2412		
City, State, Zip Code Biloxi, MS 39531-2412		
City, State, Zip Code Biloxi, MS 39531-2412	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code  Biloxi, MS 39531-2412  Name of Employer (Required)  Mississippi Power Company  Occupation (Required)		\$1,000.00  Amount of each receipt this period
City, State, Zip Code  Biloxi, MS 39531-2412  Name of Employer (Required)  Mississippi Power Company  Occupation (Required)  Vice President, Treasurer, & CEO  Source: Corporation PAC Individual Loan	Year-to-date  Date	Amount of each receipt
City, State, Zip Code  Biloxi, MS 39531-2412  Name of Employer (Required)  Mississippi Power Company  Occupation (Required)  Vice President, Treasurer, & CEO  Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code  Biloxi, MS 39531-2412  Name of Employer (Required)  Mississippi Power Company  Occupation (Required)  Vice President, Treasurer, & CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Cline Tours, Inc.	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code  Biloxi, MS 39531-2412  Name of Employer (Required)  Mississippi Power Company  Occupation (Required)  Vice President, Treasurer, & CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Cline Tours, Inc.  Mailing Address  P.O. Box 1498  City, State, Zip Code	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey J. Cox	05/12/2021	\$5,000.00
Mailing Address 255 Lakeshire Parkway		1
City, State, Zip Code Canton, MS 39046-5333		
Name of Employer (Required)  Birdsong Construction		
Occupation (Required)  Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Dunlap	01/13/2021	\$5,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required)  Dunlap & Kyle Co, Inc.		
Occupation (Required) Chairman	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karlee Byrd	11/29/2021	\$1,000.00
Mailing Address 1385 Auburn Drive SW		
City, State, Zip Code Bogue Chitto, MS 39629-8262		
City State 7in Code		
City, State, Zip Code  Bogue Chitto, MS 39629-8262  Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code  Bogue Chitto, MS 39629-8262  Name of Employer (Required)  N/A  Occupation (Required)		\$1,000.00  Amount of each receipt this period
City, State, Zip Code  Bogue Chitto, MS 39629-8262  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan	Year-to-date  Date	Amount of each receipt
City, State, Zip Code  Bogue Chitto, MS 39629-8262  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Bogue Chitto, MS 39629-8262  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  The Friedkin Group Inc	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Bogue Chitto, MS 39629-8262  Name of Employer (Required)  N/A  Occupation (Required)  Homemaker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  The Friedkin Group Inc  Mailing Address  P.O. Box 441887  City. State, Zip Code	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Maintaining Majority Fun	04/22/2021	\$1,000.00
Mailing Address 101 S Washington Sq Ste 620		· ·
City, State, Zip Code Lansing, MI 48933-1708		-
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heritage Construction, LLC	06/26/2021	\$2,500.00
Mailing Address 1200 22nd Ave.		
City, State, Zip Code Meridian, MS 39301-4009		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Reed Jr.	11/10/2021	\$250.00
Mailing Address 460 O Reilly Road		
City, State, Zip Code Boyle, MS 38730-9769		
Name of Employer (Required)  Joe Reed Co.		
Occupation (Required) Site Work Contractor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denmiss LLC	09/30/2021	\$2,500.00
Mailing Address PO Box 320579		
City, State, Zip Code Flowood, MS 39232-0579		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wallace Gentry Long IV	07/06/2021	\$1,000.00
Mailing Address 4811 Broadmoor Ln		Ψ1,000.00
City, State, Zip Code Belden, MS 38826-9500		
Name of Employer (Required) Homestretch		
Occupation (Required) Furniture Manufacturing	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rehabilitation Centers LLC	11/24/2021	\$5,000.00
Mailing Address 100-A Jadek Drive NE		
City, State, Zip Code Magee, MS 39111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  W. Michael Russ  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name W. Michael Russ  Mailing Address  4023 Boxwood Circle  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name W. Michael Russ  Mailing Address 4023 Boxwood Circle  City, State, Zip Code Jackson, MS 39211	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name W. Michael Russ  Mailing Address 4023 Boxwood Circle  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required)	(Mo., Day, Year)  12/10/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name W. Michael Russ  Mailing Address 4023 Boxwood Circle  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name W. Michael Russ  Mailing Address 4023 Boxwood Circle  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name W. Michael Russ  Mailing Address 4023 Boxwood Circle  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Randi Mueller	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name W. Michael Russ  Mailing Address 4023 Boxwood Circle  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Randi Mueller  Mailing Address 1881 Courtney Lane	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Colin Maloney	07/13/2021	\$1,000.00
Mailing Address PO Box 1366		
City, State, Zip Code Tupelo, MS 38802-1366		
Name of Employer (Required)  Maloney Glass/Century Construction & Realty		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Albritton Construction Co Inc.	05/05/2021	\$1,000.00
Mailing Address 2100 Bush Dairy Road		
City, State, Zip Code Laurel, MS 39443-7546		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each services receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Kurt Allen  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code  Other (please specify)  Full Name Kurt Allen  10947 Waterside Drive	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Gulfport, MS 39503-6058  Control Other (please specify)  Gulfport, MS 39503-6058  Control Other (please specify)  Gulfport, MS 39503-6058	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kurt Allen  Mailing Address 10947 Waterside Drive  City, State, Zip Code Gulfport, MS 39503-6058  Name of Employer (Required)  Aquarium  Occupation (Required)	(Mo., Day, Year) 10/18/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Kurt Allen  Mailing Address 10947 Waterside Drive  City, State, Zip Code Gulfport, MS 39503-6058  Name of Employer (Required) Aquarium  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Kurt Allen  Mailing Address 10947 Waterside Drive  City, State, Zip Code Gulfport, MS 39503-6058  Name of Employer (Required) Aquarium  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Kurt Allen  Mailing Address 10947 Waterside Drive  City, State, Zip Code Gulfport, MS 39503-6058  Name of Employer (Required) Aquarium  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph A. Hollingsworth Jr.	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Kurt Allen  Mailing Address 10947 Waterside Drive  City, State, Zip Code Gulfport, MS 39503-6058  Name of Employer (Required) Aquarium  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph A. Hollingsworth Jr.  Mailing Address 1 Rockytop Lane  City, State Zip Code	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philips Pest Control	10/18/2021	\$1,000.00
Mailing Address 18516 Joe Morgan Rd.	10/10/2021	φ1,000.00
City, State, Zip Code		
Kiln, MS 39556-8219  Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Lundy	12/01/2021	\$1,000.00
Mailing Address 458 Greenwood Lane		
City, State, Zip Code Ridgeland, MS 39157-4000		V-10-10-10-10-10-10-10-10-10-10-10-10-10-
Name of Employer (Required)  Capitol Resources		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name  Lee C Lampton Sr.  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Lee C Lampton Sr.  Malling Address  115 Windrush Dr  City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Flowood, MS 39232-8943  Name of Employer (Regulard)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Flowood, MS 39232-8943  Name of Employer (Required)  Flowood (Required)  Flowood (Required)	(Mo., Day, Year) 12/01/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Lee C Lampton Sr.  Mailing Address 115 Windrush Dr  City, State, Zip Code Flowood, MS 39232-8943  Name of Employer (Required) Ergon  Occupation (Required) Executive  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Flowood, MS 39232-8943  Name of Employer (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Benjamin L. Davis	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)  Full Name Lee C Lampton Sr.  Malling Address 115 Windrush Dr  City, State, Zip Code Flowood, MS 39232-8943  Name of Employer (Required) Ergon  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Benjamin L. Davis  Mailing Address 30 Plaza Mayor	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Lee C Lampton Sr.  Malling Address 115 Windrush Dr  City, State, Zip Code Flowood, MS 39232-8943  Name of Employer (Required)  Ergon  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Benjamin L. Davis  Mailing Address 30 Plaza Mayor  City, State, Zip Code Humacao, PR 00791-6227  Name of Employer (Required)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J5GBL, LLC	12/01/2021	\$5,000.00
Mailing Address 605 2nd Ave. N		45,555.55
City, State, Zip Code Columbus, MS 39701-4513		10-20-
Name of Employer (Required)		1 10
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claw Forestry Services, LLC	12/06/2021	\$5,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Full Name Silver Slipper Casino Venture, LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Silver Slipper Casino Venture, LLC  Mailing Address PO Box 3270  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Silver Slipper Casino Venture, LLC  Mailing Address PO Box 3270  City, State, Zip Code Bay Saint Louis, MS 39521-3270	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Silver Slipper Casino Venture, LLC  Mailing Address  PO Box 3270  City, State, Zip Code  Bay Saint Louis, MS 39521-3270  Name of Employer (Required)	(Mo., Day, Year)  10/05/2021  Aggregate	receipt this period \$1,000.00
Tother (please specify)  Full Name  Silver Slipper Casino Venture, LLC  Mailing Address  PO Box 3270  City, State, Zip Code  Bay Saint Louis, MS 39521-3270  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	(Mo., Day, Year)  10/05/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Tother (please specify)  Full Name  Silver Slipper Casino Venture, LLC  Mailing Address  PO Box 3270  City, State, Zip Code  Bay Saint Louis, MS 39521-3270  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  LLC	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)  Full Name  Silver Slipper Casino Venture, LLC  Mailing Address  PO Box 3270  City, State, Zip Code  Bay Saint Louis, MS 39521-3270  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Primary Care Coalition Of Mississippi LLC  Mailing Address	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)  Full Name  Silver Slipper Casino Venture, LLC  Mailing Address  PO Box 3270  City, State, Zip Code  Bay Saint Louis, MS 39521-3270  Name of Employer (Required)  Coccupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Primary Care Coalition Of Mississippi LLC  Mailing Address  6400 Lakeover Rd. Suite A	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy S. Griffin	12/29/2021	\$10,000.00
Mailing Address PO Box 188		<b>4</b> 10,000.00
City, State, Zip Code Braxton, MS 39044-0188		
Name of Employer (Required)  Advanced Healthcare Management		
Occupation (Required) CFO	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Drew T. St. John II	11/05/2021	\$10,000.00
Mailing Address 104 Stonebridge Cove		
City, State, Zip Code Madison, MS 39110-6071		
Name of Employer (Required) Earthscape Supply		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Foll Manage	<del></del>	
Roderick Mark Alexander Jr.	12/20/2021	\$1,000.00
Full Name Roderick Mark Alexander Jr.  Mailing Address  10744 Bayou Plantation Lane	12/20/2021	\$1,000.00
Roderick Mark Alexander Jr.  Mailing Address	12/20/2021	\$1,000.00
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code  Gulfport, MS 39503	12/20/2021	\$1,000.00
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code  Gulfport, MS 39503  Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00 \$1,000.00
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code  Gulfport, MS 39503  Name of Employer (Required)  Balch & Bingham  Occupation (Required)	Aggregate	
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code Gulfport, MS 39503  Name of Employer (Required)  Balch & Bingham  Occupation (Required)  Attorney  Source:   Corporation  PAC  Individual  Loan	Aggregate Year-to-date	\$1,000.00  Amount of each receipt
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code Gulfport, MS 39503  Name of Employer (Required)  Balch & Bingham  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code Gulfport, MS 39503  Name of Employer (Required)  Balch & Bingham  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Keith Norman	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period
Mailing Address  10744 Bayou Plantation Lane  City, State, Zip Code Gulfport, MS 39503  Name of Employer (Required)  Balch & Bingham  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Keith Norman  Mailing Address  7480 Wood Rail Cv.	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Wanda Stroupe	09/29/2021	\$500.00
Mailing Address 1331 City Ave North		
City, State, Zip Code Ripley, MS 38663-1102		
Name of Employer (Required) Family Care Ripley		
Occupation (Required)  Doctorate of Nurse Practitioner	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 Scott E Andress	12/28/2021	\$1,000.00
Mailing Address 303 Herons Ln		
City, State, Zip Code Ridgeland, MS 39157-8500		
Name of Employer (Required)  Balch & Bingham		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Timothy B. Smith  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name Timothy B. Smith  Mailing Address  4704 N Harper Rd.  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Timothy B. Smith  Mailing Address  4704 N Harper Rd.  City, State, Zip Code  Corinth, MS 38834-7070  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Corinth, MS 38834-7070  CEO Express  Cother (please specify)  Cother (please specify)  City Name City, State, Zip Code Corinth, MS 38834-7070  CEO Express  Coccupation (Required)	(Mo., Day, Year)  03/22/2021  Aggregate	receipt this period \$5,000.00
City, State, Zip Code Name of Employer (Required)  Coccupation (Required)  Avectus Healthcare  Cother (please specify)  Avectus Healthcare	Aggregate Year-to-date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
City, State, Zip Code Corinth, MS 38834-7070  Name of Employer (Required) CEO Express  Occupation (Required) Avectus Healthcare  Source: Corporation PAC Individual Loan Cother (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Timothy B. Smith  Mailing Address 4704 N Harper Rd.  City, State, Zip Code Corinth, MS 38834-7070  Name of Employer (Required) CEO Express  Occupation (Required) Avectus Healthcare  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Michael Crowe	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Timothy B. Smith  Mailing Address 4704 N Harper Rd.  City, State, Zip Code Corinth, MS 38834-7070  Name of Employer (Required) CEO Express  Occupation (Required) Avectus Healthcare  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael Crowe  Mailing Address 4702 18th Ave	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hankins Timbers, LLC	01/14/2021	\$10,000.00
Mailing Address PO Box 1397		ψ10,000.00
City, State, Zip Code Grenada, MS 38902-1397		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom C. Harvey III	01/12/2021	\$100.00
Mailing Address 38 Colonel Wink Drive		
City, State, Zip Code Gulfport, MS 39507-4203		
Name of Employer (Required)  The Timberlands LLC		7
Occupation (Required) Executive	Aggregate Year-to-date	\$100.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jonathan Nass  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jonathan Nass  Mailing Address  132 Stennis St  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jonathan Nass  Mailing Address 132 Stennis St  City, State, Zip Code Pass Christian, MS 39571-2434  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jonathan Nass  Mailing Address 132 Stennis St  City, State, Zip Code Pass Christian, MS 39571-2434  Name of Employer (Required) Port of Gulfport	Date (Mo., Day, Year) 10/18/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Jonathan Nass  Mailing Address 132 Stennis St  City, State, Zip Code Pass Christian, MS 39571-2434  Name of Employer (Required) Port of Gulfport  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Jonathan Nass  Mailing Address 132 Stennis St  City, State, Zip Code Pass Christian, MS 39571-2434  Name of Employer (Required) Port of Gulfport  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Jonathan Nass  Mailing Address 132 Stennis St  City, State, Zip Code Pass Christian, MS 39571-2434  Name of Employer (Required) Port of Gulfport  Occupation (Required) CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Columbus Nissan, Inc.	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Jonathan Nass  Mailing Address 132 Stennis St  City, State, Zip Code Pass Christian, MS 39571-2434  Name of Employer (Required) Port of Gulfport  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Columbus Nissan, Inc.  Mailing Address 100 Hwy 12 East	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Land Holdings I, LLC	10/01/2021	\$5,000.00
Mailing Address 9380 Central Ave		40,000.00
City, State, Zip Code Diberville, MS 39540-5302		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Wright	08/26/2021	\$500.00
Mailing Address 5730 Batlett Woods Dr.		
City, State, Zip Code Bartlett, TN 38134-5468		
Name of Employer (Required) Youth Villages		
Occupation (Required) Analyst	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
— — — — — — — — — — — — — — — — — — —	I I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Gary Chouest  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Gary Chouest  Mailing Address PO Box 310  City, State, Zip Code Galliano, LA 70354-0310  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Gary Chouest  Mailing Address PO Box 310  City, State, Zip Code Galliano, LA 70354-0310  Name of Employer (Required)  Edison Chouset Offshore  Occupation (Required)	(Mo., Day, Year)  12/23/2021  Aggregate	receipt this period \$25,000.00
Other (please specify)  Full Name Gary Chouest  Mailing Address PO Box 310  City, State, Zip Code Galliano, LA 70354-0310  Name of Employer (Required) Edison Chouset Offshore  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt
Other (please specify)  Full Name Gary Chouest  Mailing Address PO Box 310  City, State, Zip Code Galliano, LA 70354-0310  Name of Employer (Required) Edison Chouset Offshore  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period
Other (please specify)  Full Name Gary Chouest  Mailing Address PO Box 310  City, State, Zip Code Galliano, LA 70354-0310  Name of Employer (Required) Edison Chouset Offshore  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period
Other (please specify)  Full Name Gary Chouest  Mailing Address PO Box 310  City, State, Zip Code Galliano, LA 70354-0310  Name of Employer (Required) Edison Chouset Offshore  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period

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Mailing Address  20 Bellegrass Blvd  City, State, Zip Code Hattiesburg, MS 39402-1904  Name of Employer (Required)  917 Capital  Occupation (Required)  CEO  Aggregate Year-to-date  Source: Corporation PAC Individual Loan  Page Amount Company Comp	ipt
Mailing Address  20 Bellegrass Blvd  City, State, Zip Code Hattiesburg, MS 39402-1904  Name of Employer (Required)  917 Capital  Occupation (Required)  CEO  Aggregate Year-to-date  Source: Corporation PAC Individual Loan  Page Amount C	55,000.00
Mailing Address  20 Bellegrass Blvd  City, State, Zip Code Hattiesburg, MS 39402-1904  Name of Employer (Required)  917 Capital  Occupation (Required)  CEO  Aggregate Year-to-date  Source: Corporation PAC Individual Loan  Page Amount C	
Name of Employer (Required) 917 Capital  Occupation (Required) CEO  Aggregate Year-to-date  Source:  Corporation  PAC  Individual  Loan  Date	
917 Capital  Occupation (Required)  CEO  Aggregate Year-to-date  Source:  Corporation  PAC Individual  Loan  Date	
Source: Corporation PAC Individual Loan Pate Amount of	
Source. — corporation — FAC — individual — Loan   Date	5,000.00
Other (please specify) this pe	ipt
Full Name Drew DePriest 09/28/2021	\$500.00
Mailing Address 470 Bonnie Blue Lane	
City, State, Zip Code Olive Branch, MS 38654-7378	
Name of Employer (Required) All Star Chevrolet	
Occupation (Required) Owner Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Date recei  Other (please specify) this pe	pt
Full Name	
	1,000.00
Lincoln Lumber Company Inc. 11/29/2021	51,000.00
Lincoln Lumber Company Inc. 11/29/2021 § Mailing Address	1,000.00
Lincoln Lumber Company Inc. 11/29/2021 \$  Mailing Address PO Box 453  City, State, Zip Code Brookhaven, MS 39602-0453	1,000.00
Lincoln Lumber Company Inc.  11/29/2021  Mailing Address PO Box 453  City, State, Zip Code Brookhaven, MS 39602-0453  Name of Employer (Required)  Decupation (Required)  Aggregate	1,000.00
Lincoln Lumber Company Inc.  11/29/2021  Mailing Address PO Box 453  City, State, Zip Code Brookhaven, MS 39602-0453  Name of Employer (Required)  Occupation (Required)  Aggregate Year-to-date	1,000.00 of each pt
Lincoln Lumber Company Inc.  11/29/2021  Mailing Address PO Box 453  City, State, Zip Code Brookhaven, MS 39602-0453  Name of Employer (Required)  Occupation (Required)  Aggregate Year-to-date  Source:  Corporation PAC Individual Loan Date recei	1,000.00 of each pt
Lincoln Lumber Company Inc.    11/29/2021   \$	of each of each opt riod
Lincoln Lumber Company Inc.  Mailing Address PO Box 453  City, State, Zip Code Brookhaven, MS 39602-0453  Name of Employer (Required)  Doccupation (Required)  Aggregate Year-to-date  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Matthew Mcdade  Mailing Address  11/29/2021  \$  11/29/2021	of each of each opt riod
Lincoln Lumber Company Inc.  Mailing Address PO Box 453  City, State, Zip Code Brookhaven, MS 39602-0453  Name of Employer (Required)  Cocupation (Required)  Aggregate Year-to-date  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Matthew Mcdade  Mailing Address 459 Commerce St.	of each of each opt riod

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert E. Sheets Sr.	05/07/2021	\$25,000.00
Mailing Address 717 Hunter St.	55/5//2021	\$23,000.00
City, State, Zip Code Tallahassee, FL 32303-5727		
Name of Employer (Required)		
Government Services Group  Occupation (Required)	Aggregate	
CEO	Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Beverly Fioranelli	11/02/2021	\$250,00
Mailing Address 3380 Highway 8		
City, State, Zip Code Cleveland, MS 38732-2049		
Name of Employer (Required) retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Jennifer Sanders  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Jennifer Sanders  Mailing Address  1034 Oakleigh Drive  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Full Name  Jennifer Sanders  Mailing Address  1034 Oakleigh Drive  City, State, Zip Code  Summit, MS 39666-9329  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  Jennifer Sanders  Mailing Address  1034 Oakleigh Drive  City, State, Zip Code  Summit, MS 39666-9329  Name of Employer (Required)  Sydney Allyn LLC  Occupation (Required)	(Mo., Day, Year)  11/29/2021  Aggregate	receipt this period \$250.00
Tull Name Jennifer Sanders  Mailing Address 1034 Oakleigh Drive  City, State, Zip Code Summit, MS 39666-9329  Name of Employer (Required) Sydney Allyn LLC  Occupation (Required) Officer  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Tull Name Jennifer Sanders  Mailing Address 1034 Oakleigh Drive  City, State, Zip Code Summit, MS 39666-9329  Name of Employer (Required) Sydney Allyn LLC  Occupation (Required) Officer  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code Summit, MS 39666-9329  Name of Employer (Required) Sydney Allyn LLC  Occupation (Required) Officer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Bernard W. Bean	(Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code Summit, MS 39666-9329  Name of Employer (Required) Sydney Allyn LLC  Occupation (Required) Officer  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Bernard W. Bean  Mailing Address 628 Highland Circle	(Mo., Day, Year)  11/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James H. Clayton	10/26/2021	
Mailing Address  103 E Gresham Street	10/20/2021	\$2,500.00
City, State, Zip Code Indianola, MS 38751-2422		
Name of Employer (Required) Planters Bank		
Occupation (Required)	Aggregate	
Banker	Year-to-date	\$3,500.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mercedes Benz of Jackson	09/21/2021	\$500.00
Mailing Address 455 Steed Road		
City, State, Zip Code Ridgeland, MS 39157-8691		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name UnitedHealth Group, Inc.	10/29/2021	\$1,000.00
Mailing Address PO Box 1459		¥ 1,000.00
City, State, Zip Code Minneapolis, MN 55440-1459		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Bolin	09/29/2021	\$1,000.00
Mailing Address 530 Highway 15		
City, State, Zip Code Blue Mountain, MS 38610-9720		
JNS Biofuel, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Worth Thomas	12/19/2021	\$10,000.00
Mailing Address PO Box 774		<b>*</b>
City, State, Zip Code Jackson, MS 39205-0774		
Name of Employer (Required) Worth Thomas Consultants		
Occupation (Required) Consultant	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name PhRMA	10/14/2021	\$1,000.00
Mailing Address 950 F Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1440		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thomas Mueller  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thomas Mueller  Mailing Address  1881 Courtney Lane  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thomas Mueller  Mailing Address 1881 Courtney Lane  City, State, Zip Code Biloxi, MS 39532-5318  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thomas Mueller  Mailing Address  1881 Courtney Lane  City, State, Zip Code Biloxi, MS 39532-5318  Name of Employer (Required)  MS Power Co  Occupation (Required)	(Mo., Day, Year) 10/08/2021 Aggregate	receipt this period \$250.00
Thomas Mueller  Mailing Address  1881 Courtney Lane  City, State, Zip Code Biloxi, MS 39532-5318  Name of Employer (Required) MS Power Co  Deccupation (Required) Attorney  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/08/2021  Aggregate Year-to-date  Date	\$250.00  \$250.00  Amount of each receipt
City, State, Zip Code Biloxi, MS 39532-5318  Name of Employer (Required) MS Power Co  Coccupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Thomas Mueller  Mailing Address  1881 Courtney Lane  City, State, Zip Code  Biloxi, MS 39532-5318  Name of Employer (Required)  MS Power Co  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Blackline Corp	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Thomas Mueller  Mailing Address  1881 Courtney Lane  City, State, Zip Code  Biloxi, MS 39532-5318  Name of Employer (Required)  MS Power Co  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Blackline Corp  Mailing Address  1902 15th St STE 101	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Felder Investments LLC	11/12/2021	\$2,000.00
Mailing Address 25 Town Center Sq		
City, State, Zip Code Hattiesburg, MS 39402-7040		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Washington	01/08/2021	\$1,000.00
Mailing Address 2301 Country Club Rd		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required)  Washington Insurance Agency		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Pierce  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Pierce  Mailing Address 4037 Old Highway 15  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Pierce  Mailing Address 4037 Old Highway 15  City, State, Zip Code Decatur, MS 39327-9362  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Pierce  Mailing Address 4037 Old Highway 15  City, State, Zip Code Decatur, MS 39327-9362  Name of Employer (Required)  Retired  Occupation (Regulred)	(Mo., Day, Year) 01/10/2021 Aggregate	receipt this period \$150.00
Other (please specify)  Full Name Billy 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)  01/10/2021  Aggregate Year-to-date  Date	receipt this period \$150.00 \$150.00  Amount of each receipt
Other (please specify)  Full Name Billy Pierce  Mailing Address 4037 Old Highway 15  City, State, Zip Code Decatur, MS 39327-9362  Name of Employer (Required) Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$150.00  \$150.00  Amount of each receipt this period
Other (please specify)  Full Name Billy Pierce  Mailing Address 4037 Old Highway 15  City, State, Zip Code Decatur, MS 39327-9362  Name of Employer (Required) Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Amy Bogue	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$150.00  \$150.00  Amount of each receipt this period
Gity, State, Zip Code  Decatur, MS 39327-9362  Name of Employer (Required)  Retired  Decupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Amy Bogue  Mailing Address  433 Greenbriar Dr.	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$150.00  \$150.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ross Perot Jr.	10/07/2021	\$25,000.00
Mailing Address 3000 Turtle Creek Blvd		, , , , , , , , , , , , , , , , , , , ,
City, State, Zip Code Dallas, TX 75219-6268		
Name of Employer (Required) Hillwood Developer		100
Occupation (Required) Chairman	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Industries, Inc.	02/05/2021	\$1,000.00
Mailing Address PO Box 1588		
Clty, State, Zip Code Laurel, MS 39441-1588		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC D Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(,, ,,	ano portoa
Other (please specify)  Full Name  Terry Byrd	11/29/2021	\$2,500.00
Full Name	-	
Full Name Terry Byrd	-	
Full Name Terry Byrd  Mailing Address  1078 Auburn Drive  City, State, Zip Code	-	
Terry Byrd  Mailing Address  1078 Auburn Drive  City, State, Zip Code  Bogue Chitto, MS 39629-8213	-	
Terry Byrd  Mailing Address  1078 Auburn Drive  City, State, Zip Code Bogue Chitto, MS 39629-8213  Name of Employer (Required)  T Byrd Trucking  Decupation (Required)	11/29/2021 Aggregate	\$2,500.00
Mailing Address  1078 Auburn Drive  City, State, Zip Code Bogue Chitto, MS 39629-8213  Name of Employer (Required)  T Byrd Trucking  Decupation (Required)  Executive  Source: Corporation PAC Individual Loan	11/29/2021  Aggregate Year-to-date  Date	\$2,500.00 \$2,500.00 Amount of each receipt
Mailing Address  1078 Auburn Drive  City, State, Zip Code Bogue Chitto, MS 39629-8213  Name of Employer (Required)  T Byrd Trucking  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Mailing Address  1078 Auburn Drive  City, State, Zip Code Bogue Chitto, MS 39629-8213  Name of Employer (Required)  T Byrd Trucking  Decupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Akins And Adams P.A.	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Mailing Address  1078 Auburn Drive  City, State, Zip Code Bogue Chitto, MS 39629-8213  Name of Employer (Required)  T Byrd Trucking  Decupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Akins And Adams P.A.  Mailing Address  108 E Jefferson St.	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association for Home Care State PAC	12/20/2021	\$1,000.00
Mailing Address PO Box 115		7 ,
City, State, Zip Code Clinton, MS 39060-0115		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burton & Associates P.A.	10/18/2021	\$250.00
Mailing Address PO Box 7605		-
City, State, Zip Code Gulfport, MS 39506-7605		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation C PAC Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Roy Hutcheson Sr.  Mailing Address	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Scottsboro, AL 35769-3952  State, Office (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Roy Hutcheson Sr.  Mailing Address 1904 Roseberry Dr  City, State, Zip Code Scottsboro, AL 35769-3952  Name of Employer (Required) Hutcheson Investments Inc  Occupation (Required)	(Mo., Day, Year)  04/22/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Roy Hutcheson Sr.  Mailing Address 1904 Roseberry Dr  City, State, Zip Code Scottsboro, AL 35769-3952  Name of Employer (Required) Hutcheson Investments Inc  Occupation (Required)  President  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$2,250.00  Amount of each receipt
Other (please specify)  Full Name Roy Hutcheson Sr.  Mailing Address 1904 Roseberry Dr  City, State, Zip Code Scottsboro, AL 35769-3952  Name of Employer (Required) Hutcheson Investments Inc  Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$2,250.00  Amount of each receipt this period
City, State, Zip Code Scottsboro, AL 35769-3952  Name of Employer (Required) Hutcheson Investments Inc  City Cocupation (Required) President  Source: Corporation PAC Individual Loan  Cother (please specify) LLC  Full Name Southeastern Timber Products, LLC	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$2,250.00  Amount of each receipt this period
Other (please specify)  Full Name Roy Hutcheson Sr.  Mailing Address 1904 Roseberry Dr  City, State, Zip Code Scottsboro, AL 35769-3952  Name of Employer (Required) Hutcheson Investments Inc  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Southeastern Timber Products, LLC  Mailing Address PO Box 5327	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$2,250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		uns period
Empower PAC	10/18/2021	\$5,000.00
Mailing Address 741 Avignon Dr Ste C		
City, State, Zip Code Ridgeland, MS 39157-5162		
Name of Employer (Required)		-
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Dental Association 5th District PAC	04/23/2021	\$400.00
Mailing Address 1213 Broad Ave Ste 1		
City, State, Zip Code Gulfport, MS 39501-2475		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$400.00
	Year-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)  Full Name  David B. Craddock  Malling Address	Date (Mo., Day, Year)	Amount of each receipt this period
David B. Craddock  Malling Address  2727 Quail Run Road  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name David B. Craddock  Malling Address 2727 Quail Run Road  City, State, Zip Code Jackson, MS 39211-6627	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name David B. Craddock  Malling Address 2727 Quail Run Road  City, State, Zip Code Jackson, MS 39211-6627  Name of Employer (Required) Craddock Oil Company Inc	Date (Mo., Day, Year)  10/14/2021  Aggregate	Amount of each receipt this period \$1,000.00
Other (please specify)  Full Name David B. Craddock  Malling Address 2727 Quail Run Road  City, State, Zip Code Jackson, MS 39211-6627  Name of Employer (Required) Craddock Oil Company Inc  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  10/14/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name David B. Craddock  Malling Address 2727 Quail Run Road  City, State, Zip Code Jackson, MS 39211-6627  Name of Employer (Required) Craddock Oil Company Inc  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)  10/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name David B. Craddock  Mailing Address 2727 Quail Run Road  City, State, Zip Code Jackson, MS 39211-6627  Name of Employer (Required) Craddock Oil Company Inc  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Upland Properties LLC	Date (Mo., Day, Year)  10/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name David B. Craddock  Malling Address 2727 Quail Run Road  City, State, Zip Code Jackson, MS 39211-6627  Name of Employer (Required) Craddock Oil Company Inc  Occupation (Required) CEO  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Upland Properties LLC  Mailing Address 1018 Industrial Park Dr.	Date (Mo., Day, Year)  10/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William K. Dossett	11/10/2021	\$500.00
Mailing Address P.O. Box 1494		
City, State, Zip Code Cleveland, MS 38732-1494		*
Name of Employer (Required)  Beulah Farming Company		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew B. Wesson	08/03/2021	\$1,000.00
Mailing Address 2445 GREENWICH PARK CIR		
City, State, Zip Code Tupelo, MS 38804-5045		
Name of Employer (Required)  Wesson Ophthalmologist Association, PLLC		
Occupation (Required) Opthalmologist	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
George B. Pickett  Mailing Address	(Mo., Day, Year)	receipt this period
George B. Pickett  Malling Address P.O. Box 321452  City. State, Zin Code	(Mo., Day, Year)	receipt this period
George B. Pickett  Malling Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required)	(Mo., Day, Year)  08/13/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name George B. Pickett  Malling Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required)  Life Insurance Agent  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/13/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,250.00  Amount of each receipt
Other (please specify)  Full Name George B. Pickett  Malling Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required)  Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,250.00  Amount of each receipt this period
George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Kenneth F. Martin	(Mo., Day, Year)  08/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,250.00  Amount of each receipt this period
Other (please specify)  Full Name George B. Pickett  Malling Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required)  Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kenneth F. Martin  Malling Address 951 Cato Road	(Mo., Day, Year)  08/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorothy Graham	08/04/2021	\$250.00
Mailing Address 900 46th Street		Ψ230.00
City, State, Zip Code Meridian, MS 39305		
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  Jeffrey A. Stone	12/20/2021	\$1,000.00
Mailing Address 4716 Francisco PI		
City, State, Zip Code Pensacola, FL 32504-9080		
Name of Employer (Required) Mississippi Power		
Occupation (Required) Vice President, Chief Legal Officer, Corporate Secretary, &	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Rebecca K. Weir  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code  Other (please specify)  Mailing Address  9128 Grovelawn Cove East	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Germantown, TN 38139-5689  Other (please specify)  Full Name Rebecca K. Weir  9128 Grovelawn Cove East  Germantown, TN 38139-5689	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Rebecca K. Weir  Mailing Address 9128 Grovelawn Cove East  City, State, Zip Code Germantown, TN 38139-5689  Name of Employer (Required)  retired  Occupation (Required)	(Mo., Day, Year) 09/07/2021 Aggregate	receipt this period \$500.00
Tother (please specify)  Full Name Rebecca K. Weir  Mailing Address 9128 Grovelawn Cove East  City, State, Zip Code Germantown, TN 38139-5689  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date	\$500.00 \$500.00 Amount of each receipt
Tull Name Rebecca K. Weir  Mailing Address 9128 Grovelawn Cove East  City, State, Zip Code Germantown, TN 38139-5689  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Tother (please specify)  Full Name Rebecca K. Weir  Mailing Address 9128 Grovelawn Cove East  City, State, Zip Code Germantown, TN 38139-5689  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name AMR HOLDCO, Inc	(Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Tother (please specify)  Full Name Rebecca K. Weir  Mailing Address 9128 Grovelawn Cove East  City, State, Zip Code Germantown, TN 38139-5689  Name of Employer (Required) retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name AMR HOLDCO, Inc  Mailing Address 6363 S Fiddlers Green Cr 14 Floor  City, State, Zip Code	(Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Astro Ford of Mississippi	04/23/2021	\$1,000.00
Mailing Address 10350 Auto Mall Pkwy		
City, State, Zip Code Diberville, MS 39540-3700		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Casey L. Butts	05/05/2021	\$500.00
Mailing Address 11 Westerly Dr.		
City, State, Zip Code Laurel, MS 39443-6005		19) (000 000)
Name of Employer (Required) Sanderson Farms		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	· · · · · · · · · · · · · · · · · · ·	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  R. Barry Cannada  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name R. Barry Cannada  Mailing Address 827 Pinehurst Place  City, State, Zip Code  Jackson, MS 39202-1740  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name R. Barry Cannada  Mailing Address 827 Pinehurst Place  City, State, Zip Code Jackson, MS 39202-1740  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)	(Mo., Day, Year) 12/01/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name R. Barry Cannada  Mailing Address 827 Pinehurst Place  City, State, Zip Code Jackson, MS 39202-1740  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	(Mo., Day, Year) 12/01/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name R. Barry Cannada  Mailing Address 827 Pinehurst Place  City, State, Zip Code Jackson, MS 39202-1740  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code  Sackson, MS 39202-1740  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Cheryl Sparkman	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name R. Barry Cannada  Mailing Address 827 Pinehurst Place  City, State, Zip Code Jackson, MS 39202-1740  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Cheryl Sparkman  Mailing Address PO Box 26	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waggoner Resilience, INC.	11/30/2021	\$500.00
Mailing Address 10000 Celtic Dr	11100,2021	\$300.00
City, State, Zip Code Baton Rouge, LA 70809-2501		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  J. Kenneth Austin	10/06/2021	\$1,000.00
Malling Address 126 Fleitas Ave		
City, State, Zip Code Pass Christian, MS 39571-4507		
Name of Employer (Required)  Coast Realty		
Occupation (Required) Realtor	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Baker Services  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Other (please specify)  Baker Services  PO Box 6717  Jackson, MS 39282-6717	(Mo., Day, Year)	receipt this period
Full Name Baker Services  Mailing Address PO Box 6717  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tull Name Baker Services  Mailing Address PO Box 6717  City, State, Zip Code Jackson, MS 39282-6717  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year) 02/23/2021 Aggregate	receipt this period \$1,000.00
Tull Name Baker Services  Mailing Address PO Box 6717  City, State, Zip Code Jackson, MS 39282-6717  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  02/23/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
City, State, Zip Code  Jackson, MS 39282-6717  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  02/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Full Name Baker Services  Mailing Address PO Box 6717  City, State, Zip Code Jackson, MS 39282-6717  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name William Lucien Smith II  Mailing Address 134 Olympia Flds	(Mo., Day, Year)  02/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Gother (please specify)  Full Name  Baker Services  Mailing Address  PO Box 6717  City, State, Zip Code  Jackson, MS 39282-6717  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  Full Name  William Lucien Smith II  Mailing Address  134 Olympia Flds  City, State, Zip Code	(Mo., Day, Year)  02/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

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Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Franklin Collection Service Inc	07/19/2021	\$1,000.00
Mailing Address PO Box 3910		
City, State, Zip Code Tupelo, MS 38803-3910		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Bland	07/15/2021	\$1,000.00
Mailing Address PO Box 1064		V V 30 00 00 00 00
City, State, Zip Code Pontotoc, MS 38863-1064		
Name of Employer (Required) Southern Motion		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
		*
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Brent Tice  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Brent Tice  Mailing Address PO Box 458  City, State, Zio Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Brent Tice  Mailing Address PO Box 458  City, State, Zip Code Wiggins, MS 39577-0458  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Brent Tice  Mailing Address PO Box 458  City, State, Zip Code Wiggins, MS 39577-0458  Name of Employer (Required)  Tice & Associates, P.A.	(Mo., Day, Year) - 12/15/2021  Aggregate	receipt this period \$10,000.00
City, State, Zip Code Wiggins, MS 39577-0458  Name of Employer (Required)  CPA  Coccupation (Required)  CPA  Concorrection PAC Individual Loan	Aggregate Year-to-date	\$10,000.00  \$10,000.00  Amount of each receipt
Other (please specify)  Full Name Richard Brent Tice  Mailing Address PO Box 458  City, State, Zip Code Wiggins, MS 39577-0458  Name of Employer (Required) Tice & Associates, P.A.  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name Richard Brent Tice  Mailing Address PO Box 458  City, State, Zip Code Wiggins, MS 39577-0458  Name of Employer (Required) Tice & Associates, P.A.  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Pigott Oil Company, Inc.	Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name Richard Brent Tice  Mailing Address PO Box 458  City, State, Zip Code Wiggins, MS 39577-0458  Name of Employer (Required) Tice & Associates, P.A.  Occupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Pigott Oil Company, Inc.  Mailing Address PO Box 229  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clinton Lee Smart	05/12/2021	
Mailing Address 29673 Hwy 4 East	03/12/2021	\$1,500.00
City, State, Zip Code		
Senatobia, MS 38668-5700  Name of Employer (Required)		
Smart Properties Inc  Occupation (Required)		
Executive	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Ben Yarbrough	11/29/2021	\$500.00
Mailing Address 108 Duster Drive		4500.00
City, State, Zip Code Natchez, MS 39120-5277		
Name of Employer (Required) Franklin County Memorial Hospital		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Theo P. Costas Jr.	11/22/2021	
	1	\$2,000.00
Mailing Address 1939 Davis Johnson Dr.		\$2,000.00
Mailing Address  1939 Davis Johnson Dr.  City, State, Zip Code  Richland, MS 39218-8406		\$2,000.00
1939 Davis Johnson Dr. City, State, Zip Code		\$2,000.00
1939 Davis Johnson Dr.  City, State, Zip Code  Richland, MS 39218-8406  Name of Employer (Required)	Aggregate Year-to-date	\$2,000.00
1939 Davis Johnson Dr.  City, State, Zip Code Richland, MS 39218-8406  Name of Employer (Required) Southern Beverage  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate	
1939 Davis Johnson Dr.  City, State, Zip Code Richland, MS 39218-8406  Name of Employer (Required) Southern Beverage  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben	Aggregate Year-to-date Date	\$2,000.00  Amount of each receipt
1939 Davis Johnson Dr.  City, State, Zip Code Richland, MS 39218-8406  Name of Employer (Required) Southern Beverage  Occupation (Required) CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period
1939 Davis Johnson Dr.  City, State, Zip Code Richland, MS 39218-8406  Name of Employer (Required) Southern Beverage  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period
1939 Davis Johnson Dr.  City, State, Zip Code Richland, MS 39218-8406  Name of Employer (Required) Southern Beverage  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben  failing Address  225 Winsmere Way	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan		Amount of each
Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Arthur D. Spratlin, Jr.	12/02/2021	\$1,000.00
Mailing Address 2480 Sandridge Dr		
City, State, Zip Code  Jackson, MS 39211-6203		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Albert Burton Hankins Jr.	10/27/2021	\$10,000.00
Mailing Address 496 W Nat G Troutt Road		
City, State, Zip Code Grenada, MS 38901		
Name of Employer (Required) Hankins Lumber Co.		
Occupation (Required) Executive	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)		
Tother (please specify) LLC  Full Name Maselli Properties, LLC	Date	receipt
Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Full Name Maselli Properties, LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Maselli Properties, LLC  Mailing Address  1401 Saint Andrew St. Apt 132  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Maselli Properties, LLC  Mailing Address  1401 Saint Andrew St. Apt 132  City, State, Zip Code  New Orleans, LA 70130-5367	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  Maselli Properties, LLC  Mailing Address  1401 Saint Andrew St. Apt 132  City, State, Zip Code  New Orleans, LA 70130-5367  Name of Employer (Required)	Date (Mo., Day, Year)  11/08/2021  Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each
Tother (please specify)  LLC  Full Name  Maselli Properties, LLC  Mailing Address  1401 Saint Andrew St. Apt 132  City, State, Zip Code  New Orleans, LA 70130-5367  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  11/08/2021  Aggregate	receipt this period \$1,000.00 \$1,000.00
Tother (please specify)  Full Name  Maselli Properties, LLC  Mailing Address  1401 Saint Andrew St. Apt 132  City, State, Zip Code  New Orleans, LA 70130-5367  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify)  Full Name  Maselli Properties, LLC  Mailing Address  1401 Saint Andrew St. Apt 132  City, State, Zip Code  New Orleans, LA 70130-5367  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  LLC	Date (Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) LLC  Full Name Maselli Properties, LLC  Mailing Address 1401 Saint Andrew St. Apt 132  City, State, Zip Code New Orleans, LA 70130-5367  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Bear Bayou Holdings LLC  Mailing Address 306 E Railroad St.  City, State, Zip Code Long Beach, MS 39560-4732	Date (Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) LLC  Full Name Maselli Properties, LLC  Mailing Address 1401 Saint Andrew St. Apt 132  City, State, Zip Code New Orleans, LA 70130-5367  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Bear Bayou Holdings LLC  Mailing Address 306 E Railroad St.  City, State, Zip Code	Date (Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code  Bear Bayou Holdings LLC    City, State, Zip Code   Corporation   PAC   Individual   Loan   LCC	Date (Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nicholas H. Manley	12/10/2021	\$1,000.00
Mailing Address 2470 Cumberland Drive		Ψ1,000.00
City, State, Zip Code Southaven, MS 38672-7123		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Toorporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denbury Resources, Inc.	08/05/2021	\$1,000.00
Mailing Address 5320 Legacy Drive		,
City, State, Zip Code Plano, TX 75024-3127		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Michael D. Cure  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Michael D. Cure  Mailing Address  106 Yarborough Pl  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Michael D. Cure  Mailing Address  106 Yarborough Pl  City, State, Zip Code  Waveland, MS 39576-2210	(Mo., Day, Year)	receipt this period
City, State, Zip Code Waveland, MS 39576-2210  Name of Employer (Required)  City Required)  Cure Land Company LLC  Coccupation (Required)  President  Course Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  06/27/2021  Aggregate	receipt this period \$10,000.00
City, State, Zip Code Waveland, MS 39576-2210  Name of Employer (Required)  Cure Land Company LLC  Coccupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Corinne W. Casanova	(Mo., Day, Year)  06/27/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Other (please specify)  Full Name Michael D. Cure  Mailing Address 106 Yarborough Pl  City, State, Zip Code Waveland, MS 39576-2210  Name of Employer (Required) Cure Land Company LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Corinne W. Casanova  Mailing Address 204 South Pearman Ave.	(Mo., Day, Year)  06/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period
Gother (please specify)  Full Name  Michael D. Cure  Mailing Address  106 Yarborough Pl  City, State, Zip Code  Waveland, MS 39576-2210  Cure Land Company LLC  Occupation (Required)  President  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Corinne W. Casanova	(Mo., Day, Year)  06/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name Michael D. Cure  Mailing Address 106 Yarborough PI  City, State, Zip Code Waveland, MS 39576-2210  Name of Employer (Required) Cure Land Company LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Corinne W. Casanova  Mailing Address 204 South Pearman Ave.	(Mo., Day, Year)  06/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles B. Magee Jr.	11/29/2021	\$500.00
Mailing Address 205 Burris Road SE	THEOLEGET	φουυ.υυ
City, State, Zip Code  Mc Call Creek, MS 39647-5455		
Name of Employer (Required)		
Retired Occupation (Regulred)	A ======to	
Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Judd	08/03/2021	\$1,000.00
Mailing Address PO Box 11	3	· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code Tupelo, MS 38802-0011		
Name of Employer (Required)  Tupelo Children's Mansion		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name  Waggoner Engineering, Inc.  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Waggoner Engineering, Inc.  Mailing Address  P.O. Box 12227  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Waggoner Engineering, Inc.  Mailing Address P.O. Box 12227  City, State, Zip Code Jackson, MS 39236-2227	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Waggoner Engineering, Inc.  Mailing Address P.O. Box 12227  City, State, Zip Code Jackson, MS 39236-2227  Jackson, MS 39236-2227	Date (Mo., Day, Year) 11/30/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Waggoner Engineering, Inc.  Mailing Address P.O. Box 12227  City, State, Zip Code Jackson, MS 39236-2227  Jame of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  11/30/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Waggoner Engineering, Inc.  Mailing Address P.O. Box 12227  City, State, Zip Code Jackson, MS 39236-2227  Jame of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  11/30/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Waggoner Engineering, Inc.  Mailing Address P.O. Box 12227  City, State, Zip Code Jackson, MS 39236-2227  Iame of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mary Melissa Covington	Date (Mo., Day, Year)  11/30/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name  Waggoner Engineering, Inc.  Mailing Address  P.O. Box 12227  City, State, Zip Code  Jackson, MS 39236-2227  Jame of Employer (Required)  Occupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name  Mary Melissa Covington  Mailing Address  1611 Lissa Drive  Sity, State, Zip Code	Date (Mo., Day, Year)  11/30/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Pearl River Community College Development Foundation Inc.	05/05/2021	\$300.00	
Mailing Address 101 Highway 11 North			
City, State, Zip Code Poplarville, MS 39470-2216			
Name of Employer (Required)			
Occupation (Required)	Aggregate Year-to-date	\$300.00	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Lauren Pittman	12/06/2021	\$2,500.00	
Mailing Address 116 Rosedowne Bend			
City, State, Zip Code Madison, MS 39110-4759			
Name of Employer (Required) N/A			
Occupation (Required) Homemaker	Aggregate Year-to-date	\$2,500.00	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
		receipt	
Other (please specify)	(Mo., Day, Year)	receipt this period	
Full Name Clark PAC	(Mo., Day, Year)	receipt this period	
Clark PAC  Mailing Address  300 Oakland Flatrock Rd  City, State, Zip Code	(Mo., Day, Year)	receipt this period	
Clark PAC  Mailing Address  300 Oakland Flatrock Rd  City, State, Zip Code Oakland, KY 42159-9766	(Mo., Day, Year)	receipt this period	
Other (please specify)  Full Name Clark PAC  Mailing Address 300 Oakland Flatrock Rd  City, State, Zip Code Oakland, KY 42159-9766  Name of Employer (Required)	(Mo., Day, Year)  11/22/2021  Aggregate	receipt this period \$2,500.00	
Clark PAC  Mailing Address  300 Oakland Flatrock Rd  City, State, Zip Code Oakland, KY 42159-9766  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt	
Clark PAC  Mailing Address  300 Oakland Flatrock Rd  City, State, Zip Code Oakland, KY 42159-9766  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period	
Clark PAC  Mailing Address  300 Oakland Flatrock Rd  City, State, Zip Code Oakland, KY 42159-9766  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Victor Walsh	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period	
Other (please specify)  Full Name Clark PAC  Mailing Address 300 Oakland Flatrock Rd  City, State, Zip Code Oakland, KY 42159-9766  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Victor Walsh  Mailing Address 4619 Main Street Suite A	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period	

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Belenchia	01/20/2021	\$500,00
Mailing Address 2036 Saint Ives Lane		
City, State, Zip Code Hernando, MS 38632-7693		
Name of Employer (Required)  Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watkins & Eager, PLLC	11/29/2021	\$5,000.00
Mailing Address P.O. Box 650		
City, State, Zip Code Jackson, MS 39205-0650		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u>_</u>	l I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ric Alexander  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code Meridian, MS 39305-1807	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code Meridian, MS 39305-1807  Name of Employer (Required) Meridian Medical Associates  Occupation (Required)	(Mo., Day, Year) 07/19/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code Meridian, MS 39305-1807  Name of Employer (Required) Meridian Medical Associates  Occupation (Required) Physician  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date	\$250.00 \$250.00
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code Meridian, MS 39305-1807  Name of Employer (Required) Meridian Medical Associates  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Cother (please specify) LLC	(Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code Meridian, MS 39305-1807  Name of Employer (Required) Meridian Medical Associates  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Worth Thomas Consultants	(Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Ric Alexander  Mailing Address 5013 Hillside Drive  City, State, Zip Code Meridian, MS 39305-1807  Name of Employer (Required) Meridian Medical Associates  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Worth Thomas Consultants  Mailing Address PO Box 774	(Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Simmons	01/28/2021	\$300.00
Mailing Address PO Box 116		
City, State, Zip Code Florence, MS 39073-0116		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Giles Ward	10/20/2021	\$250.00
Mailing Address 400 N COLUMBUS AVE		
City, State, Zlp Code Louisville, MS 39339-2318		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	10	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Tyler Norman  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name Tyler Norman  Mailing Address PO Box 1350  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Tyler Norman  Mailing Address PO Box 1350  City, State, Zip Code Meridian, MS 39302-1350  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Tyler Norman  Mailing Address PO Box 1350  City, State, Zip Code Meridian, MS 39302-1350  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)  08/02/2021  Aggregate	receipt this period \$10,000.00
Other (please specify)  Full Name Tyler Norman  Mailing Address PO Box 1350  City, State, Zip Code Meridian, MS 39302-1350  Name of Employer (Required) Norman Roofing  Occupation (Required)  Vice President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Other (please specify)  Full Name Tyler Norman  Mailing Address PO Box 1350  City, State, Zip Code Meridian, MS 39302-1350  Name of Employer (Required) Norman Roofing  Occupation (Required)  Vice President  Source: Corporation PAC Individual Loan  Other (please specify) LLC	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period
Tyler Norman  Mailing Address PO Box 1350  City, State, Zip Code Meridian, MS 39302-1350  Name of Employer (Required) Norman Roofing  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan Other (please specify)  LLC  Full Name Law Offices of Haley S Martin LLC	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name Tyler Norman  Mailing Address PO Box 1350  City, State, Zip Code Meridian, MS 39302-1350  Name of Employer (Required) Norman Roofing  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Law Offices of Haley S Martin LLC  Mailing Address  1103 Hanley Road	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
12/22/2021	\$1,000.00
	<b>41,000.00</b>
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
09/14/2021	\$1,000.00
h	
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
01/07/2021	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
04/23/2021	\$400.00
Aggregate Year-to-date	\$400.00
	(Mo., Day, Year)  12/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)  O9/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)  01/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)  01/07/2021

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Milton O. Sundbeck	10/15/2021	\$1,000.00
Mailing Address 37 Town Creek Rd		
City, State, Zip Code West Point, MS 39773-5705		
Name of Employer (Required) Southern Ionics		
Occupation (Required) President	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 Codaray Construction LLC	08/16/2021	\$500.00
Mailing Address PO Box 16628		
City, State, Zip Code Hattiesburg, MS 39404-6628		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  B.J. Canup  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name  B.J. Canup  Mailing Address  102 Francis Drive  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  B.J. Canup  Mailing Address  102 Francis Drive  City, State, Zip Code  Fulton, MS 38843-8434  Name of Employer (Reguired)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  B.J. Canup  Mailing Address  102 Francis Drive  City, State, Zip Code Fulton, MS 38843-8434  Name of Employer (Required)  Tremont Floral  Occupation (Required)	(Mo., Day, Year) 07/22/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name B.J. Canup  Mailing Address 102 Francis Drive  City, State, Zip Code Fulton, MS 38843-8434  Name of Employer (Required)  Occupation (Required)  President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  07/22/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name  B.J. Canup  Mailing Address  102 Francis Drive  City, State, Zip Code Fulton, MS 38843-8434  Name of Employer (Required)  Tremont Floral  Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	(Mo., Day, Year)  07/22/2021  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 B.J. Canup  Mailing Address 102 Francis Drive  City, State, Zip Code Fulton, MS 38843-8434  Name of Employer (Required) Tremont Floral  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) IN CINA Food for oncompanion of the Michael Goode  Mailing Address	(Mo., Day, Year)  07/22/2021  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  B.J. Canup  Mailing Address  102 Francis Drive  City, State, Zip Code Fulton, MS 38843-8434  Name of Employer (Required)  Tremont Floral  Occupation (Required)  President  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Michael Goode  Malling Address  610 Northlake Ave  City, State, Zip Code	(Mo., Day, Year)  07/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
09/27/2021	\$1,000.00
	ψ1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
06/25/2021	\$10,000.00
Aggregate Year-to-date	\$15,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/18/2021	\$2,500.00
Aggregate Year-to-date	\$2,500.00
Date (Mo., Day, Year)	Amount of each receipt this period
01/21/2021	\$500.00
Aggregate Year-to-date	\$500.00
	(Mo., Day, Year)  09/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)  Aggregate Year-to-date  Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Onte (Mo., Day, Year)  10/18/2021

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hue Townsend	12/07/2021	\$1,000.00
Mailing Address 400 Lee Ave		
City, State, Zip Code Belzoni, MS 39038-3708		
Name of Employer (Required) Guaranty Bank And Trust		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sylvia Shoemaker	01/08/2021	\$500.00
Mailing Address 68 Enclave Cr		
City, State, Zip Code Ridgeland, MS 39157-4513		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
	rear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full Name  Trudy Fisher	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Trudy Fisher  Mailing Address  205 Audubon Point Dr	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Trudy Fisher  Mailing Address 205 Audubon Point Dr  City, State, Zip Code Brandon, MS 39047-6408	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code  Brandon, MS 39047-6408  Character Specify  Description:  Descri	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Trudy Fisher  Mailing Address 205 Audubon Point Dr  City, State, Zip Code Brandon, MS 39047-6408  Name of Employer (Required)  Butler Snow  Occupation (Required)	Date (Mo., Day, Year)  12/29/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Trudy Fisher  Mailing Address 205 Audubon Point Dr  City, State, Zip Code Brandon, MS 39047-6408  Name of Employer (Required) Butler Snow  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name Trudy Fisher  Mailing Address 205 Audubon Point Dr  City, State, Zip Code Brandon, MS 39047-6408  Name of Employer (Required) Butler Snow  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Tother (please specify) LLC	Date (Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Trudy Fisher  Mailing Address 205 Audubon Point Dr  City, State, Zip Code Brandon, MS 39047-6408  Name of Employer (Required) Butler Snow  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan Other (please specify)  LLC  Full Name Southland Designer Homes LLC  Mailing Address 15039 Lorraine Road	Date (Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Trudy Fisher  Mailing Address 205 Audubon Point Dr  City, State, Zip Code Brandon, MS 39047-6408  Name of Employer (Required) Butler Snow  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name Southland Designer Homes LLC  Mailing Address 15039 Lorraine Road	Date (Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert R Maxwell Jr.	11/10/2021	\$250.00
Mailing Address 31 Caroline Cove		***************************************
City, State, Zip Code Cleveland, MS 38732-6601		
Name of Employer (Required) Rosedale		
Occupation (Required) Port Director	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Shane J. Guidry	09/30/2021	\$5,000.00
Mailing Address 701 Pydras Street		
City, State, Zip Code New Orleans, LA 70139-6001		
Name of Employer (Required) Harvey Gulf International		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Billy Hewes  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City, State, Zip Code Gulfport, MS 39505-2867	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City, State, Zip Code Gulfport, MS 39505-2867  Name of Employer (Required)  City of Gulfport	(Mo., Day, Year) 10/13/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City, State, Zip Code Gulfport, MS 39505-2867  Name of Employer (Required) City of Gulfport  Occupation (Required) Mayor  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City, State, Zip Code Gulfport, MS 39505-2867  Name of Employer (Required) City of Gulfport  Occupation (Required) Mayor  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City, State, Zip Code Gulfport, MS 39505-2867  Name of Employer (Required) City of Gulfport  Occupation (Required) Mayor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Alfred McNair Jr.	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Billy Hewes  Mailing Address P.O. Box 2867  City, State, Zip Code Gulfport, MS 39505-2867  Name of Employer (Required) City of Gulfport  Decupation (Required) Mayor  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Alfred McNair Jr.  Mailing Address 2953 Bienville Blvd #142	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Johnny L. Crane Jr.	08/03/2021	\$1,500.00
Mailing Address 116 Francis Dr.	00,00,202	ψ 1,000.00
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required)  F.L. Crane and Sons Construction		
Occupation (Required) President	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny McRight	10/26/2021	\$5,000.00
Mailing Address 2481 Stonebridge Rd		
City, State, Zip Code Greenville, MS 38701-7556		
Name of Employer (Required)  Mcright Services, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City, State, Zip Code  Metairie, LA 70002-3531	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City, State, Zip Code  Metairie, LA 70002-3531  Name of Employer (Required)  CCMSI	(Mo., Day, Year)  06/08/2021  Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City, State, Zip Code  Metairie, LA 70002-3531  Name of Employer (Required)  CCMSI  Decupation (Required)  Executive VP  Source:  Corporation  PAC  Individual  Loan	(Mo., Day, Year)  06/08/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City, State, Zip Code  Metairie, LA 70002-3531  Name of Employer (Required)  CCMSI  Occupation (Required)  Executive VP  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	(Mo., Day, Year)  06/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City, State, Zip Code  Metairie, LA 70002-3531  Name of Employer (Required)  CCMSI  Occupation (Required)  Executive VP  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Thomas E. Sasser	(Mo., Day, Year)  06/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name  Jerry R. Armatis  Mailing Address  3510 N Causeway Blvd STE 400  City, State, Zip Code  Metairie, LA 70002-3531  Name of Employer (Required)  CCMSI  Occupation (Required)  Executive VP  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Thomas E. Sasser  Mailing Address  1684 Calvary Dr. Sw	(Mo., Day, Year)  06/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chiropractic Neurology Consultant, PC	09/22/2021	\$1,000.00
Mailing Address 266 County Road 506	OO/LE/LOE I	\$1,000.00
City, State, Zip Code Shannon, MS 38868-9780		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lane Reed	11/29/2021	\$250.00
Mailing Address PO Box 188		
City, State, Zip Code Meadville, MS 39653-0188		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required)  City of Meadville		
Occupation (Required) Mayor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	1 ' 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Robin McCormick  Mailing Address	(Mo., Day, Year)	receipt this period
Gitv. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  West Point, MS 39773-9180  Other (please specify)  Robin McCormick  297 Rosedale Drive  West Point, MS 39773-9180	(Mo., Day, Year)	receipt this period
City, State, Zip Code West Point, MS 39773-9180  Watkins, Ward & Stafford, PLLC  Occupation (Required)	(Mo., Day, Year) 01/10/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Robin McCormick  Mailing Address 297 Rosedale Drive  City, State, Zip Code West Point, MS 39773-9180  Name of Employer (Required) Watkins, Ward & Stafford, PLLC  Occupation (Required) CPA  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Robin McCormick  Mailing Address 297 Rosedale Drive  City, State, Zip Code West Point, MS 39773-9180  Name of Employer (Required) Watkins, Ward & Stafford, PLLC  Occupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
City, State, Zip Code West Point, MS 39773-9180  Name of Employer (Required) Watkins, Ward & Stafford, PLLC  Occupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name David Brannon	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Robin McCormick  Mailing Address 297 Rosedale Drive  City, State, Zip Code West Point, MS 39773-9180  Name of Employer (Required) Watkins, Ward & Stafford, PLLC  Occupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd	(Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bully Bloc	08/25/2021	\$5,000.00
Mailing Address PO Box 1591		
City, State, Zip Code Jackson, MS 39215-1591		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Vance T. Woodcock, CPA	11/23/2021	\$250.00
Mailing Address PO Box 205		
City, State, Zip Code Meadville, MS 39653-0205		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  William B. Stevens  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City, State, Zip Code Smithville, MS 38870-0422  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City, State, Zip Code Smithville, MS 38870-0422  Name of Employer (Required)  Community Bank Amory	(Mo., Day, Year)  08/03/2021  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City, State, Zip Code Smithville, MS 38870-0422  Name of Employer (Required) Community Bank Amory  Occupation (Required)  President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date	\$250.00 \$250.00 Amount of each receipt
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City, State, Zip Code Smithville, MS 38870-0422  Name of Employer (Required) Community Bank Amory  Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City, State, Zip Code Smithville, MS 38870-0422  Name of Employer (Required) Community Bank Amory  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name G&S Holdings, LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name William B. Stevens  Mailing Address PO Box 422  City, State, Zip Code Smithville, MS 38870-0422  Name of Employer (Required) Community Bank Amory  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name G&S Holdings, LLC  Mailing Address P.O. Box 6038	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven Kirk Dickerson	11/22/2021	\$500.00
Mailing Address PO Box 1249		***************************************
City, State, Zip Code Kosciusko, MS 39090-1249		**************************************
Name of Employer (Required)  Dickerson Petroleum, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melanie Bishop	11/29/2021	\$250.00
Mailing Address 1105 College Drive		71
City, State, Zip Code Summit, MS 39666-9003		
Name of Employer (Required) Kings Daughters Medical Center		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)  Full Name  Kline Mechanical Systems, Inc.	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Kline Mechanical Systems, Inc.  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kline Mechanical Systems, Inc.  Mailing Address 409 S Spring St.  City, State, Zip Code Fulton, MS 38843-1707	Date (Mo., Day, Year)	receipt this period
City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kline Mechanical Systems, Inc.  Mailing Address 409 S Spring St.  City, State, Zip Code Fulton, MS 38843-1707  Name of Employer (Required)	Date (Mo., Day, Year)  08/03/2021  Aggregate	receipt this period \$1,000.00
City, State, Zip Code Fulton, MS 38843-1707  Name of Employer (Required)  Cocupation (Required)  Cother (please specify)  PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$2,000.00  Amount of each receipt
Other (please specify)  Full Name Kline Mechanical Systems, Inc.  Mailing Address 409 S Spring St.  City, State, Zip Code Fulton, MS 38843-1707  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00  Amount of each receipt this period
Other (please specify)  Full Name Kline Mechanical Systems, Inc.  Mailing Address 409 S Spring St.  City, State, Zip Code Fulton, MS 38843-1707  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00  Amount of each receipt this period
Other (please specify)  Full Name Kline Mechanical Systems, Inc.  Mailing Address 409 S Spring St.  City, State, Zip Code Fulton, MS 38843-1707  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Storey Charbonnet	12/30/2021	\$10,000.00
Mailing Address 639 Loyola Avenue Suite 2775		¥ ,
City, State, Zip Code New Orleans, LA 70113-7115		
Name of Employer (Required)  Johnson Rice		
Occupation (Required) Stockbroker	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Behavioral Health Services, LLC	10/13/2021	\$1,000.00
Mailing Address 1000 Chinaberry Dr. STE 900		
City, State, Zip Code Bossier City, LA 71111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Tyson Foods, Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
Tyson Foods, Inc.  Mailing Address PO Box 2020  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Tyson Foods, Inc.  Mailing Address PO Box 2020  City, State, Zip Code Springdale, AR 72765-2020	(Mo., Day, Year)	receipt this period
City, State, Zip Code Springdale, AR 72765-2020  Springdale, AR 72765-2020  City State, Zip Code Springdale, AR 72765-2020	(Mo., Day, Year)  08/30/2021  Aggregate	receipt this period \$1,000.00
Tyson Foods, Inc.  Mailing Address PO Box 2020  City, State, Zip Code Springdale, AR 72765-2020  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/30/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Tyson Foods, Inc.  Mailing Address PO Box 2020  City, State, Zip Code Springdale, AR 72765-2020  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)  08/30/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Tyson Foods, Inc.  Mailing Address PO Box 2020  City, State, Zip Code Springdale, AR 72765-2020  Name of Employer (Required)  Doccupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Wendell Moore	(Mo., Day, Year)  08/30/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Tyson Foods, Inc.  Mailing Address PO Box 2020  City, State, Zip Code Springdale, AR 72765-2020  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Wendell Moore  Mailing Address 692 Old Orchard Drive  City, State, Zip Code	(Mo., Day, Year)  08/30/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry W. Green	10/18/2021	\$5,000.00
Mailing Address PO Box 2788		
City, State, Zip Code Sugar Land, TX 77487-2788		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Clayton Stanley	03/22/2021	\$5,000.00
Mailing Address 4305 Shiloh Rd		
City, State, Zip Code Corinth, MS 38834-8621		
Name of Employer (Required) Alliance		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
	Teal-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dennis Ammann  Mailing Address  609 Mangum Avenue	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dennis Ammann  Mailing Address 609 Mangum Avenue  City, State, Zip Code Mendenhall, MS 39114-3020	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dennis Ammann  Mailing Address 609 Mangum Avenue  City, State, Zip Code Mendenhall, MS 39114-3020  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dennis Ammann  Mailing Address 609 Mangum Avenue  City, State, Zip Code Mendenhall, MS 39114-3020  Name of Employer (Required) The Peoples Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)  12/23/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Dennis Ammann  Mailing Address 609 Mangum Avenue  City, State, Zip Code Mendenhall, MS 39114-3020  Name of Employer (Required) The Peoples Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	\$500.00 \$500.00
Other (please specify)  Full Name Dennis Ammann  Mailing Address 609 Mangum Avenue  City, State, Zip Code Mendenhall, MS 39114-3020  Name of Employer (Required) The Peoples Bank  Occupation (Required)  Banker  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Dennis Ammann  Mailing Address 609 Mangum Avenue  City, State, Zip Code Mendenhall, MS 39114-3020  Name of Employer (Required) The Peoples Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Entegrity Energy Partners, LLC	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Tother (please specify)  Full Name  Dennis Ammann  Mailing Address  609 Mangum Avenue  City, State, Zip Code  Mendenhall, MS 39114-3020  Name of Employer (Required)  The Peoples Bank  Occupation (Required)  Banker  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Entegrity Energy Partners, LLC  Mailing Address  PO Box 2090  City, State Zip Code	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wesley Webb LLC	08/03/2021	\$250.00
Mailing Address PO Box 3902		
City, State, Zip Code Tupelo, MS 38803-3902		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clifton Van Cleave	11/29/2021	\$2,500.00
Mailing Address 1037 Daisy Lane		
City, State, Zip Code Summit, MS 39666-8244		
Name of Employer (Required) Buffalo Services, Inc.		
Occupation (Required) Pres/CEO	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Gregory W. Pafford  Mailing Address	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Arcadia, LA 71001-3931  Control Code  Arcadia Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Gregory W. Pafford  Mailing Address 260 Wire Rd  City, State, Zip Code Arcadia, LA 71001-3931  Name of Employer (Required)  Pafford EMS  Occupation (Required)	Date (Mo., Day, Year)  05/17/2021  Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name Gregory W. Pafford  Mailing Address 260 Wire Rd  City, State, Zip Code Arcadia, LA 71001-3931  Name of Employer (Required) Pafford EMS  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  05/17/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Other (please specify)  Full Name Gregory W. Pafford  Mailing Address 260 Wire Rd  City, State, Zip Code Arcadia, LA 71001-3931  Name of Employer (Required) Pafford EMS  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  05/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Gregory W. Pafford  Mailing Address 260 Wire Rd  City, State, Zip Code Arcadia, LA 71001-3931  Name of Employer (Required) Pafford EMS  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Frank Bordeaux	Date (Mo., Day, Year)  05/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Gregory W. Pafford  Mailing Address 260 Wire Rd  City, State, Zip Code Arcadia, LA 71001-3931  Name of Employer (Required) Pafford EMS  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Frank Bordeaux  Mailing Address 11633 Bluff Lane	Date (Mo., Day, Year)  05/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tica, LLC	01/15/2021	\$1,500.00
Mailing Address  1 Deer Valley Ct.		<b>V</b> 1,000100
City, State, Zip Code Hattlesburg, MS 39402-5503		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Curo Management LLC	09/29/2021	\$1,000.00
Mailing Address 3527 North Ridge Road		
City, State, Zip Code Wichita, KS 67205-1212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Brad Guy  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Brad Guy  Mailing Address 40461 Mississippi 14  City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Brad Guy  Mailing Address 40461 Mississippi 14  City, State, Zip Code Macon, MS 39341	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Brad Guy  Mailing Address 40461 Mississippi 14  City, State, Zip Code Macon, MS 39341  Name of Employer (Required)  Guy Enterprises, LLC  Occupation (Required)	(Mo., Day, Year) 10/13/2021 Aggregate	receipt this period \$250.00
City, State, Zip Code Macon, MS 39341  Name of Employer (Required)  Logging  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
City, State, Zip Code Macon, MS 39341  Name of Employer (Required)  Logging  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Guy Enterprises, LLC  Occupation (Required)  Logging  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Justin Garner  Mailing Address  City, State, Zip Code  Macon, MS 39341  Macon, M	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Gity, State, Zip Code Source: Corporation PAC Individual Loan Other (please specify)  Full Name  Gity State, Zip Code Macon, MS 39341  Name of Employer (Required)  Logging  Source: Corporation PAC Individual Loan Other (please specify)  Full Name  Justin Garner  Mailing Address  850 Greenbriar Dr.	(Mo., Day, Year)  10/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pat Young	09/15/2021	\$500.00
Mailing Address 2844 Cyrene Drive		
City, State, Zip Code Hernando, MS 38632		
Name of Employer (Required) retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Leadership PAC	05/05/2021	\$1,000.00
Mailing Address 6909 Chatham Pl		
City, State, Zip Code Ocean Springs, MS 39564-7994		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name  Derrick Necaise  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Derrick Necaise  Mailing Address  3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Derrick Necaise  Mailing Address 3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Derrick Necaise  Mailing Address 3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550  Name of Employer (Required) Retired  Occupation (Required)	Date (Mo., Day, Year) 01/26/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Derrick Necaise  Mailing Address 3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550  Name of Employer (Required) Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Derrick Necaise  Mailing Address 3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550  Name of Employer (Required) Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Derrick Necaise  Mailing Address 3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe Hemleben	Date (Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Derrick Necaise  Mailing Address 3163 Rocky Hill-Dedeaux Rd.  City, State, Zip Code Kiln, MS 39556-6550  Name of Employer (Required) Retired  Coccupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way	Date (Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jones Walker, LLP	12/23/2021	\$2,500.00
Mailing Address PO Box 427		42,000.00
City, State, Zip Code Jackson, MS 39205-0427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meade W Mitchell	12/08/2021	\$1,000.00
Mailing Address 4148 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6520		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required)	Aggregate	\$1,000.00
Attorney	Year-to-date	Ψ1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address  509 N Hills St	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038  Name of Employer (Required) RSG&S, LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038  Name of Employer (Required) RSG&S, LLP  Occupation (Required) CPA	Date (Mo., Day, Year)  07/19/2021  Aggregate	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038  Name of Employer (Required) RSG&S, LLP  Occupation (Required) CPA  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$500.00  \$500.00  Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038  Name of Employer (Required) RSG&S, LLP  Occupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$500.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038  Name of Employer (Required) RSG&S, LLP  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name J. Kenneth Austin  Mailing Address 126 Fleitas Ave	Date (Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$500.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name George R. Rea Jr.  Mailing Address 509 N Hills St  City, State, Zip Code Meridian, MS 39305-2038  Name of Employer (Required) RSG&S, LLP  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name J. Kenneth Austin  Mailing Address 126 Fleitas Ave	Date (Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommie S. Cardin	12/10/2021	\$1,000.00
Mailing Address 176 Green Glades Drive		Ψ1,000.00
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required)  Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Massengill	09/29/2021	\$2,000.00
Mailing Address 151 County Road 511		
City, State, Zip Code Ripley, MS 38663-8510		
Name of Employer (Required)  Big M Transportation		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  John T. Bean III  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John T. Bean III  Mailing Address PO Box 1368  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John T. Bean III  Mailing Address PO Box 1368  City, State, Zip Code Columbus, MS 39703-1368  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John T. Bean III  Mailing Address PO Box 1368  City, State, Zip Code Columbus, MS 39703-1368  Name of Employer (Required)  Bean Real Estate, LLC  Occupation (Required)	(Mo., Day, Year)  10/09/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Columbus, MS 39703-1368  Name of Employer (Required) Director  Source: Corporation PAC Individual Loan Other (please specify)  Full Name MADA AutoPAC  Mailing Address	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)  Full Name  John T. Bean III  Mailing Address  PO Box 1368  City, State, Zip Code  Columbus, MS 39703-1368  Name of Employer (Required)  Bean Real Estate, LLC  Occupation (Required)  Director  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  MADA AutoPAC  Mailing Address  800 Woodlands Parkway Suite 100	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy C. Murphy	12/20/2021	\$1,000.00
Mailing Address 122 Bay View Ct.		
City, State, Zip Code  Bay Saint Louis, MS 39520		
Name of Employer (Required)  Mississippi Power		
Occupation (Required) Coast Division Manager	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name irl Dean Rhodes	01/07/2021	\$250.00
Mailing Address 107 AIRLINE TER		
City, State, Zip Code Pearl, MS 39208-4202		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
	1001-10-0010	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
The Clay Firm  Mailing Address  PO Box 217	Date (Mo., Day, Year)	receipt this period
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217	Date (Mo., Day, Year)	receipt this period
The Clay Firm  Mailing Address PO Box 217  City State Zin Code	Date (Mo., Day, Year)	receipt this period
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)	Date (Mo., Day, Year)  08/02/2021  Aggregate	receipt this period \$10,000.00
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  The Clay Firm  Mailing Address  PO Box 217  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Preston Francis	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period
Tother (please specify)  Full Name The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Preston Francis  Mailing Address 216 Chestnut Spring Road	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis P. Skrmetta	10/11/2021	\$250.00
Mailing Address 520 Beach Blvd Unit 608		
City, State, Zip Code Biloxi, MS 39530-4468		
Name of Employer (Required) Ship Island Excursions		1
Occupation (Required) Ferry Pilot	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name  James E. Carney	08/03/2021	\$1,000.00
Mailing Address 1999 Northshire Drive		*
City, State, Zip Code Tupelo, MS 38804-7019		
Name of Employer (Required)  Life Church		
Occupation (Required) Pastor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Mack Grubbs  Malling Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mack Grubbs  Malling Address  6507 Hwy 98 W	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mack Grubbs  Malling Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mack Grubbs  Malling Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.	(Mo., Day, Year) 12/03/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Mack Grubbs  Malling Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.  Occupation (Required) Owner  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/03/2021  Aggregate Year-to-date  Date	receipt this period  \$500.00  \$1,500.00  Amount of each receipt
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$1,500.00  Amount of each receipt this period
Other (please specify)  Full Name Mack Grubbs  Malling Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kimberly Remak	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$1,500.00  Amount of each receipt this period
Other (please specify)  Full Name Mack Grubbs  Malling Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kimberly Remak  Mailing Address 5240 Wedgewood Drive	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$1,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Clayton	01/16/2021	\$1,000.00
Mailing Address 103 E Gresham Street	0	
City, State, Zip Code Indianola, MS 38751-2422		
Name of Employer (Required) Planters Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jimmy G. Riley	09/15/2021	\$2,000.00
Mailing Address 662 W Poplar		
City, State, Zip Code Collierville, TN 38017-2542		
Name of Employer (Required) Riley Paving		
Occupation (Required)  Executive	Aggregate Year-to-date	\$2,000.00
	Tour to duto	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jamie Holder  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jamie Holder  Mailing Address 523 Highway 528  City, State, Zip Code Bay Springs, MS 39422-4825	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jamie Holder  Mailing Address  523 Highway 528  City, State, Zip Code Bay Springs, MS 39422-4825  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jamie Holder  Mailing Address 523 Highway 528  City, State, Zip Code Bay Springs, MS 39422-4825  Name of Employer (Required)  Hol-Mac Corporation  Occupation (Required)	Date (Mo., Day, Year) 01/10/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name	Date (Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name  Jamie Holder  Mailing Address  523 Highway 528  City, State, Zip Code  Bay Springs, MS 39422-4825  Name of Employer (Required)  Hol-Mac Corporation  Occupation (Required)  Manager  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  JUUL Labs, Inc.  Mailing Address  1000 F Street N.W. STE 800  City, State, Zip Code  Washington, DC 20004-1509	Date (Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name  Jamie Holder  Mailing Address  523 Highway 528  City, State, Zip Code  Bay Springs, MS 39422-4825  Name of Employer (Required)  Hol-Mac Corporation  Occupation (Required)  Manager  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  JUUL Labs, Inc.  Mailing Address  1000 F Street N.W. STE 800	Date (Mo., Day, Year)  01/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Buford	01/07/2021	\$500.00
Mailing Address 3329 Moncure Marble Road		
City, State, Zip Code Terry, MS 39170-9631		
Name of Employer (Required)  Buford Plumbing Co.		·
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 Randy Easterling	01/25/2021	\$500.00
Mailing Address 607 Tiffintown Road		1
City, State, Zip Code Vicksburg, MS 39183-1503		
Name of Employer (Required) River Region Health Systems		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
	rear-to-uate	1
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Gother (please specify)  Full Name  Joe Hemleben  Mailing Address	Date (Mo., Day, Year)	receipt this period
City. State. Zip Code  Other (please specify)  Joe Hemleben  225 Winsmere Way	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-9749  Rame of Employer (Required)	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required)  State of MS  Cother (please specify)  Authorized Support (Please specify)  State of MS  Coccupation (Required)	Date (Mo., Day, Year) 08/02/2021	receipt this period \$55.00
Other (please specify)  Full Name Joe Hemleben  Mailing Address  225 Winsmere Way  City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required) State of MS  Occupation (Required)  Attorney  Source:  Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date	receipt this period \$55.00 \$275.00  Amount of each receipt
Other (please specify)  Full Name  Joe Hemleben  Mailing Address  225 Winsmere Way  City, State, Zip Code  Ridgeland, MS 39157-9749  Name of Employer (Required)  State of MS  Occupation (Required)  Attorney  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$55.00 \$275.00  Amount of each receipt this period
City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required)  Coccupation (Required)  State of MS  Cocupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kevin B. Mahaffey	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$55.00 \$275.00  Amount of each receipt this period
Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way  City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required)  State of MS  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kevin B. Mahaffey  Mailing Address 102 Cove Lane	Date (Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$55.00 \$275.00  Amount of each receipt this period

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Mailing Address   15039 Lorraine Road			
Southland Designer Homes LLC	·		receipt
Mailing Address 15039 Lorraine Road  City, State, Zip Code Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)	Full Name Southland Designer Homes LLC	12/06/2021	\$1,000.00
Name of Employer (Required)    Aggregate   \$2,000.0	Mailing Address 15039 Lorraine Road		· · · · · · · · · · · · · · · · · · ·
Occupation (Required)  Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)  Full Name Geoffrey E. Carter  Mailing Address  154 Garden Park Drive  City, State, Zip Code Saifillo, MS 38866-6864  Name of Employer (Required)  President & CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Tull Name Griffis Motors Inc.  Mailing Address  PO Box 269  City, State, Zip Code  Philadelphia, MS 39350-0269  Name of Employer (Required)  Coccupation (Required)  City, State, Zip Code  Philadelphia, MS 39350-0269  Name of Employer (Required)  Coccupation Required)  Coccupation Required  Other (please specify)  Aggregate (Mo., Day, Year)  This period  Aggregate (Mo., Day, Year)  Amount of each receipt this period  Aggregate (Mo., Day, Year)  This period  Aggregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)  This period  Aggregate (Mo., Day, Year)  This period  Aggregate (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  This period  Aggregate (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)	City, State, Zip Code Biloxi, MS 39532-9111		
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Geoffrey E. Carter  Mailing Address  154 Garden Park Drive  City, State, Zip Code Source: Corporation PAC Individual Loan  Occupation (Required)  President & CEO  Source: Corporation PAC Individual Loan  Offits Motors Inc.  Mailing Address  PO Box 269  City, State, Zip Code Source: Corporation PAC Individual Loan  Offits Motors Inc.  Mailing Address  PO Box 269  City, State, Zip Code  Other (please specify)  Coccupation (Required)  Date (Mo., Day, Year)  Aggregate Year-to-date  Source: Mailing Address  PO Box 269  City, State, Zip Code Philadelphia, MS 39350-0269  Name of Employer (Required)  Coccupation (Required)  Coc	Name of Employer (Required)		
Other (please specify)   Mo., Day, Year)   This period this period   Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   Cocupation (Required)   Problem	Occupation (Required)		\$2,000.00
Geoffrey E. Carter  Geoffrey E. Carter  Mailing Address  154 Garden Park Drive  City, State, Zip Code  Saltillo, MS 38866-6864  Name of Employer (Required)  Hyperion TECA Group  Occupation (Required)  President & CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Tell Name Griffis Motors Inc.  Mailing Address  PO Box 269  City, State, Zip Code  Philadelphia, MS 39350-0269  Name of Employer (Required)  Occupation (Required)  Coccupation (Required)  Coccupation (Required)  Coccupation (Required)  Coccupation (Required)  Coccupation Required)  Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Full Name Scott Carmichael  Scott Carmichael  O8/02/2021  \$250.0  Mailing Address  PO Box 8  City, State, Zip Code  Meridian, MS 39302-0008			receipt
Total Carden Park Drive  City, State, Zip Code Saltillo, MS 38866-6864  Name of Employer (Required) Hyperion TECA Group  Occupation (Required) President & CEO Year-to-date \$5,000.0  Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period  Full Name Griffis Motors Inc. 09/29/2021 \$500.0  Malling Address PO Box 269  City, State, Zip Code Philadelphia, MS 39350-0269  Name of Employer (Required)  Occupation (Required) Aggregate Year-to-date \$500.0  Full Name Scott Carmichael 08/02/2021 \$250.0  Malling Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008	Full Name Geoffrey E. Carter	08/03/2021	\$5,000.00
Saltillo, MS 38866-8864  Name of Employer (Required)  President & CEO  Source: Corporation PAC Individual Loan  Offiffis Motors Inc.  Mailing Address PO Box 269  City, State, Zip Code Name of Employer (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Source: O9/29/2021  \$500.0  Aggregate (Mo., Day, Year)  This period  Aggregate (Mo., Day, Year)  Aggregate Year-to-date  \$500.0  Aggregate Year-to-date  Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)  Aggregate Year-to-date  Source: Other (please specify)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008	Mailing Address 154 Garden Park Drive		
Aggregate \$5,000.0  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full Name Griffis Motors Inc.  Mailing Address PO Box 269  City, State, Zip Code Philadelphia, MS 39350-0269  Name of Employer (Required)  Cocupation Required)  Cocupation Required	City, State, Zip Code Saltillo, MS 38866-6864		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year)    Other (please specify)	Name of Employer (Required) Hyperion TECA Group		
Other (please specify)  Full Name Griffis Motors Inc.  Mailing Address PO Box 269  City, State, Zip Code Philadelphia, MS 39350-0269  Name of Employer (Required)  Occupation (Required)  Source: Gorporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify) Loan Date (Mo., Day, Year)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Marme of Employer (Required)	Occupation (Required) President & CEO		\$5,000.00
Griffis Motors Inc.  O9/29/2021 \$500.0  Mailing Address PO Box 269  City, State, Zip Code Philadelphia, MS 39350-0269  Name of Employer (Required)  Occupation (Required)  Aggregate Year-to-date  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Name of Employer (Required)			receipt
City, State, Zip Code Philadelphia, MS 39350-0269  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Name of Employer (Required)	Full Name Griffis Motors Inc.	09/29/2021	\$500.00
Philadelphia, MS 39350-0269  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code  Meridian, MS 39302-0008  Name of Employer (Required)	Mailing Address PO Box 269		
Occupation (Required)  Aggregate Year-to-date  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Name of Employer (Required)	City, State, Zip Code Philadelphia, MS 39350-0269		
Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code  Meridian, MS 39302-0008  Year-to-date \$500.0  Amount of each receipt this period  08/02/2021 \$250.0	lame of Employer (Required)		
Other (please specify)  Full Name Scott Carmichael  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Name of Employer (Required)	Occupation (Required)		\$500.00
Scott Carmichael 98/02/2021 \$250.0  Mailing Address PO Box 8  City, State, Zip Code Meridian, MS 39302-0008  Name of Employer (Required)		I I	receipt
City, State, Zip Code  Meridian, MS 39302-0008  Name of Employer (Required)	Scott Carmichael	08/02/2021	\$250.00
Meridian, MS 39302-0008	Mailing Address PO Box 8		
Name of Employer (Required)	City, State, Zip Code Meridian, MS 39302-0008		
Missouth Construction	lame of Employer (Required) Missouth Construction		
Occupation (Required) Owner  Aggregate  Versto-date \$250.00	Accumpation (Paguirod)		

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Name	of	Candidate	ог	Committee

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mcdonald's Corporation	01/06/2021	\$1,000.00
Mailing Address PO Box 16542		<b>\$</b> 1,000.00
City, State, Zip Code Columbus, OH 43216-6542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen C. Edds	05/19/2021	\$5,000.00
Mailing Address 120 Herons Landing		
City, State, Zip Code Ridgeland, MS 39157-8687		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)  Candidate Campaign Committee	Date (Mo., Day, Year)	receipt this period
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address	Date (Mo., Day, Year)	receipt this period
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address  1537 Highway 145  City. State. Zip Code	Date (Mo., Day, Year)	receipt this period
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address  1537 Highway 145  City, State, Zip Code Guntown, MS 38849-7940	Date (Mo., Day, Year)	receipt this period
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address 1537 Highway 145  City, State, Zip Code Guntown, MS 38849-7940  Name of Employer (Required)	Date (Mo., Day, Year)  08/03/2021  Aggregate	receipt this period \$1,000.00
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address  1537 Highway 145  City, State, Zip Code Guntown, MS 38849-7940  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address 1537 Highway 145  City, State, Zip Code Guntown, MS 38849-7940  Name of Employer (Required)  Coccupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address  1537 Highway 145  City, State, Zip Code Guntown, MS 38849-7940  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe W. Stedman	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Candidate Campaign Committee  Full Name Friends of Chad McMahan  Mailing Address 1537 Highway 145  City, State, Zip Code Guntown, MS 38849-7940  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joe W. Stedman  Mailing Address 114 Main Street	Date (Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RCI, LLC	05/17/2021	\$5,000.00
Mailing Address PO Box 12980		¥5,555.05
City, State, Zip Code  Jackson, MS 39236-2980		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Merck Sharp & Dohme Corporation	09/22/2021	\$1,000.00
Mailing Address 2000 Galloping Hill Road Mailstop K-5 2081		
City, State, Zip Code Kenilworth, NJ 07033-1310		
Name of Employer (Required)		•
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	rear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen Henry Hutton	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen Henry Hutton  Mailing Address  2471 Mt Moriah  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen Henry Hutton  Mailing Address 2471 Mt Moriah  City, State, Zip Code Memphis, TN 38115-1507	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Stephen Henry Hutton  Mailing Address 2471 Mt Moriah  City, State, Zip Code Memphis, TN 38115-1507  Name of Employer (Required)  Chuck Hutton Chev	Date (Mo., Day, Year) 08/26/2021	receipt this period \$500.00
Other (please specify)  Full Name Stephen Henry Hutton  Mailing Address 2471 Mt Moriah  City, State, Zip Code Memphis, TN 38115-1507  Name of Employer (Required) Chuck Hutton Chev  Occupation (Required) Executive  Source:   Corporation PAC Individual Loan	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Stephen Henry Hutton  Mailing Address 2471 Mt Moriah  City, State, Zip Code Memphis, TN 38115-1507  Name of Employer (Required) Chuck Hutton Chev  Occupation (Required)  Executive  Source: □ Corporation □ PAC □ Individual □ Loan  □ Other (please specify)LLC	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	s500.00 \$500.00  Amount of each receipt this period
Gity, State, Zip Code Memphis, TN 38115-1507  Name of Employer (Required) Cicupation (Required)  Executive  Source: Corporation PAC Individual Loan  The Clay Firm  Mailing Address  Memphis, TN 38115-1507	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	s500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Stephen Henry Hutton  Mailing Address 2471 Mt Moriah  City, State, Zip Code Memphis, TN 38115-1507  Name of Employer (Required) Chuck Hutton Chev  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	s500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lampkin Butts	05/05/2021	\$1,000.00
Mailing Address  8 Laurawood Court		Ψ1,000.00
City, State, Zip Code Laurel, MS 39443-5811		
Name of Employer (Required) Sanderson Farms		-
Occupation (Required) COO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel L. Miremont	12/26/2021	\$7,500.00
Mailing Address 6704 Audubon Circle		
City, State, Zip Code Baton Rouge, LA 70806-8173		
Name of Employer (Required)  Compliance EnviroSystems, LLC		
Occupation (Required) President	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Cother (please specify)  Full Name  Mobashir Solangi  Mailing Address	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mobashir Solangi  Mailing Address 8288 Jennifer Lane  City, State, Zip Code Long Beach, MS 39560-8200	(Mo., Day, Year)	receipt this period
City, State, Zip Code Long Beach, MS 39560-8200  Name of Employer (Required)  Institute for Marine Mammal Studies  Decupation (Required)	(Mo., Day, Year)  11/24/2021  Aggregate	receipt this period \$1,000.00
City, State, Zip Code Name of Employer (Required)  Description (Required)  President  Coupation (Required)  Corporation PAC  Individual Loan	Aggregate Year-to-date	\$1,000.00  \$1,000.00  Amount of each receipt
City, State, Zip Code Name of Employer (Required)  Description (Required)  President  Source:  Cother (please specify)  Cother (please specify)  Cother (please specify)	Aggregate Year-to-date  (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
City, State, Zip Code Long Beach, MS 39560-8200  Name of Employer (Required) Institute for Marine Mammal Studies  Doccupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael A. Bradshaw	Aggregate Year-to-date  (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Tother (please specify)  Full Name Mobashir Solangi  Mailing Address 8288 Jennifer Lane  City, State, Zip Code Long Beach, MS 39560-8200  Name of Employer (Required) Institute for Marine Mammal Studies  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael A. Bradshaw  Mailing Address 214 Enon Cut Off  City, State, Zip Code	Aggregate Year-to-date  (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyler Matthew Walton	07/21/2021	\$250,00
Mailing Address 862 Lamar Street	07/21/2021	\$250,00
City, State, Zip Code Marion, MS 39342-9010		
Name of Employer (Required) Trustmark		
Occupation (Required) Banker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Huntington Ingalls Industries	09/27/2021	\$1,000.00
Mailing Address PO Box 149		
City, State, Zip Code Pascagoula, MS 39568-0149		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeff Michael Zimmerman	04/23/2021	\$200.00
Mailing Address 1213 Broad Ave STE #1		
City, State, Zip Code Gulfport, MS 39501-2475		
Name of Employer (Required)  Zimmerman Family Dentistry		
Occupation (Required) Dentist	Aggregate Year-to-date	\$200.00
Source: 🖰 Corporation 🔲 PAC 🔲 Individual 🔲 Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Westerfield, Janoush, & Bell, P.A.	11/10/2021	\$2,000.00
Mailing Address PO Box 1448		
City, State, Zip Code Cleveland, MS 38732-1448		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nick Ardillo	10/20/2021	\$250.00
Mailing Address 273 Artesian Fields Lane		Ψ230.00
City, State, Zip Code Columbus, MS 39701-5505		
Name of Employer (Required)		
Retired Occupation (Required)	Aggregate	
Retired	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 Bancorpsouth Bank PAC	10/20/2021	\$10,000.00
Mailing Address PO Box 789	1	Ψ10,000.00
City, State, Zip Code Tupelo, MS 38802-0789	1	
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David C. Williams	01/20/2021	\$5,000.00
Mailing Address P O Box 14		, ,
City, State, Zip Code Clinton, MS 39060-0014	İ	
Name of Employer (Required)  Medical Care Associates		
Occupation (Required) Physician	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Lancelot Square Apartments CEO 1977 B Magnolía Ridge Associates	08/11/2021	\$2,500.00
Mailing Address 2701 Houma Blvd STE C		
City, State, Zip Code Metairie, LA 70006-6650		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Source: Corporation PAC Individual Loan  **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Market Max LLC	11/29/2021	\$9,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$9,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Tindall III	11/02/2021	\$500.00
Mailing Address PO Box 918		_
City, State, Zip Code Greenville, MS 38702-0918		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kelli Hefner  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Corinth, MS 38834-7714  Construction of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Corinth, MS 38834-7714  Name of Employer (Required)  Occupation (Required)  Cother (please specify)  Celli Hefner  216 County Road 408  Corinth, MS 38834-7714  NE MS Community College	(Mo., Day, Year) 08/03/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Kelli Hefner  Mailing Address 216 County Road 408  City, State, Zip Code Corinth, MS 38834-7714  Name of Employer (Required) NE MS Community College  Occupation (Required) Administrator  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Kelli Hefner  Mailing Address 216 County Road 408  City, State, Zip Code Corinth, MS 38834-7714  Name of Employer (Required) NE MS Community College  Occupation (Required)  Administrator  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Gity, State, Zip Code Corinth, MS 38834-7714  Name of Employer (Required) Coccupation (Required)  Administrator  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael Joe Cannon	(Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Kelli Hefner  Mailing Address 216 County Road 408  City, State, Zip Code Corinth, MS 38834-7714  Name of Employer (Required) NE MS Community College  Occupation (Required) Administrator  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael Joe Cannon  Mailing Address 204 E Jeff Davis Ave	(Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Georgia Wellness Partnership LLC	04/27/2021	\$1,000.00
Mailing Address PO Box 52671		
City, State, Zip Code Atlanta, GA 30355-0671		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name A1 Check Cashing of Mississippi Inc.	05/05/2021	\$500.00
Mailing Address 5321 I-55 N. Frontage Rd., #B		
City, State, Zip Code Jackson, MS 39206		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  James C. Pittman  Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  James C. Pittman  Mailing Address  116 Rosedowne Bend  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name James C. Pittman  Mailing Address  116 Rosedowne Bend  City, State, Zip Code Madison, MS 39110-4759  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name James C. Pittman  Mailing Address  116 Rosedowne Bend  City, State, Zip Code Madison, MS 39110-4759  Name of Employer (Required)  Gov Ease  Occupation (Required)	(Mo., Day, Year)  12/02/2021  Aggregate	receipt this period \$2,500.00
Tother (please specify)  Full Name James C. Pittman  Mailing Address  116 Rosedowne Bend  City, State, Zip Code Madison, MS 39110-4759  Name of Employer (Required)  Gov Ease  Occupation (Required)  Chairman  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt
Tull Name James C. Pittman  Mailing Address  116 Rosedowne Bend  City, State, Zip Code Madison, MS 39110-4759  Name of Employer (Required)  Coccupation (Required)  Chairman  Chairman  Other (please specify)  Full Name	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period
Gov Ease  Coccupation (Required)  Chairman  Chairman  Cother (please specify)  Chairman  Chairman  Clayton E Johnson Insurance Services Inc.	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period
Tother (please specify)  Full Name  James C. Pittman  Mailing Address  116 Rosedowne Bend  City, State, Zip Code  Madison, MS 39110-4759  Name of Employer (Required)  Gov Ease  Occupation (Required)  Chairman  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Clayton E Johnson Insurance Services Inc.  Mailing Address  PO Box 87  City, State, Zip Code	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher Stant	08/10/2021	\$10,000.00
Mailing Address 377 Forest Brook Blvd		***************************************
City, State, Zip Code Mandeville, LA 70448-8474		
Name of Employer (Required) OSC Securities		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dyna M Beech	11/29/2021	\$250.00
Mailing Address 1079 Tanglewood Road		
City, State, Zip Code Magnolia, MS 39652-8132		
Name of Employer (Required) retired		1111
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
		V
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	1111	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Paul S. Walker III  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Paul S. Walker III  Mailing Address P.O. Box 568  City, State, Zip Code Brookhaven, MS 39602  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Paul S. Walker III  Mailing Address P.O. Box 568  City, State, Zip Code Brookhaven, MS 39602  Name of Employer (Required)  Jumpstart Test Prep	(Mo., Day, Year) 01/21/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Paul S. Walker III  Malling Address P.O. Box 568  City, State, Zip Code Brookhaven, MS 39602  Name of Employer (Required) Jumpstart Test Prep  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  01/21/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Paul S. Walker III  Mailing Address P.O. Box 568  City, State, Zip Code Brookhaven, MS 39602  Name of Employer (Required) Jumpstart Test Prep  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  01/21/2021  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 Paul S. Walker III  Mailing Address P.O. Box 568  City, State, Zip Code Brookhaven, MS 39602  Name of Employer (Required)  Jumpstart Test Prep  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Manny Mitchell  Mailing Address	(Mo., Day, Year)  01/21/2021  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 Paul S. Walker III  Mailing Address P.O. Box 568  City, State, Zip Code Brookhaven, MS 39602  Name of Employer (Required) Jumpstart Test Prep  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Manny Mitchell  Mailing Address 701 Beechwood Drive	(Mo., Day, Year)  01/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name KIH Management LLC	10/21/2021	\$10,000.00
Mailing Address 10281 Corporate Dr		
City, State, Zip Code Gulfport, MS 39503-4603		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Telecommunications Association Telse Lobbying Fund	12/09/2021	\$2,500.00
Mailing Address 100 N Union St Ste 826		
City, State, Zip Code  Montgomery, AL 36104-3725		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
Full Name  R & W Developers LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  R & W Developers LLC  Mailing Address  5627 Getwell Road Bldg C STE 5  City, State, Zip Code  Southaven, MS 38672-7328	Date (Mo., Day, Year)	receipt this period
Full Name R & W Developers LLC  Mailing Address  5627 Getwell Road Bldg C STE 5  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  R & W Developers LLC  Mailing Address  5627 Getwell Road Bldg C STE 5  City, State, Zip Code  Southaven, MS 38672-7328  Name of Employer (Required)	Date (Mo., Day, Year)  09/15/2021  Aggregate	receipt this period \$300.00
Full Name R & W Developers LLC  Mailing Address 5627 Getwell Road Bldg C STE 5  City, State, Zip Code Southaven, MS 38672-7328  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  09/15/2021  Aggregate Year-to-date  Date	receipt this period \$300.00 \$300.00  Amount of each receipt
Full Name R & W Developers LLC  Mailing Address 5627 Getwell Road Bldg C STE 5  City, State, Zip Code Southaven, MS 38672-7328  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  09/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$300.00 \$300.00 Amount of each receipt this period
Full Name R & W Developers LLC  Mailing Address 5627 Getwell Road Bldg C STE 5  City, State, Zip Code Southaven, MS 38672-7328  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Benji Richoux	Date (Mo., Day, Year)  09/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$300.00 \$300.00 Amount of each receipt this period
Full Name R & W Developers LLC  Mailing Address 5627 Getwell Road Bldg C STE 5  City, State, Zip Code Southaven, MS 38672-7328  Name of Employer (Required)  Doccupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Benji Richoux  Mailing Address 795 Destiny Plantation Blvd	Date (Mo., Day, Year)  09/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$300.00 \$300.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael W. Sanders Jr.	11/10/2021	\$1,000.00
Mailing Address 545 Hillcrest Cr.		
City, State, Zip Code Cleveland, MS 38732-2009		
Name of Employer (Required) Sanders Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jourdan Nicaud	10/15/2021	\$25,000.00
Mailing Address 849 East Scenic Dr.		
City, State, Zip Code Pass Christian, MS 39571-4624		
Name of Employer (Required)  Bacchus On The Beach		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  William Crozer  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William Crozer  Mailing Address  4501 Cathedral Ave NW	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William Crozer  Mailing Address 4501 Cathedral Ave NW  City, State, Zip Code Washington, DC 20016-3564	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William Crozer  Mailing Address 4501 Cathedral Ave NW  City, State, Zip Code Washington, DC 20016-3564  Name of Employer (Required)  BGR Government Affairs LLC	(Mo., Day, Year) 04/26/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name William Crozer  Mailing Address 4501 Cathedral Ave NW  City, State, Zip Code Washington, DC 20016-3564  Name of Employer (Required)  BGR Government Affairs LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  04/26/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name William Crozer  Mailing Address 4501 Cathedral Ave NW  City, State, Zip Code Washington, DC 20016-3564  Name of Employer (Required) BGR Government Affairs LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  04/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name William Crozer  Mailing Address 4501 Cathedral Ave NW  City, State, Zip Code Washington, DC 20016-3564  Name of Employer (Required) BGR Government Affairs LLC  Occupation (Required) Executive  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Kentray K Hairston	(Mo., Day, Year)  04/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name William Crozer  Mailing Address 4501 Cathedral Ave NW  City, State, Zip Code Washington, DC 20016-3564  Name of Employer (Required)  BGR Government Affairs LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kentray K Hairston  Mailing Address 108 Seville Way	(Mo., Day, Year)  04/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  J. R. Carter Sr.	10/18/2021	\$5,000.00
Mailing Address PO Box 29		4-11
City, State, Zip Code Gulfport, MS 39502-0029		,
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
The Sanders Eye Clinic LLC	11/29/2021	\$250.00
Mailing Address PO Box 1347		
City, State, Zip Code McComb, MS 39649-1347		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
	£	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u>_</u>	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thad A. Simmons III  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thad A. Simmons III  Mailing Address PO Box 312  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thad A. Simmons III  Mailing Address PO Box 312  City, State, Zip Code Summit, MS 39666  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Thad A. Simmons III  Mailing Address PO Box 312  City, State, Zip Code Summit, MS 39666  Name of Employer (Required)  Coccupation (Required)	(Mo., Day, Year) 11/22/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Thad A. Simmons III  Mailing Address PO Box 312  City, State, Zip Code Summit, MS 39666  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Thad A. Simmons III  Mailing Address PO Box 312  City, State, Zip Code Summit, MS 39666  Name of Employer (Required) retired  Doccupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Thad A. Simmons III  Mailing Address PO Box 312  City, State, Zip Code Summit, MS 39666  Name of Employer (Required) retired  Doccupation (Required) Retired  Source: Torporation PAC Individual Loan Other (please specify)  Full Name Waypoint Inc.	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Thad A. Simmons III  Mailing Address PO Box 312  City, State, Zip Code Summit, MS 39666  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Waypoint Inc.  Mailing Address 36 Cambridge Ave.	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jetson G Hollingsworth	12/01/2021	\$1,000.00
Mailing Address 3826 REDBUD RD	12/01/2021	\$1,000.00
City, State, Zip Code		
Jackson, MS 39211-6711  Name of Employer (Required)		
Butler Snow Omara Stevens & Cannada  Occupation (Required)		
Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hopewell Farms LLC	05/12/2021	\$5,000.00
Mailing Address PO Box 7		
City, State, Zip Code Clinton, MS 39060-0007		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trey Crawford	12/23/2021	\$1,000.00
Mailing Address 23 CHRISTINA DR		
City, State, Zip Code Hattiesburg, MS 39402-0109		
Name of Employer (Required) Self		
Occupation (Required) Pharmacist	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 Arbor Place Biloxi LLC	05/03/2021	\$5,000.00
Mailing Address 215 Rosehill Lane		
City, State, Zip Code Tallahassee, FL 32312-9091		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Wax	12/06/2021	\$25,000.00
Mailing Address PO Box 60		420,000.00
City, State, Zip Code Amory, MS 38821-0060		
Name of Employer (Required)  The Wax Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brice Wiggins	10/18/2021	\$250.00
Mailing Address 1201 Farnsworth Ave		
City, State, Zip Code Pascagoula, MS 39567-1255		
Name of Employer (Required) Wiggins Law, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name South MS Medical Leasing Co. LLC	08/11/2021	\$3,000.00
Malling Address 5052 W. 4th Street		
City, State, Zip Code Hattiesburg, MS 39402-1069		
Hattiesburg, MS 39402-1069		
City, State, Zip Code Hattiesburg, MS 39402-1069  Name of Employer (Required)  Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Hattiesburg, MS 39402-1069  Name of Employer (Required)  Occupation (Required)		\$3,000.00  Amount of each receipt this period
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Year-to-date  Date	Amount of each receipt
Name of Employer (Required)  Occupation (Required)  Source:   Other (please specify)  Full Name	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Francis C. Lee	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Francis C. Lee  Mailing Address  417 Liberty Park Dr  City. State, Zip Code	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John E. Mosley	05/19/2021	
Mailing Address	05/19/2021	\$5,000.00
1833 Carsley Road  City, State, Zip Code		
Jackson, MS 39209-9135		
Name of Employer (Required)  Clinton Body Shop		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph C. Canizaro	10/29/2021	\$25,000.00
Mailing Address 909 Poydras St Ste 1700		
City, State, Zip Code New Orleans, LA 70112-4010		
Name of Employer (Required)  Corporate Capital LLC/First Trust Corp		
Occupation (Required)  Developer/Banker	Aggregate Year-to-date	\$60,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Full Name Nicholas Services, LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Nicholas Services, LLC  Mailing Address PO Box 2289  City. State, Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Nicholas Services, LLC  Mailing Address PO Box 2289  City, State, Zip Code Oxford, MS 38655-7289	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Nicholas Services, LLC  Mailing Address PO Box 2289  City, State, Zip Code Oxford, MS 38655-7289  Name of Employer (Required)	Date (Mo., Day, Year)  04/08/2021  Aggregate	receipt this period \$10,000.00
Tother (please specify)  Full Name Nicholas Services, LLC  Mailing Address PO Box 2289  City, State, Zip Code Oxford, MS 38655-7289  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Tother (please specify)  Full Name Nicholas Services, LLC  Mailing Address PO Box 2289  City, State, Zip Code Oxford, MS 38655-7289  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  Nicholas Services, LLC  Mailing Address  PO Box 2289  City, State, Zip Code  Oxford, MS 38655-7289  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Billy F. Thornton	Date (Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Full Name Nicholas Services, LLC  Mailing Address PO Box 2289  City, State, Zip Code Oxford, MS 38655-7289  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Billy F. Thornton  Mailing Address 8 Audubon Pointe  City, State, Zip Code	Date (Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fidelity National Loans, Inc.	01/08/2021	\$1,000.00
Mailing Address PO Box 490		¥.1,555.55
City, State, Zip Code Holly Springs, MS 38635-0490		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Study Edge	11/08/2021	\$1,000.00
Mailing Address 1717 NW 1st Ave		
City, State, Zip Code Gainesville, FL 32603-1815		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	Ψ1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  JW Adcock Land Holdings LLC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  JW Adcock Land Holdings LLC  Mailing Address  20 Bellegrass Blvd  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  JW Adcock Land Holdings LLC  Mailing Address  20 Bellegrass Blvd  City, State, Zip Code  Hattiesburg, MS 39402-1904	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  JW Adcock Land Holdings LLC  Mailing Address  20 Bellegrass Blvd  City, State, Zip Code  Hattiesburg, MS 39402-1904  Name of Employer (Required)	Date (Mo., Day, Year) 05/05/2021	Amount of each receipt this period \$5,000.00
Tother (please specify)  LLC  Full Name  JW Adcock Land Holdings LLC  Mailing Address  20 Bellegrass Blvd  City, State, Zip Code  Hattiesburg, MS 39402-1904  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify)  Full Name  JW Adcock Land Holdings LLC  Mailing Address  20 Bellegrass Blvd  City, State, Zip Code  Hattiesburg, MS 39402-1904  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  JW Adcock Land Holdings LLC  Mailing Address  20 Bellegrass Blvd  City, State, Zip Code  Hattiesburg, MS 39402-1904  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  James W. Rawlings	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Tother (please specify)LLC  Full Name	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thad Varner	12/01/2021	\$1,000.00
Mailing Address 2460 Meadowbrook Road		<b>4</b> 1/1000100
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Pickett	04/16/2021	\$250.00
Mailing Address P.O. Box 321452		
City, State, Zip Code Flowood, MS 39232-1452		
Name of Employer (Required) Pickett, Bradford & Assoc., PA		
Occupation (Required) Life Insurance Agent	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
•••		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
George B. Pickett  Mailing Address	(Mo., Day, Year)	receipt this period
George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Decupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/22/2021  Aggregate	receipt this period \$500.00
George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Deccupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date	\$500.00 \$1,750.00  Amount of each receipt
City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Deccupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,750.00  Amount of each receipt this period
George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Decupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Chase Williams	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,750.00  Amount of each receipt this period
George B. Pickett  Mailing Address P.O. Box 321452  City, State, Zip Code Flowood, MS 39232-1452  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Chase Williams  Mailing Address 415 Parkinson Road	(Mo., Day, Year)  11/22/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,750.00  Amount of each receipt this period

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Name	of	Candidate	ОГ	Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  V. M. Cleveland		
Mailing Address	08/03/2021	\$5,000.00
1879 N Coley Road		
City, State, Zip Code Tupelo, MS 38801-6931		
Name of Employer (Required)  Tupelo Furniture Market		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dudley Burwell	10/10/2021	\$250.00
Mailing Address 1608 Cypress Lane		
City, State, Zip Code Gulfport, MS 39507-3534		
Name of Employer (Required) Self		
Occupation (Required) Orthopedic Surgeon	Aggregate	\$250.00
	Year-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
•	Date	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  Arlington Development Company, LLC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  Arlington Development Company, LLC  Mailing Address  8888 Midsouth Drive STE 116  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  Arlington Development Company, LLC  Mailing Address  8888 Midsouth Drive STE 116  City, State, Zip Code  Olive Branch, MS 38654-2908	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  Full Name  Arlington Development Company, LLC  Mailing Address  8888 Midsouth Drive STE 116  City, State, Zip Code Olive Branch, MS 38654-2908  Name of Employer (Required)  Decupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/26/2021	Amount of each receipt this period \$2,000.00
Tother (please specify)  Full Name  Arlington Development Company, LLC  Mailing Address  8888 Midsouth Drive STE 116  City, State, Zip Code  Olive Branch, MS 38654-2908  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$2,000.00 \$2,000.00  Amount of each receipt
Tother (please specify)  Full Name  Arlington Development Company, LLC  Mailing Address  8888 Midsouth Drive STE 116  City, State, Zip Code  Olive Branch, MS 38654-2908  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$2,000.00  \$2,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  Arlington Development Company, LLC  Mailing Address  8888 Midsouth Drive STE 116  City, State, Zip Code  Olive Branch, MS 38654-2908  Name of Employer (Required)  Decupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Mississippi Export Railroad Company  Mailing Address	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$2,000.00  \$2,000.00  Amount of each receipt this period
Tother (please specify) LLC  Full Name Arlington Development Company, LLC  Mailing Address 8888 Midsouth Drive STE 116  City, State, Zip Code Olive Branch, MS 38654-2908  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mississippi Export Railroad Company  Mailing Address 4519 McInnis Ave	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$2,000.00  \$2,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sazerac Company Inc.	10/15/2021	\$1,000.00
Mailing Address 10101 Linn Station Road STE 400	1.07.107.252	Ψ1,000.00
City, State, Zip Code Louisville, KY 40223-3819	-	
Name of Employer (Required)	-	
Occupation (Required)	Aggregate	
	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sonco Capital LLC	11/01/2021	\$1,000.00
Mailing Address 3045 Westfork Drive		
City, State, Zip Code Baton Rouge, LA 70816-2253		<u> </u>
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	Tour-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)LLC	Date (Mo., Day, Year)	receipt
Tother (please specify)  LLC  Full Name  Merit Health Wesley  Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Merit Health Wesley  Mailing Address PO Box 5006  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Merit Health Wesley  Mailing Address PO Box 5006  City, State, Zip Code Antioch, TN 37011-5006	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Merit Health Wesley  Mailing Address  PO Box 5006  City, State, Zip Code  Antioch, TN 37011-5006  Name of Employer (Required)	Date (Mo., Day, Year)  05/19/2021  Aggregate	receipt this period \$5,000.00
Tother (please specify)  Full Name  Merit Health Wesley  Mailing Address  PO Box 5006  City, State, Zip Code  Antioch, TN 37011-5006  Name of Employer (Required)  Occupation (Required)  Source:   Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Tother (please specify)  Full Name  Merit Health Wesley  Mailing Address  PO Box 5006  City, State, Zip Code  Antioch, TN 37011-5006  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  Full Name	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Tother (please specify)  LLC  Full Name	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Full Name Merit Health Wesley  Mailing Address PO Box 5006  City, State, Zip Code Antioch, TN 37011-5006  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Chuck Barlow  Mailing Address  227 Ingleside Drive	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period

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	Name	of	Candidate	ог	Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAE-PAC	12/22/2021	· · · · · · · · · · · · · · · · · · ·
Mailing Address 600 Hogan St Ste 1C	12/22/2021	\$5,000.00
City, State, Zip Code Starkville, MS 39759-3384		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Millette Administrators, Inc.	10/12/2021	\$1,000.00
Mailing Address 4619 Main Street Suite A		.,,
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1 1	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name Dish  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code Englewood, CO 80155-6622	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code Englewood, CO 80155-6622  Name of Employer (Required)	(Mo., Day, Year)  10/20/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code Englewood, CO 80155-6622  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$500.00 \$500.00 Amount of each receipt
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code Englewood, CO 80155-6622  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  The Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code Englewood, CO 80155-6622  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Seemann Composites, LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Dish  Mailing Address PO Box 6622  City, State, Zip Code Englewood, CO 80155-6622  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Cother (please specify)  Full Name Seemann Composites, LLC  Mailing Address PO Box 3449	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 5M Farms, LLC	05/05/2021	\$1,000.00
Mailing Address 24 Griffin Drive		<b>\$1,000.00</b>
City, State, Zip Code Ellisville, MS 39437-9090		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sutter Marvin Smith	01/20/2021	\$5,000.00
Mailing Address 460 Briarwood Dr. STE 320		
City, State, Zip Code Jackson, MS 39206-2954		
Name of Employer (Required) Penn Life Insurance		-
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt
Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Hertz Investment Group, LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Hertz Investment Group, LLC  Mailing Address  21860 Burbank Blvd Ste 300  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Hertz Investment Group, LLC  Mailing Address 21860 Burbank Blvd Ste 300  City, State, Zip Code Woodland Hills, CA 91367-6493	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Hertz Investment Group, LLC  Mailing Address 21860 Burbank Blvd Ste 300  City, State, Zip Code Woodland Hills, CA 91367-6493  Name of Employer (Required)	(Mo., Day, Year) - 11/01/2021  Aggregate	receipt this period \$20,000.00
Tother (please specify)  LLC  Full Name Hertz Investment Group, LLC  Mailing Address 21860 Burbank Blvd Ste 300  City, State, Zip Code Woodland Hills, CA 91367-6493  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$20,000.00 \$20,000.00  \$20,000.00  Amount of each receipt
Tother (please specify)  Full Name Hertz Investment Group, LLC  Mailing Address 21860 Burbank Blvd Ste 300  City, State, Zip Code Woodland Hills, CA 91367-6493  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$20,000.00 \$20,000.00 \$20,000.00  Amount of each receipt this period
Tother (please specify)  LLC  Full Name Hertz Investment Group, LLC  Mailing Address 21860 Burbank Blvd Ste 300  City, State, Zip Code Woodland Hills, CA 91367-6493  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Molina Healthcare, Inc.	Aggregate Year-to-date  Date (Mo., Day, Year)	\$20,000.00 \$20,000.00 \$20,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  Hertz Investment Group, LLC  Mailing Address  21860 Burbank Blvd Ste 300  City, State, Zip Code  Woodland Hills, CA 91367-6493  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Molina Healthcare, Inc.  Mailing Address  PO Box 22819  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$20,000.00 \$20,000.00 \$20,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CR Fuels LLC	03/02/2021	\$5,000.00
Mailing Address 47 Town Center Square		* **
City, State, Zip Code Hattiesburg, MS 39402-7040		
Name of Employer (Required)	1	
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leigh Shockey	12/03/2021	\$5,000.00
Mailing Address 180 Shockey Way		
City, State, Zip Code Rossville, TN 38066-4061		
Name of Employer (Required)  Drexel Chemical		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
	real-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Bancorpsouth Bank PAC  Mailing Address	Date (Mo., Day, Year)	receipt this period
City, State, Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Bancorpsouth Bank PAC  Mailing Address PO Box 789  City, State, Zip Code Tupelo, MS 38802-0789	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Bancorpsouth Bank PAC  Mailing Address PO Box 789  City, State, Zip Code Tupelo, MS 38802-0789  Name of Employer (Required)	Date (Mo., Day, Year)  07/09/2021  Aggregate	receipt this period \$2,500.00
Other (please specify)  Full Name Bancorpsouth Bank PAC  Mailing Address PO Box 789  City, State, Zip Code Tupelo, MS 38802-0789  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  07/09/2021  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt
Other (please specify)  Full Name Bancorpsouth Bank PAC  Mailing Address PO Box 789  City, State, Zip Code Tupelo, MS 38802-0789  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  07/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Other (please specify)  Full Name Bancorpsouth Bank PAC  Mailing Address PO Box 789  City, State, Zip Code Tupelo, MS 38802-0789  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Truck PAC	Date (Mo., Day, Year)  07/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Other (please specify)  Full Name Bancorpsouth Bank PAC  Mailing Address PO Box 789  City, State, Zip Code Tupelo, MS 38802-0789  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Truck PAC  Mailing Address 825 N President St  City, State, Zip Code	Date (Mo., Day, Year)  07/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MASCA PAC	06/22/2021	\$2,500.00
Mailing Address 2550 Flowood Dr Ste 101		1-,
City, State, Zip Code Flowood, MS 39232-9304		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth H Stewart	08/26/2021	\$500.00
Mailing Address 2535 Turpins Glen Drive		
City, State, Zip Code Germantown, TN 38138-5824		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Phil Abernethy  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Phil Abernethy  Mailing Address  137 Eastpointe Circle  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Phil Abernethy  Mailing Address 137 Eastpointe Circle  City, State, Zip Code Madison, MS 39110-7850  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Phil Abernethy  Mailing Address 137 Eastpointe Circle  City, State, Zip Code Madison, MS 39110-7850  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)	(Mo., Day, Year) 12/02/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Phil Abernethy  Mailing Address 137 Eastpointe Circle  City, State, Zip Code Madison, MS 39110-7850  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/02/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Phil Abernethy  Mailing Address 137 Eastpointe Circle  City, State, Zip Code Madison, MS 39110-7850  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Phil Abernethy  Mailing Address 137 Eastpointe Circle  City, State, Zip Code Madison, MS 39110-7850  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Capitol Resources PAC	(Mo., Day, Year)  12/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Phil Abernethy  Mailing Address 137 Eastpointe Circle  City, State, Zip Code Madison, MS 39110-7850  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Capitol Resources PAC  Mailing Address 200 N Congress St Ste 500	(Mo., Day, Year)  12/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kirk Pepper	05/03/2021	<u> </u>
Mailing Address 1103 Kenilworth Road	03/03/2021	\$1,000.00
City, State, Zip Code		
Name of Employer (Required)		
Gray-Robinson		
Occupation (Required) Gov Affairs	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen E.B. Smith	11/10/2021	\$250.00
Mailing Address PO Box 202		
City, State, Zip Code Merigold, MS 38759-0202		
Name of Employer (Required)  McCartys Pottery	92	
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Joe Cannon	09/30/2021	\$1,000.00
Mailing Address 204 E Jeff Davis Ave		
City, State, Zip Code Greenwood, MS 38930-2306		
Name of Employer (Required)  Cannon Motors		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) IN Find Fight	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William G. Yates Jr.	05/03/2021	\$12,500.00
Mailing Address PO Box 456		
City, State, Zip Code Philadelphia, MS 39350-0456		
Name of Employer (Required) Yates Construction		
Occupation (Required) CEO	Aggregate Year-to-date	\$25,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  J.L. Holloway	05/26/2021	\$2,500.00
Mailing Address 150 Forth Avenue North STE 1850		Ψ2,000.00
City, State, Zip Code Nashville, TN 37219		
Name of Employer (Required) Sable Investments	<del> </del>	
Occupation (Required)	Aggregate	
Executive	Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Azar	11/03/2021	\$1,000.00
Mailing Address 2043 Audubon Place		
City, State, Zip Code Greenville, MS 38701-6982		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required) Self Employed		
Occupation (Required) Recording Artist	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
• 0	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cadillac Of Jackson  Mailing Address	Date (Mo., Day, Year)	receipt this period
Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zin Code	Date (Mo., Day, Year)	receipt this period
Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zip Code Ridgeland, MS 39158-2956	Date (Mo., Day, Year)	receipt this period
Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zip Code Ridgeland, MS 39158-2956  Name of Employer (Required)	Date (Mo., Day, Year)  09/27/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zip Code Ridgeland, MS 39158-2956  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  09/27/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zip Code Ridgeland, MS 39158-2956  Name of Employer (Required)  Coccupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)  09/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zip Code Ridgeland, MS 39158-2956  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Stephen Neil Forbes  Mailing Address	Date (Mo., Day, Year)  09/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Cadillac Of Jackson  Mailing Address PO Box 2956  City, State, Zip Code Ridgeland, MS 39158-2956  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Stephen Neil Forbes  Mailing Address 119 Hidden Oaks Trail	Date (Mo., Day, Year)  09/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name McClellan's Security Service Inc.	11/05/2021	\$1,250.00
Mailing Address 500 N Chrisman Ave		Ψ1,200.00
City, State, Zip Code Cleveland, MS 38732-2324		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Finishline Performance Karting LLC	04/23/2021	\$1,500.00
Mailing Address 13816 Mesa Road		
City, State, Zip Code Ocean Springs, MS 39564-2560		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual C Loan		
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  John E. Carter  Mailing Address	(Mo., Day, Year)	receipt this period
Gity. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John E. Carter  Mailing Address 109 Limousine Dr.  City, State, Zip Code Tupelo, MS 38804-6106  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John E. Carter  Mailing Address  109 Limousine Dr.  City, State, Zip Code Tupelo, MS 38804-6106  Name of Employer (Required) Retired  Occupation (Required)	(Mo., Day, Year)  07/19/2021  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name John E. Carter  Mailing Address 109 Limousine Dr.  City, State, Zip Code Tupelo, MS 38804-6106  Name of Employer (Required) Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date	\$250.00 \$250.00 Amount of each receipt
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
City, State, Zip Code Tupelo, MS 38804-6106  Name of Employer (Required) Retired  Coccupation (Required) Retired  Cother (please specify)  Full Name Thomas G. Gresham  Cother (please specify)  Tother (please specify)  Thomas G. Gresham	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Tupelo, MS 38804-6106  Name of Employer (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Thomas G. Gresham  Mailing Address  105 E Gresham Street  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phil Moore Buick GMC	09/27/2021	\$1,000.00
Mailing Address 5728 I-55 North		Ψ.,,======
City, State, Zip Code Jackson, MS 39211-2638		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy E Dulaney	08/02/2021	\$10,000.00
Mailing Address 5601 10th Ave		
City, State, Zip Code Meridian, MS 39305-1925		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Jeff Michael Zimmerman  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jeff Michael Zimmerman  Mailing Address  1213 Broad Ave STE #1  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jeff Michael Zimmerman  Mailing Address  1213 Broad Ave STE #1  City, State, Zip Code  Gulfport, MS 39501-2475  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name	(Mo., Day, Year) 10/18/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$450.00  Amount of each receipt
Other (please specify)  Full Name	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$450.00  Amount of each receipt this period
Other (please specify)  Full Name	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$450.00  Amount of each receipt this period
Other (please specify)  Full Name  Jeff Michael Zimmerman  Mailing Address  1213 Broad Ave STE #1  City, State, Zip Code  Gulfport, MS 39501-2475  Name of Employer (Required)  Zimmerman Family Dentistry  Occupation (Required)  Dentist  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Don Larkin Kennedy  Mailing Address  1211 White Oak Dr.	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$450.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan		
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John K. Povali	11/10/2021	\$500,00
Mailing Address 408 S Bolivar Avenue		4000,00
City, State, Zip Code Cleveland, MS 38732-3745		
Name of Employer (Required) Povall & Jeffreys, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Fish	10/15/2021	\$1,000.00
Mailing Address 3455 Brandon James Drive		
City, State, Zip Code Biloxi, MS 39532-9401		
Name of Employer (Required) Gulf Coast Restaurant Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Gother (please specify)  Full Name  John B. Sneed		receipt
Full Name  John B. Sneed	(Mo., Day, Year)	receipt this period
Full Name John B. Sneed  Mailing Address  141 Bayou Circle	(Mo., Day, Year)	receipt this period
Full Name John B. Sneed  Mailing Address  141 Bayou Circle  City, State, Zip Code Gulfport, MS 39507-4623	(Mo., Day, Year)	receipt this period
Full Name  John B. Sneed  Mailing Address  141 Bayou Circle  City, State, Zip Code  Gulfport, MS 39507-4623  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Full Name John B. Sneed  Mailing Address  141 Bayou Circle  City, State, Zip Code Gulfport, MS 39507-4623  Name of Employer (Required)  Retired  Occupation (Reguired)	(Mo., Day, Year)  10/01/2021  Aggregate	receipt this period \$1,000.00
Full Name John B. Sneed  Mailing Address 141 Bayou Circle  City, State, Zip Code Gulfport, MS 39507-4623  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt
Full Name  John B. Sneed  Mailing Address  141 Bayou Circle  City, State, Zip Code  Gulfport, MS 39507-4623  Name of Employer (Required)  Retired  Occupation (Required)  Retired  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Full Name John B. Sneed  Mailing Address 141 Bayou Circle  City, State, Zip Code Gulfport, MS 39507-4623  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Nucor Steel Recyclers of Mississippi PAC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Full Name John B. Sneed  Mailing Address  141 Bayou Circle  City, State, Zip Code Gulfport, MS 39507-4623  Name of Employer (Required)  Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Nucor Steel Recyclers of Mississippi PAC  Mailing Address  3630 Fourth Street  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
Joseph C. Canizaro	05/21/2021	\$10,000.00
Mailing Address 909 Poydras St Ste 1700		
City, State, Zip Code New Orleans, LA 70112-4010		
Name of Employer (Required)  Corporate Capital LLC/First Trust Corp		
Occupation (Required) Developer/Banker	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Lumen Technologies Service Group, LLC	11/03/2021	\$1,000.00
Mailing Address PO Box 4065		
City, State, Zip Code Monroe, LA 71211-4065		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
Full Name  Covington Civil and Environmental LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Covington Civil and Environmental LLC  Mailing Address 2510 14th St, Ste 1010  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Covington Civil and Environmental LLC  Mailing Address  2510 14th St, Ste 1010  City, State, Zip Code  Gulfport, MS 39501-1984	Date (Mo., Day, Year)	receipt this period
Covington Civil and Environmental LLC  Mailing Address  2510 14th St, Ste 1010  City, State, Zip Code Gulfport, MS 39501-1984  Name of Employer (Required)	Date (Mo., Day, Year) - 10/18/2021 Aggregate	receipt this period \$250.00
Cother (please specify)  Full Name  Covington Civil and Environmental LLC  Mailing Address  2510 14th St, Ste 1010  City, State, Zip Code  Gulfport, MS 39501-1984  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$20,250.00  Amount of each receipt
Tother (please specify)  Full Name  Covington Civil and Environmental LLC  Mailing Address  2510 14th St, Ste 1010  City, State, Zip Code  Gulfport, MS 39501-1984  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$20,250.00  Amount of each receipt this period
Tother (please specify)  Full Name  Covington Civil and Environmental LLC  Mailing Address  2510 14th St, Ste 1010  City, State, Zip Code  Gulfport, MS 39501-1984  Name of Employer (Required)  Coccupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Peggy Larkin	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$20,250.00  Amount of each receipt this period
Tother (please specify)  Full Name  Covington Civil and Environmental LLC  Mailing Address  2510 14th St, Ste 1010  City, State, Zip Code  Gulfport, MS 39501-1984  Name of Employer (Required)  Coccupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Peggy Larkin  Mailing Address  PO Box 38657  City, State, Zip Code	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$20,250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyrone Adam Burroughs	08/26/2021	\$1,000.00
Mailing Address 2784 Calkins Creek Cove	33,23,232	ψ1,000.00
City, State, Zip Code		
Germantown, TN 38139-6557  Name of Employer (Required)		
First Choice Sales and Marketing Group  Occupation (Required)	Aggregate	
CEO	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southgroup Insurance Services, LLC	05/04/2021	\$1,000.00
Mailing Address PO Box 567		<b>\$1,000.00</b>
City, State, Zip Code Laurel, MS 39441-0567	<del> </del>	
Name of Employer (Required)		7
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jabari O. Edwards	10/13/2021	\$5,000.00
Mailing Address 102 Temple Cove		V-1
City, State, Zip Code Columbus, MS 39702-7940		
Name of Employer (Required)  The Edwards Agency		
Occupation (Required) Financial Advisor	Aggregate	\$5,000.00
	Year-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name Equifax Inc PAC  Mailing Address  1550 Peachtree St NW  City, State, Zio Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name Equifax Inc PAC  Mailing Address  1550 Peachtree St NW	Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Managed Care With Heart Co PAC	12/23/2021	\$2,500.00
Mailing Address 65 E State St Ste 201		<del></del>
City, State, Zip Code Columbus, OH 43215-4255		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David F. Maron	01/10/2021	\$250.00
Mailing Address 213 Kingsbridge Road		
City, State, Zip Code Madison, MS 39110-8486		
Name of Employer (Required) State of MS		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Crossroads Automotive  Malling Address	(Mo., Day, Year)	receipt this period
Crossroads Automotive  Malling Address  1701 Hwy 72 W  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Crossroads Automotive  Malling Address 1701 Hwy 72 W  City, State, Zip Code Corinth, MS 38834-6755	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Crossroads Automotive  Malling Address 1701 Hwy 72 W  City, State, Zip Code Corinth, MS 38834-6755  Name of Employer (Required)	(Mo., Day, Year) 09/25/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Crossroads Automotive  Malling Address 1701 Hwy 72 W  City, State, Zip Code Corinth, MS 38834-6755  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  09/25/2021  Aggregate Year-to-date  Date	\$500.00 \$500.00
Other (please specify)  Full Name Crossroads Automotive  Malling Address 1701 Hwy 72 W  City, State, Zip Code Corinth, MS 38834-6755  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Grossroads Automotive  Malling Address 1701 Hwy 72 W  City, State, Zip Code Corinth, MS 38834-6755  Name of Employer (Required)  Cocupation (Required)  Course: Groporation PAC Individual Loan Grill Name The LaCroix LLC  Mailing Address 2618 Coliseum Street	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hub Care Pathology P.A.	08/11/2021	\$1,000.00
Mailing Address 5052 W. 4th Street		T -3
City, State, Zip Code Hattiesburg, MS 39402-1069		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marlo Dorsey	08/16/2021	\$250.00
Mailing Address 900 S Court Street		
City, State, Zip Code Ellisville, MS 39437-3901		
Name of Employer (Required) Visit Hattiesburg		100
Occupation (Required) Tourism Director	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	I I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Mack Grubbs  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mack Grubbs  Mailing Address  6507 Hwy 98 W  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mack Grubbs  Mailing Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name	(Mo., Day, Year) 09/13/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Mack Grubbs  Mailing Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Mack Grubbs  Mailing Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify) LLC	(Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name	(Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Mack Grubbs  Mailing Address 6507 Hwy 98 W  City, State, Zip Code Hattiesburg, MS 39402  Name of Employer (Required) Mack Grubbs Ford, Inc.  Decupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Magnolia Medical Leasing Co. LLC  Mailing Address 5052 W. 4th Street	(Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shannon Bibbee	08/26/2021	\$1,000.00
Mailing Address PO Box 1563		4.10
City, State, Zip Code Olive Branch, MS 38654-0945		
Name of Employer (Required)  Bibbee Family Enterprises		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Waggoner	11/30/2021	\$1,000.00
Mailing Address 1458 Highland Park Drive		
City, State, Zip Code Jackson, MS 39211-5968		
Name of Employer (Required) Waggoner Engineering		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
_	1	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Joe Janoush  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joe Janoush  Mailing Address PO Box 397  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joe Janoush  Mailing Address PO Box 397  City, State, Zip Code Rosedale, MS 38769-0397  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joe Janoush  Mailing Address PO Box 397  City, State, Zip Code Rosedale, MS 38769-0397  Name of Employer (Required) Joedot LLC	(Mo., Day, Year)  11/05/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Joe Janoush  Mailing Address PO Box 397  City, State, Zip Code Rosedale, MS 38769-0397  Name of Employer (Required) Joedot LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Joe Janoush  Mailing Address PO Box 397  City, State, Zip Code Rosedale, MS 38769-0397  Name of Employer (Required) Joedot LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name  Joe Janoush  Mailing Address  PO Box 397  City, State, Zip Code  Rosedale, MS 38769-0397  Name of Employer (Required)  Joedot LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Rodney C. Richardson  Mailing Address  1609 24th Ave  City, State, Zip Code  Meridian, MS 39301-3112	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name  Joe Janoush  Mailing Address  PO Box 397  City, State, Zip Code  Rosedale, MS 38769-0397  Name of Employer (Required)  Joedot LLC  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Rodney C. Richardson  Mailing Address  1609 24th Ave	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		this period
Avonna Cain	12/16/2021	\$10,000.00
Mailing Address 2352 N Country Club Lane		
City, State, Zip Code Biloxi, MS 39532-3200		
Name of Employer (Required)  Conner Cain Enterprise		
Occupation (Required) Owner	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug Deason	11/01/2021	\$25,000.00
Mailing Address 10134 Waller Drive		
City, State, Zip Code Dallas, TX 75229-6611		
Name of Employer (Required)  Deason Capital		<del> </del>
Occupation (Required) Investor	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
·		receipt
Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Regional Care LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Regional Care LLC  Mailing Address  Po Box 6015  City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Cother (please specify)  LLC  LLC  LLC  LLC  LLC  Mailing Address  Po Box 6015  Ridgeland, MS 39158-6015	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  Regional Care LLC  Mailing Address  Po Box 6015  City, State, Zip Code  Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  LLC	(Mo., Day, Year)  08/11/2021  Aggregate	receipt this period \$1,500.00
Tother (please specify)  Full Name  Regional Care LLC  Mailing Address  Po Box 6015  City, State, Zip Code  Ridgeland, MS 39158-6015  Name of Employer (Required)  Doccupation (Required)  Source:  Corporation  PAC  Individual  Loan	(Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date	receipt this period \$1,500.00 \$1,500.00  Amount of each receipt
Tother (please specify)  Full Name  Regional Care LLC  Mailing Address  Po Box 6015  City, State, Zip Code  Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  LLC	(Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00  Amount of each receipt this period
Tother (please specify)  Full Name  Regional Care LLC  Mailing Address  Po Box 6015  City, State, Zip Code  Ridgeland, MS 39158-6015  Name of Employer (Required)  Coccupation (Required)  Source:  Corporation  PAC  Individual  Loan  Tother (please specify)  LLC  Full Name  Jamie Planck Martin, PLLC	(Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00  Amount of each receipt this period
Tother (please specify)  Full Name  Regional Care LLC  Mailing Address  Po Box 6015  City, State, Zip Code  Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  LLC  Full Name  Jamie Planck Martin, PLLC  Mailing Address  PO Box 13688  City, State, Zip Code	(Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Sull Namo		this period
John Crossman	08/29/2021	\$500.00
Mailing Address 4412 Anson Lane		
City, State, Zip Code Orlando, FL 32814-6003		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required)  Crossmarc Services		10
Occupation (Required) Real Estate Broker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rail USA LLC	04/20/2021	\$12,500.00
Mailing Address 1515 South Federal Hwy STE 404		
Clty, State, Zip Code Boca Raton, FL 33432-7451		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Harold L. Weess  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required)  Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  LLC	Date (Mo., Day, Year) 01/19/2021 Aggregate	receipt this period \$200.00
Tother (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Audi Jaguar LandRover VW Automotive	Date (Mo., Day, Year)  01/19/2021  Aggregate Year-to-date  Date	\$200.00 \$200.00 Amount of each receipt
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Audi Jaguar LandRover VW Automotive  Mailing Address 5320 I-55 North	Date (Mo., Day, Year)  01/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$200.00 \$200.00  Amount of each receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Audi Jaguar LandRover VW Automotive  Mailing Address 5320 I-55 North  City, State, Zip Code Jackson, MS 39211-4026	Date (Mo., Day, Year)  01/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$200.00 \$200.00  Amount of each receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required)  Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name Audi Jaguar LandRover VW Automotive  Mailing Address  5320 I-55 North	Date (Mo., Day, Year)  01/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$200.00 \$200.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rouses Enterprises LLC	11/03/2021	\$25,000.00
Mailing Address P.O. Box 5358		\$23,000.00
City, State, Zip Code Thibodaux, LA 70302-5358		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly Carothers	08/02/2021	\$5,000.00
Mailing Address 10302 Marchmont Ct.		
City, State, Zip Code Tampa, FL 33626-2661		
Name of Employer (Required) Aegle		
Occupation (Required) Business Development	Aggregate Year-to-date	\$5,000.00
	10di-to-dato	·
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name Chris Hughes  Mailing Address	Date (Mo., Day, Year)	receipt this period
Chris Hughes  Mailing Address  214 West Jackson St.  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Chris Hughes  Mailing Address  214 West Jackson St.  City, State, Zip Code Ridgeland, MS 39157-2312	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-2312  Name of Employer (Required)  CHH Enterprises Inc.	Date (Mo., Day, Year)  09/07/2021  Aggregate	receipt this period \$5,000.00
Chris Hughes  Mailing Address  214 West Jackson St.  City, State, Zip Code Ridgeland, MS 39157-2312  Name of Employer (Required)  CHH Enterprises Inc.  City Required Executive  Chris Hughes  And City Required PAC Individual Loan	Date (Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Chris Hughes  Mailing Address  214 West Jackson St.  City, State, Zip Code Ridgeland, MS 39157-2312  Name of Employer (Required)  CHH Enterprises Inc.  City Required Executive  Chris Hughes  City Ridgeland, MS 39157-2312  Chris Hughes  Chris Hughes  Individual Loan  Coccupation PAC Individual Loan  Coccupation Other (please specify)	Date (Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt this period
Chris Hughes  Mailing Address  214 West Jackson St.  City, State, Zip Code Ridgeland, MS 39157-2312  Name of Employer (Required)  CHH Enterprises Inc.  City Corporation PAC Individual Loan  Other (please specify)  Full Name Betsy S Creekmore	Date (Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Chris Hughes  Mailing Address 214 West Jackson St.  City, State, Zip Code Ridgeland, MS 39157-2312  Name of Employer (Required) CHH Enterprises Inc.  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Betsy S Creekmore  Mailing Address 2137 Heritage Hill Drive	Date (Mo., Day, Year)  09/07/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Name	of	Candidate	ОГ	Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
David Philip Halle Jr.	08/26/2021	\$500.00
Mailing Address 681 Bray Station Road		
City, State, Zip Code ColliervIlle, TN 38017-9796		
Name of Employer (Required) Halle Investments		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hite M. Lane	01/20/2021	\$1,000.00
Mailing Address 108 Kathryn Drive		
City, State, Zip Code Brandon, MS 39042-9625		
Name of Employer (Required)  Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
	rear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
·	Date	receipt
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
TOther (please specify)  Full Name  Prosperity PAC LLC  Malling Address	Date (Mo., Day, Year)	receipt this period
Full Name Prosperity PAC LLC  Mailing Address P.O. Box 1869  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code  Prother (please specify)  LLC  LLC  LLC  Malling Address  P.O. Box 1869  Brandon, MS 39043-1869	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Prosperity PAC LLC  Mailing Address P.O. Box 1869  City, State, Zip Code Brandon, MS 39043-1869  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 11/24/2021 Aggregate	receipt this period \$1,000.00
Tother (please specify)  Full Name Prosperity PAC LLC  Mailing Address P.O. Box 1869  City, State, Zip Code Brandon, MS 39043-1869  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Cheryl Thurmond	Date (Mo., Day, Year)  11/24/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Tother (please specify)  Full Name Prosperity PAC LLC  Malling Address P.O. Box 1869  City, State, Zip Code Brandon, MS 39043-1869  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)  11/24/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) LLC  Full Name Prosperity PAC LLC  Mailing Address P.O. Box 1869  City, State, Zip Code Brandon, MS 39043-1869  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Cheryl Thurmond  Mailing Address 7721 County Road 701  City, State, Zip Code Ripley, MS 38663-9423	Date (Mo., Day, Year)  11/24/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Prosperity PAC LLC  Mailing Address P.O. Box 1869  City, State, Zip Code Brandon, MS 39043-1869  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Cheryl Thurmond  Mailing Address 7721 County Road 701  City, State, Zip Code	Date (Mo., Day, Year)  11/24/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		this period
Leo E. Manuel	12/20/2021	\$1,000.00
Mailing Address 2067 Mauvilla Cove		
City, State, Zip Code Biloxi, MS 39531-2433		
Name of Employer (Required)  Balch & Bingham		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Olsen Securities Corp-Walker	08/11/2021	\$2,500.00
Mailing Address 2701 Houma Blvd STE C		
City, State, Zip Code Metairie, LA 70006-6650		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
,		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Wallace Carter  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wallace Carter  Mailing Address 9034 Hollybrook Lane S  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wallace Carter  Mailing Address 9034 Hollybrook Lane S  City, State, Zip Code Germantown, TN 38138-8548  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Germantown, TN 38138-8548  Name of Employer (Required)  CEO  Cocupation (Required)  CEO  Cother (please specify)  Character  Cother (please specify)	(Mo., Day, Year)  11/15/2021  Aggregate	receipt this period \$10,000.00
Other (please specify)  Full Name Wallace Carter  Mailing Address 9034 Hollybrook Lane S  City, State, Zip Code Germantown, TN 38138-8548  Name of Employer (Required) Team Waste LLC  Occupation (Required) CEO  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/15/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Other (please specify)  Full Name Wallace Carter  Mailing Address 9034 Hollybrook Lane S  City, State, Zip Code Germantown, TN 38138-8548  Name of Employer (Required) Team Waste LLC  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name Wallace Carter  Mailing Address 9034 Hollybrook Lane S  City, State, Zip Code Germantown, TN 38138-8548  Name of Employer (Required) Team Waste LLC  Occupation (Required) CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Wayne Walters	(Mo., Day, Year)  11/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name Wallace Carter  Mailing Address 9034 Hollybrook Lane S  City, State, Zip Code Germantown, TN 38138-8548  Name of Employer (Required)  Team Waste LLC  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Wayne Walters  Mailing Address 56 Canebrake Blvd	(Mo., Day, Year)  11/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark D. Mavar	10/18/2021	\$1,000.00
Mailing Address PO Box 730		ψ1,000.00
City, State, Zip Code Biloxi, MS 39533-0730		
Name of Employer (Required)  Biloxi Freezing & Processing, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin Crossman	08/02/2021	\$5,000.00
Mailing Address 13600A Icot Blvd		
City, State, Zip Code Clearwater, FL 33760-3703		
Name of Employer (Required) NAHA		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Frank Bordeaux  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name Frank Bordeaux  Mailing Address  11633 Bluff Lane  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Frank Bordeaux  Mailing Address 11633 Bluff Lane  City, State, Zip Code Gulfport, MS 39503-6150	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Frank Bordeaux  Mailing Address 11633 Bluff Lane  City, State, Zip Code Gulfport, MS 39503-6150  Name of Employer (Required) Stewart Sneed Hewes  Occupation (Required) Insurance  Source:   Other (please specify)	(Mo., Day, Year)  11/10/2021  Aggregate	receipt this period \$2,500.00
Other (please specify)  Full Name Frank Bordeaux  Mailing Address 11633 Bluff Lane  City, State, Zip Code Gulfport, MS 39503-6150  Name of Employer (Required) Stewart Sneed Hewes  Occupation (Required) Insurance  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Electric Cooperatives of Mississippi PAC	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date	\$2,500.00 \$3,500.00  Amount of each receipt
Other (please specify)  Full Name Frank Bordeaux  Mailing Address 11633 Bluff Lane  City, State, Zip Code Gulfport, MS 39503-6150  Name of Employer (Required) Stewart Sneed Hewes  Occupation (Required) Insurance  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$3,500.00  Amount of each receipt this period
City, State, Zip Code   Source: Corporation   PAC   Individual   Loan	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$3,500.00  Amount of each receipt this period
City, State, Zip Code Gulfport, MS 39503-6150  Name of Employer (Required)  Coccupation (Required)  Coccupation (Required)  Corporation  Cother (please specify)  Full Name  Electric Cooperatives of Mississippi PAC  Mailing Address  PO Box 3300  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$3,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  WalMart Inc. PAC for Responsible Government	11/18/2021	\$3,000.00
Mailing Address 702 SW 8th St	11/10/2321	\$3,000.00
City, State, Zip Code Bentonville, AR 72716-6209		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben H. Stone	12/20/2021	\$1,000.00
Mailing Address PO Box 130		
City, State, Zip Code Gulfport, MS 39502-0130		
Name of Employer (Required)  Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
· Annual		receipt this period
Other (please specify)LLC	(Mo., Day, Year)	receipt
Full Name Pitcher Point Investments LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Pitcher Point Investments LLC  Mailing Address  15039 Lorraine Rd  City. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Dother (please specify)  LLC  LLC  LLC  LLC  LLC  Mailing Address  15039 Lorraine Rd  Biloxi, MS 39532-9111	(Mo., Day, Year)	receipt this period
City, State, Zip Code Biloxi, MS 39532-9111  Description:    Check	(Mo., Day, Year) 10/18/2021 Aggregate	receipt this period \$1,000.00
Tother (please specify)LLC  Full Name	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Tother (please specify)LLC  Full Name	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)  Full Name  Pitcher Point Investments LLC  Mailing Address  15039 Lorraine Rd  City, State, Zip Code  Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Del Sol Consulting Inc.	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Pitcher Point Investments LLC  Mailing Address 15039 Lorraine Rd  City, State, Zip Code Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Del Sol Consulting Inc.  Mailing Address 136 Oleander Court	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		this period
Michael Howard	03/03/2021	\$5,000.00
Mailing Address 20 Pine Villa		
City, State, Zip Code Ellisville, MS 39437-8782		
Name of Employer (Required) Howard Industries		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James A. Hurt	12/01/2021	\$1,000.00
Mailing Address 107 Freeland Lane		
City, State, Zip Code Clinton, MS 39056-6145		
Name of Employer (Required) UMMC		
Occupation (Required) Physican	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Davita	11/04/2021	\$1,000.00
Mailing Address P.O. Box 2037		
City, State, Zip Code Tacoma, WA 98401-2037		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dukes Dukes Keating & Faneca, P.A.	10/06/2021	\$1,000.00
Mailing Address 2909 13th Street		
City, State, Zip Code Gulfport, MS 39501-1925	1	
Gulfport, MS 39501-1925  Iame of Employer (Required)		-

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
	-	this period
Full Name Mississippi Chiropractors PAC	10/18/2021	\$2,500.00
Mailing Address 4294 Lakeland Dr Ste 100		
City, State, Zip Code Flowood, MS 39232-9510		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Atmos Energy Corporation PAC	09/16/2021	\$10,000.00
Mailing Address 5430 Lbj Fwy Ste 160		
City, State, Zip Code Dallas, TX 75240-2630		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Hardy Graham Jr.  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Hardy Graham Jr.  Mailing Address  8902 Hwy 493  Sity, State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Hardy Graham Jr.  Malling Address 8902 Hwy 493  City, State, Zip Code Bailey, MS 39320-9540	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Hardy Graham Jr.  Mailing Address 8902 Hwy 493  City, State, Zip Code Bailey, MS 39320-9540  Name of Employer (Required)  Meridian Coca-Cola Bottling Co.	(Mo., Day, Year) - 07/26/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Hardy Graham Jr.  Mailing Address 8902 Hwy 493  City, State, Zip Code Bailey, MS 39320-9540  Name of Employer (Required) Meridian Coca-Cola Bottling Co.  Occupation (Required) President  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name Hardy Graham Jr.  Malling Address 8902 Hwy 493  City, State, Zip Code Bailey, MS 39320-9540  Name of Employer (Required) Meridian Coca-Cola Bottling Co.  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Hardy Graham Jr.  Mailing Address 8902 Hwy 493  City, State, Zip Code Bailey, MS 39320-9540  Name of Employer (Required) Meridian Coca-Cola Bottling Co.  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Edward M. Hargett  Mailing Address	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Hardy Graham Jr.  Mailing Address 8902 Hwy 493  City, State, Zip Code Bailey, MS 39320-9540  Name of Employer (Required) Meridian Coca-Cola Bottling Co.  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Edward M. Hargett  Mailing Address ROUTE 1 BOX 1350, MCNULTY ROAD	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	<b>-</b>	
Jason Leach  Mailing Address	01/30/2021	\$3,000.00
310 Fazio Drive		
City, State, Zip Code Oxford, MS 38655-2166		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jody Herring	11/23/2021	\$1,000.00
Mailing Address PO Box 667		
City, State, Zip Code Meadville, MS 39653-0667		
Name of Employer (Required) Herring Gas		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Copart Inc. PAC  Mailing Address  4665 Business Center Dr  City. State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address 4665 Business Center Dr  City, State, Zip Code Fairfield, CA 94534-1675	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address 4665 Business Center Dr  City, State, Zip Code Fairfield, CA 94534-1675  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year) 10/27/2021 Aggregate	receipt this period \$9,000.00
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address 4665 Business Center Dr  City, State, Zip Code Fairfield, CA 94534-1675  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Thomas H. Kline	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date	\$9,000.00 \$9,000.00 Amount of each receipt
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address 4665 Business Center Dr  City, State, Zip Code Fairfield, CA 94534-1675  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Thomas H. Kline  Mailing Address P.o. Box 121	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$9,000.00 \$9,000.00  \$9,000.00  Amount of each receipt this period
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address 4665 Business Center Dr  City, State, Zip Code Fairfield, CA 94534-1675  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Thomas H. Kline	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$9,000.00 \$9,000.00  \$9,000.00  Amount of each receipt this period
Other (please specify)  Full Name Copart Inc. PAC  Mailing Address 4665 Business Center Dr  City, State, Zip Code Fairfield, CA 94534-1675  Name of Employer (Required)  Occupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name Thomas H. Kline  Mailing Address P.o. Box 121	Date (Mo., Day, Year)  10/27/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$9,000.00 \$9,000.00  \$9,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	-	tilla periou
Brian Cain  Mailing Address	12/29/2021	\$10,000.00
Mailing Address 16411 Robinson Road		
City, State, Zip Code Gulfport, MS 39503-4879		
Name of Employer (Required)  Lakeview Management Inc.		
Occupation (Required) President, Director	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vick Etheridge Enterprises LLC	03/30/2021	\$5,000.00
Mailing Address 4212 North Harper Road		
City, State, Zip Code Corinth, MS 38834-2407		W
Name of Employer (Required)		· · · · · · · · · · · · · · · · · · ·
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Harold Miles Beebe  Malling Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold Miles Beebe  Mailing Address  227 Coachmans Road  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold Miles Beebe  Malling Address  227 Coachmans Road  City, State, Zip Code Madison, MS 39110-9208  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold Miles Beebe  Malling Address 227 Coachmans Road  City, State, Zip Code Madison, MS 39110-9208  Name of Employer (Required) Delco, Inc.  Occupation (Required) Area III Vice President  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/17/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Harold Miles Beebe  Mailing Address 227 Coachmans Road  City, State, Zip Code Madison, MS 39110-9208  Name of Employer (Required) Delco, Inc.  Occupation (Required) Area III Vice President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/17/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Harold Miles Beebe  Mailing Address 227 Coachmans Road  City, State, Zip Code Madison, MS 39110-9208  Name of Employer (Required) Delco, Inc.  Occupation (Required) Area III Vice President  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Gity, State, Zip Code Madison, MS 39110-9208  Name of Employer (Required)  Delco, Inc.  Deccupation (Required)  Area III Vice President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Samuel Jaron Sackler  Mailing Address  14 Chandeleur Pt  City, State, Zip Code  Hattiesburg, MS 39402-8724	(Mo., Day, Year)  08/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Harold Miles Beebe  Mailing Address 227 Coachmans Road  City, State, Zip Code Madison, MS 39110-9208  Name of Employer (Required) Delco, Inc.  Occupation (Required) Area III Vice President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Samuel Jaron Sackler  Mailing Address 14 Chandeleur Pt  City, State, Zip Code	(Mo., Day, Year)  08/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Waddell Stewart	11/29/2021	\$500.00
Mailing Address PO Box 496	11/20/2021	\$300.00
City, State, Zip Code Brookhaven, MS 39602-0496	-	
Name of Employer (Required)  4 Corner Real Estate		
Occupation (Required) Real Estate Agent	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James H. Lipscomb III	11/08/2021	\$1,000.00
Mailing Address PO Box 636		
City, State, Zlp Code Greenville, MS 38702-0636		
Name of Employer (Required) Lipscomb Oil Company		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Dukes Dukes Keating & Faneca, P.A.  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City, State, Zip Code Gulfport, MS 39501-1925	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City, State, Zip Code Gulfport, MS 39501-1925  Name of Employer (Required)	(Mo., Day, Year)  02/05/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City, State, Zip Code Gulfport, MS 39501-1925  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan	(Mo., Day, Year)  02/05/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City, State, Zip Code Gulfport, MS 39501-1925  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City, State, Zip Code Gulfport, MS 39501-1925  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Eli Lilly and Company PAC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Dukes Dukes Keating & Faneca, P.A.  Mailing Address 2909 13th Street  City, State, Zip Code Gulfport, MS 39501-1925  Name of Employer (Required)  Occupation (Required)  Coupation (Required)  Other (please specify)  Full Name Eli Lilly and Company PAC  Mailing Address 639 S Delaware St  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence C. Long	11/01/2021	
Mailing Address 65 Holly Ridge Rd	11/01/2021	\$250.00
City, State, Zip Code Indianola, MS 38751-9691		
Name of Employer (Required)		
Saint Rest Planting Co.  Occupation (Required)	Aggregate	
Partner	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 Warren T. Herring	03/24/2021	\$1,000.00
Mailing Address 4220 Eastover PI.		
City, State, Zip Code Jackson, MS 39211		
Name of Employer (Required)  Trust Care Health		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
	· ·	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Malcolm Portera  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Malcolm Portera  Mailing Address  1524 Waterfall Pkwy  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Malcolm Portera  Mailing Address  1524 Waterfall Pkwy  City, State, Zip Code Tuscaloosa, AL 35406-3290  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Malcolm Portera  Mailing Address  1524 Waterfall Pkwy  City, State, Zip Code Tuscaloosa, AL 35406-3290  Name of Employer (Required)  Self	(Mo., Day, Year)  08/02/2021  Aggregate	receipt this period \$10,000.00
Other (please specify)  Full Name	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Other (please specify)  Full Name	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amy Arrington	04/15/2021	\$5,000.00
Mailing Address PO Box 1150	011101221	ψο,υυυ.υυ
City, State, Zip Code Hattlesburg, MS 39403-1150		
Name of Employer (Required) Hood Companies Inc	+	
Occupation (Required)	Aggregate	
Attorney	Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Colony Construction LLC	05/05/2021	\$5,000.00
Mailing Address 24 Town Center Square		, , , , , , , , , , , , , , , , , , , ,
City, State, Zip Code Hattiesburg, MS 39402-7036		
Name of Employer (Required)		1:
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Woolwine Ford-Lincoln, Inc  Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Woolwine Ford-Lincoln, Inc  Mailing Address PO Drawer 1509  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Woolwine Ford-Lincoln, Inc  Mailing Address PO Drawer 1509  City, State, Zip Code Collins, MS 39428-1509	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Woolwine Ford-Lincoln, Inc  Mailing Address PO Drawer 1509  City, State, Zip Code Collins, MS 39428-1509  Name of Employer (Required)	(Mo., Day, Year)  05/05/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Woolwine Ford-Lincoln, Inc  Mailing Address PO Drawer 1509  City, State, Zip Code Collins, MS 39428-1509  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Woolwine Ford-Lincoln, Inc  Mailing Address PO Drawer 1509  City, State, Zip Code Collins, MS 39428-1509  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
City, State, Zip Code Collins, MS 39428-1509  Name of Employer (Required)  Coccupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name Dolly Marascalco	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Woolwine Ford-Lincoln, Inc  Mailing Address PO Drawer 1509  City, State, Zip Code Collins, MS 39428-1509  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Dolly Marascalco  Mailing Address 1270 Hunter Run  City, State, Zip Code	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Parish Transport LLC	03/03/2021	\$5,000.00
Mailing Address PO Box 159		<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code Ellisville, MS 39437-0159		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Watkins	08/25/2021	\$250.00
Mailing Address 2974 Wetherby Cv N		
City, State, Zip Code Germantown, TN 38139-8047		
Name of Employer (Required) retired		***************************************
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
	Tear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt this period
Other (please specify)LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name GuidePoint LLC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  LLC  Full Name  GuidePoint LLC  Mailing Address  1037 Lake Village Cir STE A  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify)  Full Name GuidePoint LLC  Mailing Address  1037 Lake Village Cir STE A  City, State, Zip Code Brandon, MS 39047-6725	Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Brandon, MS 39047-6725  Pull Name GuidePoint LLC  Mailing Address 1037 Lake Village Cir STE A  City, State, Zip Code Brandon, MS 39047-6725  Name of Employer (Required)	Date (Mo., Day, Year)  05/19/2021  Aggregate	Amount of each receipt this period \$10,000.00
Tother (please specify)  Full Name  GuidePoint LLC  Mailing Address  1037 Lake Village Cir STE A  City, State, Zip Code  Brandon, MS 39047-6725  Name of Employer (Required)  Occupation (Required)  Source:   Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Tother (please specify)  Full Name  GuidePoint LLC  Mailing Address  1037 Lake Village Cir STE A  City, State, Zip Code  Brandon, MS 39047-6725  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00  \$10,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  GuidePoint LLC  Mailing Address  1037 Lake Village Cir STE A  City, State, Zip Code  Brandon, MS 39047-6725  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Thomas E. Sasser	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00  \$10,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  GuidePoint LLC  Mailing Address  1037 Lake Village Cir STE A  City, State, Zip Code  Brandon, MS 39047-6725  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Thomas E. Sasser  Mailing Address  1684 Calvary Dr. Sw  City, State, Zip Code	Date (Mo., Day, Year)  05/19/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00  \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burrow Law Firm PLLC	10/07/2021	\$250.00
Mailing Address PO Box 2221		
City, State, Zip Code Pascagoula, MS 39569-2221		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Estess	07/22/2021	\$500.00
Mailing Address 1818 Forest Park		
City, State, Zip Code Tupelo, MS 38801-7142		
Name of Employer (Required)  Vector Transport		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Barney J. Albritton  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Barney J. Albritton  Mailing Address  310 W Presley Blvd  City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  MacComb, MS 39648-5526  Mame of Employer (Required)	(Mo., Day, Year)	receipt this period
Full Name Barney J. Albritton  Mailing Address 310 W Presley Blvd  City, State, Zip Code McComb, MS 39648-5526  Name of Employer (Required)  Coca Cola Bottling Company	(Mo., Day, Year)  11/29/2021  Aggregate	receipt this period \$500,00
Other (please specify)  Full Name Barney J. Albritton  Mailing Address 310 W Presley Blvd  City, State, Zip Code McComb, MS 39648-5526  Name of Employer (Required) Coca Cola Bottling Company  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Barney J. Albritton  Mailing Address 310 W Presley Blvd  City, State, Zip Code McComb, MS 39648-5526  Name of Employer (Required) Coca Cola Bottling Company  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period
City, State, Zip Code McComb, MS 39648-5526  Name of Employer (Required)  Coca Cola Bottling Company  Cocupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name MS Hospitality & Restaurant Association PAC	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period
Gity, State, Zip Code Name of Employer (Required)  Coca Cola Bottling Company  Cocupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name MS Hospitality & Restaurant Association PAC  Malling Address  11 Northtown Dr Ste 125  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
		this period
Full Name Luther S. Pate IV	11/09/2021	\$50,000.00
Mailing Address PO Box 20828		
City, State, Zip Code Tuscaloosa, AL 35402-0828		
Name of Employer (Required) Pate Holdings, Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$50,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dolly Marascalco	12/30/2021	\$500.00
Mailing Address 1270 Hunter Run		
City, State, Zip Code Grenada, MS 38901-4056		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name  Xan Robertson		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Other (please specify)  Xan Robertson  3305 Old Highway 61 S  Leland, MS 38756-9797	(Mo., Day, Year)	receipt this period
City. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Leland, MS 38756-9797  Carre of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/05/2021  Aggregate	receipt this period \$1,000.00
Tull Name	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,500.00  Amount of each receipt
City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)  Self  Coccupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Vergent LMS, Inc  Mailing Address  PO Box 1968	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,500.00  Amount of each receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Vergent LMS, Inc  Mailing Address PO Box 1968  City, State, Zip Code Ridgeland, MS 39158-1968	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,500.00  Amount of each receipt this period
Gity, State, Zip Code  Corporation  Corporation  Cother (please specify)  Full Name  Cocupation (Required)  Cocupation (Required)  Corporation  Cother (please specify)  Full Name  Vergent LMS, Inc  Mailing Address  PO Box 1968  City, State, Zip Code  Leland, MS 38756-9797  Self  Cocupation (Required)  Farmer  Corporation  Corporation  Cother (please specify)  Full Name  PO Box 1968  City, State, Zip Code	(Mo., Day, Year)  11/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Haslam	12/23/2021	\$5,000.00
Mailing Address PO Box 10528	12/20/2021	φ3,000.00
City, State, Zip Code  Knoxville, TN 37939-0528		
Name of Employer (Required)  RIVR Media		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Joshua A. Mars	05/05/2021	\$500.00
Mailing Address 54 Montclaire		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)  Copeland Cook Taylor and Bush		4
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
G. D. Simmons III		this period
Full Name	(Mo., Day, Year)	•
Full Name C. D. Simmons III  Mailing Address	(Mo., Day, Year)	this period
Full Name C. D. Simmons III  Mailing Address PO Box 65  City. State, Zip Code	(Mo., Day, Year)	this period
Full Name C. D. Simmons III  Mailing Address PO Box 65  City, State, Zip Code Arcola, MS 38722-0065  Name of Employer (Required)	(Mo., Day, Year)	this period
Full Name  C. D. Simmons III  Mailing Address  PO Box 65  City, State, Zip Code  Arcola, MS 38722-0065  Name of Employer (Required)  Farmer  Occupation (Required)	(Mo., Day, Year)  11/10/2021  Aggregate	this period \$1,000.00
Full Name C. D. Simmons III  Mailing Address PO Box 65  City, State, Zip Code Arcola, MS 38722-0065  Name of Employer (Required) Farmer  Occupation (Required) Self  Source: Corporation PAC Individual Loan	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt
Full Name  C. D. Simmons III  Mailing Address PO Box 65  City, State, Zip Code Arcola, MS 38722-0065  Name of Employer (Required) Farmer  Occupation (Required) Self  Source: Corporation PAC Individual Loan Characteristics  Cother (please specify)  LLC	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name C. D. Simmons III  Mailing Address PO Box 65  City, State, Zip Code Arcola, MS 38722-0065  Name of Employer (Required) Farmer  Occupation (Required) Self  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Chancellor Construction, LLC	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name  C. D. Simmons III  Mailing Address  PO Box 65  City, State, Zip Code Arcola, MS 38722-0065  Name of Employer (Required)  Farmer  Occupation (Required)  Self  Source: Corporation PAC Individual Loan  Chancellor Construction, LLC  Mailing Address  25 Town Center Square	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Candidate	ог	Committee
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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name nSide, Inc.	12/17/2021	\$1,000.00
Mailing Address 4031 Parkway Drive, Suite B	12/1/2021	\$1,000.00
City, State, Zip Code Florence, AL 35630-7620	+	
Name of Employer (Required)	1	
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	08/30/2021	\$4,500.00
Mailing Address 1015 15th St NW Suite 920		
City, State, Zip Code Washington, DC 20005-2623		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation C PAC C Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jimmy Walker	09/16/2021	\$1,000.00
Mailing Address 2018 Highway 15 North		·
City, State, Zip Code Laurel, MS 39440-1837		
City. State. Zip Code		
City, State, Zip Code  Laurel, MS 39440-1837	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code  Laurel, MS 39440-1837  Name of Employer (Required)  Laurel Ford MS Inc  Car Dealer  Source: Corporation PAC Individual Loan  Other (please specify)		\$1,000.00  Amount of each receipt this period
City, State, Zip Code  Laurel, MS 39440-1837  Name of Employer (Required)  Laurel Ford MS Inc  Car Dealer  Source: Corporation PAC Individual Loan	Year-to-date  Date	Amount of each receipt
City, State, Zip Code  Laurel, MS 39440-1837  Name of Employer (Required)  Laurel Ford MS Inc  Car Dealer  Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code  Laurel, MS 39440-1837  Name of Employer (Required)  Laurel Ford MS Inc  Car Dealer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Neel-Schaffer	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code  Laurel, MS 39440-1837  Name of Employer (Required)  Laurel Ford MS Inc  Car Dealer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Neel-Schaffer  Mailing Address  PO Box 22625  City, State, Zip Code	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Joe Hemleben	12/20/2021	\$100.00
Mailing Address 225 Winsmere Way		
City, State, Zip Code Ridgeland, MS 39157-9749		
Name of Employer (Required) State of MS		
Occupation (Required) Attorney	Aggregate Year-to-date	\$575.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Brant Pettis	12/20/2021	\$1,000.00
Mailing Address 46 54th St.		
City, State, Zip Code Gulfport, MS 39507-4609		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Kent Wyatt  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kent Wyatt  Mailing Address  526 Hillcrest Cir  City. State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Cleveland, MS 38732-2030  Cleveland, MS 38732-2030	(Mo., Day, Year)	receipt this period
City, State, Zip Code Cleveland, MS 38732-2030  Name of Employer (Required)  Retired  Cother (please specify)  City Name	(Mo., Day, Year)  11/08/2021  Aggregate	receipt this period \$250.00
City, State, Zip Code Cleveland, MS 38732-2030  Name of Employer (Required)  Retired  Coccupation (Required)  Retired  Corporation PAC Individual Loan	(Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Tull Name Kent Wyatt  Mailing Address 526 Hillcrest Cir  City, State, Zip Code Cleveland, MS 38732-2030  Name of Employer (Required) Retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
City, State, Zip Code Cleveland, MS 38732-2030  Name of Employer (Required)  Retired  Coccupation (Required)  Retired  Corporation PAC Individual Loan  Other (please specify)  Full Name Deviney Brothers, Inc.	(Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name Kent Wyatt  Mailing Address 526 Hillcrest Cir  City, State, Zip Code Cleveland, MS 38732-2030  Name of Employer (Required) Retired  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Deviney Brothers, Inc.  Mailing Address PO Box 6717  City, State, Zip Code	(Mo., Day, Year)  11/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Source: © Corporation	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Fortier Foundation Inc.	09/30/2021	\$1,000.00
Mailing Address PO Box 535		
City, State, Zip Code Ripley, MS 38663-0535		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Maggio	10/04/2021	\$250.00
Mailing Address 2201 24th Avenue		
City, State, Zip Code Gulfport, MS 39501-4604		2
Name of Employer (Required)  The Maggio Law Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ '		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  David Wansley  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Vicksburg, MS 39183-8101  Other (please specify)  David Wansley  120 Brookwood Dr.  Vicksburg, MS 39183-8101	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Wansley  Mailing Address  120 Brookwood Dr.  City, State, Zip Code Vicksburg, MS 39183-8101  Name of Employer (Required)  Self  Occupation (Required)	(Mo., Day, Year) 01/26/2021 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Name of Employer (Required)  City State (Required)  Source:  Corporation  Cother (please specify)  Document of Employer (Required)  Farmer  Coccupation (Required)  Farmer  Corporation  Cother (please specify)  Self  City Name of Employer (Required)  Self  Coccupation (Required)  Farmer  Corporation  Corpora	(Mo., Day, Year) 01/26/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name David Wansley  Mailing Address 120 Brookwood Dr.  City, State, Zip Code Vicksburg, MS 39183-8101  Name of Employer (Required) Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$1,000.00  \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name David Wansley  Mailing Address 120 Brookwood Dr.  City, State, Zip Code Vicksburg, MS 39183-8101  Name of Employer (Required) Self  Occupation (Required)  Farmer  Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)  Full Name Charlie Pilkinton	(Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name David Wansley  Mailing Address 120 Brookwood Dr.  City, State, Zip Code Vicksburg, MS 39183-8101  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Charlie Pilkinton  Mailing Address 250 Wolfe Creek Drive	(Mo., Day, Year)  01/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		this period
Tracy Pittman	10/10/2021	\$250.00
Mailing Address 5921 Oak Bayou Lane		
City, State, Zip Code Ocean Springs, MS 39564-8208		
Name of Employer (Required)  KDHC		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
The Great White Buffalo Company LLC	08/11/2021	\$2,000.00
Mailing Address 12 Cove Lane		
City, State, Zip Code Hattiesburg, MS 39402-7704		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nicole Nash  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nicole Nash  Mailing Address  952 Echo Lane STE 400  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nicole Nash  Mailing Address  952 Echo Lane STE 400  City, State, Zip Code Houston, TX 77024-2820  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nicole Nash  Mailing Address 952 Echo Lane STE 400  City, State, Zip Code Houston, TX 77024-2820  Name of Employer (Required)  Garner Environmental  Occupation (Required)	Date (Mo., Day, Year)  11/17/2021  Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name Nicole Nash  Mailing Address 952 Echo Lane STE 400  City, State, Zip Code Houston, TX 77024-2820  Name of Employer (Required) Garner Environmental  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Douglas G. White	Date (Mo., Day, Year)  11/17/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Other (please specify)  Full Name Nicole Nash  Mailing Address 952 Echo Lane STE 400  City, State, Zip Code Houston, TX 77024-2820  Name of Employer (Required) Garner Environmental  Occupation (Required)  Owner  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  11/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Nicole Nash  Mailing Address 952 Echo Lane STE 400  City, State, Zip Code Houston, TX 77024-2820  Name of Employer (Required) Garner Environmental  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Douglas G. White	Date (Mo., Day, Year)  11/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Nicole Nash  Mailing Address 952 Echo Lane STE 400  City, State, Zip Code Houston, TX 77024-2820  Name of Employer (Required) Garner Environmental  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Douglas G. White  Mailing Address 191 Johnstone Drive	Date (Mo., Day, Year)  11/17/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BankPlus PAC for Responsible Government	10/25/2021	\$5,000.00
Mailing Address 1068 Highland Colony Pkwy		Ψομοσιοσ
City, State, Zlp Code Ridgeland, MS 39157-8807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Millette Administrators, Inc.	01/18/2021	\$1,000.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code  Moss Point, MS 39563-3939		
Name of Employer (Required)		-
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Dean Caviness  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dean Caviness  Mailing Address  152 Dumas Road  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dean Caviness  Mailing Address  152 Dumas Road  City, State, Zip Code Ripley, MS 38663-9035	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dean Caviness  Mailing Address  152 Dumas Road  City, State, Zip Code Ripley, MS 38663-9035  Name of Employer (Required)  Self  Occupation (Required)	(Mo., Day, Year)  09/29/2021  Aggregate	receipt this period \$250.00
City, State, Zip Code Ripley, MS 38663-9035  Name of Employer (Required)  CPA  Coccupation (Required)  CPA  Corporation PAC Individual Loan	Aggregate Year-to-date	\$250.00 \$250.00 Amount of each receipt
City, State, Zip Code Ripley, MS 38663-9035  Name of Employer (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  (Mo., Day, Year)  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Dean Caviness  Mailing Address 152 Dumas Road  City, State, Zip Code Ripley, MS 38663-9035  Name of Employer (Required) Self  Occupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Larkin Feed Company	Aggregate Year-to-date  (Mo., Day, Year)  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Dean Caviness  Mailing Address 152 Dumas Road  City, State, Zip Code Ripley, MS 38663-9035  Name of Employer (Required)  Self  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Larkin Feed Company  Mailing Address  PO Box 39	Aggregate Year-to-date  (Mo., Day, Year)  Date (Mo., Day, Year)	\$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kern Schumacher	12/31/2021	\$5,000.00
Mailing Address 1047 Lakeshore Boulevard		ψ3,000.00
City, State, Zip Code Incline Village, NV 89451-9352		
Name of Employer (Required)  Grenada Railways		
Occupation (Required)	Aggregate	
Principal	Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allred Investments LLC	01/19/2021	\$1,000.00
Mailing Address PO Box 5016		
City, State, Zip Code Meridian, MS 39302-5016		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	Ψ 7,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
·	Date	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Robert Mounger  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Mounger  Mailing Address  4450 Old Canton Road  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code  Jackson, MS 39211-5988  Other (please specify)  Address  Jackson, MS 39211-5988	Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code  Name of Employer (Required)  Other (please specify)  Ad50 Old Canton Road  Self  Self	Date (Mo., Day, Year) 04/21/2021 Aggregate	Amount of each receipt this period \$5,000.00
Other (please specify)  Full Name Robert Mounger  Mailing Address 4450 Old Canton Road  City, State, Zip Code Jackson, MS 39211-5988  Name of Employer (Required) Self  Occupation (Required) Investor  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/21/2021  Aggregate Year-to-date  Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify)  Full Name Robert Mounger  Mailing Address 4450 Old Canton Road  City, State, Zip Code Jackson, MS 39211-5988  Name of Employer (Required) Self  Occupation (Required) Investor  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Tother (please specify)  Full Name Robert Mounger  Mailing Address 4450 Old Canton Road  City, State, Zip Code Jackson, MS 39211-5988  Name of Employer (Required)  Self  Occupation (Required)  Investor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Milton Brislin	Date (Mo., Day, Year)  04/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Robert Mounger  Mailing Address 4450 Old Canton Road  City, State, Zip Code Jackson, MS 39211-5988  Name of Employer (Required) Self  Occupation (Required) Investor  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Milton Brislin  Malling Address 613 Matson Rd.	Date (Mo., Day, Year)  04/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		triis period
Michael W. Castle Jr.  Mailing Address	08/02/2021	\$10,000.00
8189 Pine Springs Rd		
City, State, Zip Code Meridian, MS 39305-9027		
Name of Employer (Required)  Progressive Pipeline Construction, LLC		
Occupation (Required) President	Aggregate Year-to-date	\$11,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Viney	05/17/2021	\$500.00
Mailing Address 25723 Meadowhouse Court		
City, State, Zip Code Chantilly, VA 20152-2588		
Name of Employer (Required) BGR Group		
Occupation (Required) Lobbyist	Aggregate Year-to-date	\$500.00
	rear-to-date	
Source: Tooporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Stevens Mechanical Systems, Inc.  Mailing Address	Date (Mo., Day, Year)	receipt this period
City. State. Zip Code  Other (please specify)  Stevens Mechanical Systems, Inc.  Mailing Address  110 Lone Wolf Drive	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code  Other (please specify)  Stevens Mechanical Systems, Inc.  Mailing Address  110 Lone Wolf Drive  Madison, MS 39110-7028	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-7028  Mother (please specify)  Stevens Mechanical Systems, Inc.  Mailing Address  110 Lone Wolf Drive  Madison, MS 39110-7028  Name of Employer (Required)	Date (Mo., Day, Year)  01/21/2021  Aggregate	receipt this period \$250.00
City, State, Zip Code Madison, MS 39110-7028  Name of Employer (Required)  Coccupation (Required)  Mailing Address  110 Lone Wolf Drive  Madison, MS 39110-7028  Name of Employer (Required)  Coccupation (Required)	Date (Mo., Day, Year)  01/21/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
City, State, Zip Code Madison, MS 39110-7028  Name of Employer (Required)  Coccupation (Required)  Cother (please specify)  Mailing Address  110 Lone Wolf Drive  Madison, MS 39110-7028  Name of Employer (Required)  Coccupation (Required)  Coccupation Corporation PAC Individual Loan  Cother (please specify)	Date (Mo., Day, Year)  01/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tull Name Stevens Mechanical Systems, Inc.  Mailing Address 110 Lone Wolf Drive  City, State, Zip Code Madison, MS 39110-7028  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Alwyn Luckey	Date (Mo., Day, Year)  01/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code  Other (please specify)  Full Name  Stevens Mechanical Systems, Inc.  Mailing Address  110 Lone Wolf Drive  City, State, Zip Code  Madison, MS 39110-7028  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  Full Name  Alwyn Luckey  Mailing Address  1629 Government Street	Date (Mo., Day, Year)  01/21/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Mitchell	04/22/2021	\$1,000.00
Mailing Address 275 Greenwood Lane		Ψ1,000.00
City, State, Zip Code Peachtree City, GA 30269-4249		
Name of Employer (Required)  Comcast		
Occupation (Required) Vice President, Government Affairs	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BGR PAC	04/15/2021	\$1,500.00
Mailing Address 601 13th St NW		
City, State, Zip Code Washington, DC 20005-3807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
·	1	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Committee For Clean Environment and Fair Taxation  Malling Address	(Mo., Day, Year)	receipt this period
Committee For Clean Environment and Fair Taxation  Mailing Address  3000B N State St  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tull Name Committee For Clean Environment and Fair Taxation  Malling Address 3000B N State St  City, State, Zip Code Jackson, MS 39216-4203	(Mo., Day, Year)	receipt this period
Committee For Clean Environment and Fair Taxation  Mailing Address 3000B N State St  City, State, Zip Code Jackson, MS 39216-4203  Name of Employer (Required)	(Mo., Day, Year) 12/23/2021 Aggregate	receipt this period \$2,500.00
Committee For Clean Environment and Fair Taxation  Malling Address 3000B N State St  City, State, Zip Code Jackson, MS 39216-4203  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	\$2,500.00 \$2,500.00 Amount of each receipt
Committee For Clean Environment and Fair Taxation  Mailing Address 3000B N State St  City, State, Zip Code Jackson, MS 39216-4203  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Committee For Clean Environment and Fair Taxation  Mailing Address 3000B N State St  City, State, Zip Code Jackson, MS 39216-4203  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Beth Creekmore Pickering	(Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Other (please specify)  Full Name	(Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael A. Jarvis	09/07/2021	\$5,000.00
Mailing Address 217 Calumet Dr.		Vojesti
City, State, Zip Code Madison, MS 39110-8686		
Name of Employer (Required) WesTower		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Employees Of Vacuum Truck Rentals PAC	09/02/2021	\$5,000.00
Mailing Address PO Box 180789		
Clty, State, Zip Code Richland, MS 39218-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Randy Sharman  Malling Address	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Meridian, MS 39302-1914  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Randy Sharman  Malling Address PO Box 1914  City, State, Zip Code Meridian, MS 39302-1914  Name of Employer (Required)  A&B Electric  Occupation (Required)	(Mo., Day, Year) 03/15/2021 Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name Randy Sharman  Malling Address PO Box 1914  City, State, Zip Code Meridian, MS 39302-1914  Name of Employer (Required) A&B Electric  Occupation (Required)  President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  03/15/2021  Aggregate Year-to-date  Date	\$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify)  Full Name Randy Sharman  Malling Address PO Box 1914  City, State, Zip Code Meridian, MS 39302-1914  Name of Employer (Required) A&B Electric  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify)  Full Name Randy Sharman  Malling Address PO Box 1914  City, State, Zip Code Meridian, MS 39302-1914  Name of Employer (Required) A&B Electric  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Doug Norton	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify)  Full Name Randy Sharman  Malling Address PO Box 1914  City, State, Zip Code Meridian, MS 39302-1914  Name of Employer (Required) A&B Electric  Occupation (Required) President  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Doug Norton  Mailing Address 120 5th St.	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		tilis period
Copart  Mailing Address	10/28/2021	\$1,000.00
4610 WestAmerica Drive		
City, State, Zip Code Fairfield, CA 94534-4186		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann Alexander	08/03/2021	\$5,000.00
Mailing Address PO Box 307		
City, State, Zip Code Marion, MS 39342-0307		
Name of Employer (Required)  A & B Electric		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,100.00
	Tour to date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  John Alexander Brunini  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  John Alexander Brunini  Mailing Address  119 Rosedowne Bend  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  John Alexander Brunini  Mailing Address  119 Rosedowne Bend  City, State, Zip Code  Madison, MS 39110-4710	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  John Alexander Brunini  Mailing Address  119 Rosedowne Bend  City, State, Zip Code  Madison, MS 39110-4710  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)  Attorney  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year) 12/01/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name John Alexander Brunini  Mailing Address 119 Rosedowne Bend  City, State, Zip Code Madison, MS 39110-4710  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name John Alexander Brunini  Mailing Address 119 Rosedowne Bend  City, State, Zip Code Madison, MS 39110-4710  Name of Employer (Required) Butler Snow Omara Stevens & Cannada  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Andy Barlow  Mailing Address	Date (Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Gother (please specify)  Full Name  John Alexander Brunini  Mailing Address  119 Rosedowne Bend  City, State, Zip Code  Madison, MS 39110-4710  Name of Employer (Required)  Butler Snow Omara Stevens & Cannada  Occupation (Required)  Attorney  Source: Gorporation PAC Individual Loan  Other (please specify)  Full Name  Andy Barlow  Mailing Address  266 County Road 506  City, State, Zip Code	Date (Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulf South Strategies USA, LLC	08/12/2021	\$10,000.00
Mailing Address 1041 Constance Street STE 310	00/12/2021	\$10,000,00
City, State, Zip Code  New Orleans, LA 70130-3884		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Herring	07/04/2021	\$250.00
Mailing Address PO Box 147		
City, State, Zip Code Saltillo, MS 38866-0147		
Name of Employer (Required)  Herring Environmental, LLC		
Occupation (Required) owner	Aggregate Year-to-date	\$250.00
	1 10	1
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name Carey Johnston  Mailing Address	Date (Mo., Day, Year)	receipt this period
Carey Johnston  Mailing Address  1064 Stokes Road  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Carey Johnston  Mailing Address 1064 Stokes Road  City, State, Zip Code Canton, MS 39046-8407  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Carey Johnston  Mailing Address 1064 Stokes Road  City, State, Zip Code Canton, MS 39046-8407  Name of Employer (Required) Endodontic Associates PLLC  Occupation (Required)	Date (Mo., Day, Year) 09/14/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Carey Johnston  Mailing Address 1064 Stokes Road  City, State, Zip Code Canton, MS 39046-8407  Name of Employer (Required) Endodontic Associates PLLC  Occupation (Required) Dentist  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Carey Johnston  Mailing Address  1064 Stokes Road  City, State, Zip Code Canton, MS 39046-8407  Name of Employer (Required) Endodontic Associates PLLC  Occupation (Required) Dentist  Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Carey Johnston  Mailing Address  1064 Stokes Road  City, State, Zip Code Canton, MS 39046-8407  Name of Employer (Required) Endodontic Associates PLLC  Occupation (Required) Dentist  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Richard M. Dye	Date (Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Carey Johnston  Mailing Address 1064 Stokes Road  City, State, Zip Code Canton, MS 39046-8407  Name of Employer (Required) Endodontic Associates PLLC  Occupation (Required) Dentist  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Richard M. Dye  Mailing Address 205 Agency Burn  City, State, Zip Code	Date (Mo., Day, Year)  09/14/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	08/02/2021	
Mailing Address PO Box 3804	00/02/2021	\$5,000.00
City, State, Zip Code	+	
Meridian, MS 39303-3804  Name of Employer (Required)		 
Southern Pipe & Co LLC  Occupation (Required)		
Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AT&T Mississippi Political Action Committee	12/23/2021	\$2,500.00
Mailing Address 4266 I 55 N Ste 104		,
City, State, Zip Code Jackson, MS 39211-6393		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
	rear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify) General Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)  General Partnership	Date (Mo., Day, Year)	receipt
Corporate Relations Management  Mailing Address	Date (Mo., Day, Year)	receipt this period
Corporate Relations Management  Mailing Address PO Box 84  City. State. Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code  Other (please specify)  General Partnership  General Partnership  General Partnership  General Partnership  Corporate Relations Management  PO Box 84  Canton, MS 39046-0084	Date (Mo., Day, Year)	receipt this period
Corporate Relations Management  Mailing Address PO Box 84  City, State, Zip Code Canton, MS 39046-0084  Name of Employer (Required)	Date (Mo., Day, Year)  05/12/2021  Aggregate	receipt this period \$10,000.00
Tother (please specify)  General Partnership  Full Name  Corporate Relations Management  Mailing Address  PO Box 84  City, State, Zip Code  Canton, MS 39046-0084  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  05/12/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Tother (please specify)  General Partnership  Full Name  Corporate Relations Management  Mailing Address  PO Box 84  City, State, Zip Code  Canton, MS 39046-0084  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  05/12/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  \$10,000.00  Amount of each receipt this period
Tother (please specify)  General Partnership  Full Name  Corporate Relations Management  Mailing Address  PO Box 84  City, State, Zip Code  Canton, MS 39046-0084  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Ron Peresich Sr.  Mailing Address	Date (Mo., Day, Year)  05/12/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  \$10,000.00  Amount of each receipt this period
Tother (please specify) General Partnership  Full Name Corporate Relations Management  Mailing Address PO Box 84  City, State, Zip Code Canton, MS 39046-0084  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Ron Peresich Sr.  Mailing Address PO Box 289  City, State, Zip Code	Date (Mo., Day, Year)  05/12/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$10,000.00 \$10,000.00  \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Viking Range LLC	10/28/2021	\$1,000.00
Mailing Address 111 Front Street		
City, State, Zip Code Greenwood, MS 38930-4442		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kateri Lockwood	05/19/2021	\$10,000.00
Mailing Address 304 Margaret Ave		
City, State, Zip Code Petal, MS 39465-3318		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$10,000.00
	- i	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Jonathan Barry  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jonathan Barry  Mailing Address  9309 Alcove Lane  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jonathan Barry  Mailing Address  9309 Alcove Lane  City, State, Zip Code Ocean Springs, MS 39564-7037	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Jonathan Barry  Mailing Address 9309 Alcove Lane  City, State, Zip Code Ocean Springs, MS 39564-7037  Name of Employer (Required)  State Farm Insurance	(Mo., Day, Year) 04/23/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Jonathan Barry  Mailing Address 9309 Alcove Lane  City, State, Zip Code Ocean Springs, MS 39564-7037  Name of Employer (Required) State Farm Insurance  Occupation (Required) Agent  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  04/23/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Jonathan Barry  Mailing Address 9309 Alcove Lane  City, State, Zip Code Ocean Springs, MS 39564-7037  Name of Employer (Required) State Farm Insurance  Occupation (Required) Agent  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period
Other (please specify)  Full Name  Jonathan Barry  Mailing Address  9309 Alcove Lane  City, State, Zip Code  Ocean Springs, MS 39564-7037  Name of Employer (Required)  State Farm Insurance  Occupation (Required)  Agent  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Kerry N. Ricks Sr.	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 Jonathan Barry  Mailing Address 9309 Alcove Lane  City, State, Zip Code Ocean Springs, MS 39564-7037  Name of Employer (Required) State Farm Insurance  Occupation (Required) Agent  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kerry N. Ricks Sr.  Mailing Address 303 Lafayette Dr.	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas L. Phillips	10/11/2021	\$1,000.00
Mailing Address PO Box 2069		ψ1,000.00
City, State, Zip Code Columbus, MS 39704-2069		/
Name of Employer (Required) Phillips Contracting Company Inc.		
Occupation (Required) Officer	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 Pace Auto Sales LLC	05/05/2021	\$1,000.00
Mailing Address 6812 Hwy 98W		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denise Pratt  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denise Pratt  Mailing Address  5787 Ginners Lane  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denise Pratt  Mailing Address 5787 Ginners Lane  City, State, Zip Code Hernando, MS 38632-9655  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denise Pratt  Mailing Address 5787 Ginners Lane  City, State, Zip Code Hernando, MS 38632-9655  Name of Employer (Required)  First Pharmacy Services LLC  Occupation (Required)	(Mo., Day, Year)  09/15/2021  Aggregate	receipt this period \$10,000.00
Other (please specify)  Full Name Denise Pratt  Mailing Address 5787 Ginners Lane  City, State, Zip Code Hernando, MS 38632-9655  Name of Employer (Required) First Pharmacy Services LLC  Occupation (Required) Principal  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  09/15/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
Other (please specify)  Full Name Denise Pratt  Mailing Address 5787 Ginners Lane  City, State, Zip Code Hernando, MS 38632-9655  Name of Employer (Required) First Pharmacy Services LLC  Occupation (Required) Principal  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  (Mo., Day, Year)	\$10,000.00 \$10,000.00  \$10,000.00  Amount of each receipt this period
City, State, Zip Code Cocupation (Required) Coupation (Required) Coupati	Aggregate Year-to-date  (Mo., Day, Year)	\$10,000.00 \$10,000.00  \$10,000.00  Amount of each receipt this period
City, State, Zip Code Hernando, MS 38632-9655  Name of Employer (Required)  Principal  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Luke Montgomery  Mailing Address  PO Box 37	Aggregate Year-to-date  (Mo., Day, Year)	\$10,000.00 \$10,000.00  Amount of each receipt this period

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Name o	f Candidate	or	Committee

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Killer Bee, Inc	10/05/2021	\$1,000.00
Mailing Address PO Box 1456		
City, State, Zip Code Biloxi, MS 39533-1456		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tourism Mississippi PAC	09/28/2021	\$4,000.00
Mailing Address PO Box 2745		
City, State, ZIp Code Madison, MS 39130-2745		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
		1
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Mossy of Picayune  Malling Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mossy of Picayune  Mailing Address  241 Frontage Road  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mossy of Picayune  Malling Address 241 Frontage Road  City, State, Zip Code Picayune, MS 39466-7587	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mossy of Picayune  Malling Address  241 Frontage Road  City, State, Zip Code Picayune, MS 39466-7587  Name of Employer (Required)	Date (Mo., Day, Year)  09/13/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Mossy of Picayune  Malling Address 241 Frontage Road  City, State, Zip Code Picayune, MS 39466-7587  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Mossy of Picayune  Malling Address 241 Frontage Road  City, State, Zip Code Picayune, MS 39466-7587  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
City, State, Zip Code Picayune, MS 39466-7587  Name of Employer (Required)  Coccupation (Required)  Coccupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Coccupation PAC Individual Loan  Coupation (Please specify)  Full Name Liberty Dental Plan Corporation	Date (Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify)  Full Name Mossy of Picayune  Mailing Address 241 Frontage Road  City, State, Zip Code Picayune, MS 39466-7587  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Liberty Dental Plan Corporation  Mailing Address 340 Commerce Ste 100  City, State, Zip Code	Date (Mo., Day, Year)  09/13/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Dane III	10/18/2021	\$5,000.00
Mailing Address 11638 Bluff Lane		\$3,333.03
City, State, Zip Code Gulfport, MS 39503-6151		
Name of Employer (Required) United States Marine, Inc.		a)
Occupation (Required) Chairman	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Acadia Healthcare Company, Inc. FEDPAC	07/23/2021	\$5,000.00
Mailing Address 6100 Tower Cir Ste 1000		
City, State, Zip Code Franklin, TN 37067-1509		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan	Data	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
·		-
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify)  Full Name  Denbury Resources PAC  Mailing Address	(Mo., Day, Year)	this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code	(Mo., Day, Year)	this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127	(Mo., Day, Year)	this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)	(Mo., Day, Year) 09/28/2021 Aggregate	this period \$4,000.00
Other (please specify)  Full Name Denbury Resources PAC  Malling Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  09/28/2021  Aggregate Year-to-date  Date	\$4,000.00 \$4,000.00  Amount of each receipt
Other (please specify)  Full Name Denbury Resources PAC  Malling Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify) LLC	(Mo., Day, Year)  09/28/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$4,000.00  \$4,000.00  Amount of each receipt this period
Tother (please specify)  Full Name  Denbury Resources PAC  Mailing Address  5320 Legacy Drive  City, State, Zip Code  Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  The Hurst Group LLC	(Mo., Day, Year)  09/28/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$4,000.00  \$4,000.00  Amount of each receipt this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name The Hurst Group LLC  Mailing Address PO Box 6010  City, State, Zip Code	(Mo., Day, Year)  09/28/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$4,000.00  \$4,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kay Lea	01/09/2021	\$250.00
Mailing Address 3082 Wallace Drive SW		4200.00
City, State, Zip Code Bogue Chitto, MS 39629-9472		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Taylor Law Firm	10/06/2021	\$500.00
Mailing Address P.O. Box 0006		
City, State, Zip Code Pascagoula, MS 39568-0006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Mississippi Bail Agents Association  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Other (please specify)  Mississippi Bail Agents Association  2531 Old Brandon Road  Pearl, MS 39208-4604	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mississippi Bail Agents Association  Mailing Address 2531 Old Brandon Road  City, State, Zip Code Pearl, MS 39208-4604  Name of Employer (Required)	(Mo., Day, Year) 12/13/2021 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Pearl, MS 39208-4604  Name of Employer (Required)  Coccupation (Required)  Pac Individual Loan	(Mo., Day, Year)  12/13/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Mississippi Bail Agents Association  Mailing Address 2531 Old Brandon Road  City, State, Zip Code Pearl, MS 39208-4604  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Pearl, MS 39208-4604 Name of Employer (Required)  Coccupation (Required)  Coupation (Required)  Coupation (Pac Individual Loan David L Stokes  Mailing Address  Mailing Address	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Mississippi Bail Agents Association  Mailing Address 2531 Old Brandon Road  City, State, Zip Code Pearl, MS 39208-4604  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name David L Stokes  Mailing Address 2078 Lake Washington Rd E	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baker Services	11/09/2021	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sammons Holding Company LLC	08/23/2021	\$500.00
Mailing Address 208 St. Albans Fairway		
City, State, Zip Code  Memphis, TN 38111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
— Other (please specify)	1, , ,	this period
Full Name  Joe F. Sanderson Jr.	04/07/2021	
Full Name		\$25,000.00
Full Name  Joe F. Sanderson Jr.  Mailing Address		
Full Name Joe F. Sanderson Jr.  Mailing Address PO Box 988  City, State, Zip Code Laurel, MS 39441-0988  Name of Employer (Required)		
Full Name Joe F. Sanderson Jr.  Mailing Address PO Box 988  City, State, Zip Code Laurel, MS 39441-0988		
Full Name  Joe F. Sanderson Jr.  Mailing Address  PO Box 988  City, State, Zip Code  Laurel, MS 39441-0988  Name of Employer (Required)  Sanderson Farms  Occupation (Required)	04/07/2021  Aggregate	\$25,000.00
Full Name Joe F. Sanderson Jr.  Mailing Address PO Box 988  City, State, Zip Code Laurel, MS 39441-0988  Name of Employer (Required) Sanderson Farms  Occupation (Required) CEO  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$25,000.00 \$25,000.00 Amount of each receipt
Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period
Full Name Joe F. Sanderson Jr.  Mailing Address PO Box 988  City, State, Zip Code Laurel, MS 39441-0988  Name of Employer (Required) Sanderson Farms  Occupation (Required) CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael T. Dorris Jr.  Mailing Address 2 Sanctuary Blvd STE 205  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period
Full Name Joe F. Sanderson Jr.  Mailing Address PO Box 988  City, State, Zip Code Laurel, MS 39441-0988  Name of Employer (Required) Sanderson Farms  Occupation (Required) CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael T. Dorris Jr.  Mailing Address 2 Sanctuary Blvd STE 205	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Silicon, LLC	12/03/2021	\$5,000.00
Mailing Address P.O. Box 316		· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code Burnsville, MS 38833-0316		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tim Mitchell	03/22/2021	\$5,000.00
Mailing Address 125 County Road 516		
City, State, Zip Code Rienzi, MS 38865-9212		-
Name of Employer (Required) Mitchell Farm Equipment		
Occupation (Required)  Executive	Aggregate Year-to-date	\$5,000.00
	rear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name  John M Shappley  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  John M Shappley  Mailing Address  48 Pleasant Pond Loop  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John M Shappley  Mailing Address 48 Pleasant Pond Loop  City, State, Zip Code Hattiesburg, MS 39402-8253	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name John M Shappley  Mailing Address  48 Pleasant Pond Loop  City, State, Zip Code Hattiesburg, MS 39402-8253  Name of Employer (Required)  BankFirst	Date (Mo., Day, Year)  05/05/2021  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name John M Shappley  Mailing Address  48 Pleasant Pond Loop  City, State, Zip Code Hattiesburg, MS 39402-8253  Name of Employer (Required) BankFirst  Occupation (Required) Community Bank President  Source: Corporation PAC Individual Loan Other (please specify)  Full Name FMC Corporate	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name  John M Shappley  Mailing Address  48 Pleasant Pond Loop  City, State, Zip Code  Hattiesburg, MS 39402-8253  Name of Employer (Required)  BankFirst  Occupation (Required)  Community Bank President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  FMC Corporate  Mailing Address  3850 N. Causeway Blvd. Ste 300	Date (Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James Herring	02/20/2021	\$250.00
Mailing Address 232 E Semmes Street		Ψ250.50
City, State, Zip Code Canton, MS 39046-4530		
Name of Employer (Required) Herring, Long, and Crews		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clarke Reed	11/01/2021	\$1,000.00
Mailing Address PO Box 894		
City, State, Zip Code Greenville, MS 38702-0894	1	
Name of Employer (Required) Reed & Joseph		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  E. Bruce Martin  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Meridian, MS 39302-1729  Manue of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/02/2021  Aggregate	receipt this period \$10,000.00
City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kern Schumacher	(Mo., Day, Year)  08/02/2021  Aggregate Year-to-date  Date	receipt this period \$10,000.00 \$10,000.00  Amount of each receipt
City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kern Schumacher	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period
Other (please specify)  Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kern Schumacher  Mailing Address 1047 Lakeshore Boulevard	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$10,000.00  \$10,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Eley	11/10/2021	\$1,000.00
Mailing Address PO Box 1196		ψ1,000.00
City, State, Zip Code Cleveland, MS 38732-1196		
Name of Employer (Required)  Eley Engineering		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Crossman	09/02/2021	\$500.00
Mailing Address 4412 Anson Lane		
City, State, Zip Code Orlando, FL 32814-6003		
Name of Employer (Required)  Crossmarc Services		
Occupation (Required) Real Estate Broker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name Haley Barbour	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Haley Barbour  Mailing Address 648 Dogwood Drive  City, State, Zip Code Yazoo City, MS 39194-8205	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Haley Barbour  Mailing Address 648 Dogwood Drive  City, State, Zip Code Yazoo City, MS 39194-8205	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Haley Barbour  Mailing Address 648 Dogwood Drive  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)  BGR Group  Occupation (Required)	(Mo., Day, Year) 04/08/2021 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Rick Barry	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Haley Barbour  Mailing Address 648 Dogwood Drive  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required) BGR Group  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Rick Barry  Mailing Address 5141 Windsor Road  City, State, Zip Code Meridian, MS 39305-9394	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Haley Barbour  Mailing Address 648 Dogwood Drive  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required) BGR Group  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Rick Barry  Mailing Address 5141 Windsor Road	(Mo., Day, Year)  04/08/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comcast Corporation & NBCUniversal PAC	10/14/2021	\$4,000.00
Mailing Address 1 Comcast Ctr 1701 JFK Boulevard		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code Philadelphia, PA 19103-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Winding River Ranch LLC	08/11/2021	\$1,000.00
Mailing Address 12 Cove Lane		
City, State, Zip Code Hattiesburg, MS 39402-7704		·
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Adam Paxton  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003  Name of Employer (Required) Vogue Home Furnishings, LLC  Occupation (Required) President	(Mo., Day, Year) - 07/23/2021  Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003  Name of Employer (Required) Vogue Home Furnishings, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003  Name of Employer (Required) Vogue Home Furnishings, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003  Name of Employer (Required) Vogue Home Furnishings, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Rehabilitation Centers LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir  City, State, Zip Code Tupelo, MS 38804-2003  Name of Employer (Required) Vogue Home Furnishings, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Rehabilitation Centers LLC  Mailing Address 100-A Jadek Drive NE	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Solomon Moody	10/05/2021	\$250.00
Mailing Address Po Box 14	10/03/2021	<b>\$</b> 250.00
City, State, Zip Code Poplarville, MS 39470-0014		
Name of Employer (Required) Indoor Air Solutions LLC		
Occupation (Required) Registered Agent	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald G. Barnes	09/30/2021	\$1,000.00
Mailing Address 10600 Jordan Road		
City, State, Zip Code Vancleave, MS 39565-6381		
Name of Employer (Required)  Coast Electric Power Association		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
	Tour-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name  James A. Haslam III  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  James A. Haslam III  Mailing Address  PO Box 10528  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  James A. Haslam III  Mailing Address  PO Box 10528  City, State, Zip Code  Knoxville, TN 37939-0528	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name James A. Haslam III  Mailing Address PO Box 10528  City, State, Zip Code Knoxville, TN 37939-0528  Name of Employer (Required) Pilot Travel	Date (Mo., Day, Year)  12/23/2021  Aggregate	receipt this period \$5,000.00
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Other (please specify)  Full Name  James A. Haslam III  Mailing Address  PO Box 10528  City, State, Zip Code  Knoxville, TN 37939-0528  Name of Employer (Required)  Pilot Travel  Occupation (Required)  CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  James A. Smith  Mailing Address  23 Old Oak Lane  City, State, Zip Code	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan Allen	09/28/2021	\$500.00
Mailing Address 18 53rd Circle		Ψοσο.σο
City, State, Zip Code Gulfport, MS 39507-4552		<del> </del>
Name of Employer (Required)  Allen Toyota		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Nowell	11/03/2021	\$1,000.00
Mailing Address 406 Norman Circle		
City, State, Zip Code Cleveland, MS 38732-8714		
Name of Employer (Required) Partnership Properties		
Occupation (Required) Realtor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Denbury Resources PAC  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year) 12/23/2021 Aggregate	receipt this period \$2,500.00
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Decupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$6,500.00  Amount of each receipt
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$6,500.00  Amount of each receipt this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$6,500.00  Amount of each receipt this period
Other (please specify)  Full Name Denbury Resources PAC  Mailing Address 5320 Legacy Drive  City, State, Zip Code Plano, TX 75024-3127  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$6,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	09/29/2021	\$20,000.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe & Co LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Stan King GM Superstore	09/24/2021	\$500.00
Mailing Address PO Box 550		-
Clty, State, Zip Code Brookhaven, MS 39602-0550		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt this period
Other (please specify)  Full Name  Pfizer, Inc.	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name Pfizer, Inc.  Mailing Address  949 Shady Grove Rd S	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Pfizer, Inc.  Mailing Address 949 Shady Grove Rd S  City, State, Zip Code Memphis, TN 38120-4118	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Pfizer, Inc.  Mailing Address  949 Shady Grove Rd S  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Pfizer, Inc.  Mailing Address 949 Shady Grove Rd S  City, State, Zip Code Memphis, TN 38120-4118  Name of Employer (Required)	Date (Mo., Day, Year)  12/23/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Pfizer, Inc.  Mailing Address 949 Shady Grove Rd S  City, State, Zip Code Memphis, TN 38120-4118  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Hopewell Farms LLC  Mailing Address PO Box 7	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Ryan Beckett	12/10/2021	\$1,000.00
Mailing Address 4166 Dogwood Drive		<b>\$1,000,00</b>
City, State, Zip Code Jackson, MS 39211-6520		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kinetic Staffing, LLC	12/30/2021	\$1,000.00
Mailing Address PO Box 55914		
City, State, Zip Code Jackson, MS 39296-5914		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
·		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Francis C. Lee  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Francis C. Lee  Mailing Address  417 Liberty Park Dr	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Francis C. Lee  Mailing Address 417 Liberty Park Dr  City, State, Zip Code Flowood, MS 39232-8632	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Francis C. Lee  Mailing Address  417 Liberty Park Dr  City, State, Zip Code Flowood, MS 39232-8632  Name of Employer (Required)  First Tower Corp.	(Mo., Day, Year)  12/29/2021  Aggregate	receipt this period \$5,000.00
City, State, Zip Code Flowood, MS 39232-8632  Name of Employer (Required)  President and CEO  Source: Corporation PAC Individual Loan	Aggregate Year-to-date  (Mo., Day, Year)  12/29/2021	receipt this period \$5,000.00 \$30,000.00  Amount of each receipt
Other (please specify)  Full Name Francis C. Lee  Mailing Address 417 Liberty Park Dr  City, State, Zip Code Flowood, MS 39232-8632  Name of Employer (Required) First Tower Corp.  Occupation (Required) President and CEO  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$30,000.00  Amount of each receipt this period
City, State, Zip Code Flowood, MS 39232-8632  Name of Employer (Required)  President and CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mark Cumbest	(Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$30,000.00  Amount of each receipt this period
Tother (please specify)  Full Name Francis C. Lee  Mailing Address 417 Liberty Park Dr  City, State, Zip Code Flowood, MS 39232-8632  Name of Employer (Required) First Tower Corp.  Decupation (Required) President and CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mark Cumbest  Mailing Address 17725 MS-63	(Mo., Day, Year)  12/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$30,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
• • • • • • • • • • • • • • • • • • • •	(, 2.2), 1.22.,	this period
Full Name Endom Welding & Trailer Repair Inc.	04/29/2021	\$1,000.00
Mailing Address PO Drawer 10		
City, State, Zip Code Ellisville, MS 39437-0010		
Name of Employer (Required)		-
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full Name Roy Anderson III	10/18/2021	\$5,000.00
Mailing Address 4900 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required)  Roy Anderson Corp		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
		U
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  David Machado  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code Gulfport, MS 39507-4234	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code Gulfport, MS 39507-4234  Name of Employer (Required)  Machado Patano  Occupation (Required)	Date (Mo., Day, Year) 10/18/2021 Aggregate	receipt this period \$2,500.00
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code Gulfport, MS 39507-4234  Name of Employer (Required) Machado Patano  Occupation (Required) Executive  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code Gulfport, MS 39507-4234  Name of Employer (Required) Machado Patano  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code Gulfport, MS 39507-4234  Name of Employer (Required) Machado Patano  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Brian P. Berry  Mailing Address	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period
Other (please specify)  Full Name David Machado  Mailing Address 6 Povenir Pl.  City, State, Zip Code Gulfport, MS 39507-4234  Name of Employer (Required) Machado Patano  Occupation (Required) Executive  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Brian P. Berry  Mailing Address 102 Webb Lane	Date (Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name B. T. Steadman	09/02/2021	\$2,500.00
Mailing Address PO Box 12761		42,550.05
City, State, Zip Code Jackson, MS 39236-2761		
Name of Employer (Required)		
Occupation (Required)  Executive	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Regan Kane	10/13/2021	\$250.00
Mailing Address 504 N Beach Blvd		·
City, State, Zip Code Bay Saint Louis, MS 39520-4603		
Name of Employer (Required)  John McDonald Realty		
Occupation (Required) Broker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	I I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name  Tony Brock  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Sumrall, MS 39482-4308  Code Sumrall, MS 39482-4308	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Tony Brock  Mailing Address 1044 Hwy 44  City, State, Zip Code Sumrall, MS 39482-4308  Name of Employer (Required)  TLB, Inc  Occupation (Required)	(Mo., Day, Year) 05/05/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Tony Brock  Mailing Address 1044 Hwy 44  City, State, Zip Code Sumrall, MS 39482-4308  Name of Employer (Required)  TLB, Inc  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Tony Brock  Mailing Address 1044 Hwy 44  City, State, Zip Code Sumrall, MS 39482-4308  Name of Employer (Required) TLB, Inc  Occupation (Required)  Executive  Source: Corporation PAC Individual Loan  Other (please specify) LLC	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Tony Brock  Mailing Address 1044 Hwy 44  City, State, Zip Code Sumrall, MS 39482-4308  Name of Employer (Required) TLB, Inc  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Law Office Of Benjamin A Snow Pllc	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Tony Brock  Mailing Address 1044 Hwy 44  City, State, Zip Code Sumrall, MS 39482-4308  Name of Employer (Required) TLB, Inc  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Law Office Of Benjamin A Snow Pilc  Mailing Address 14 Bellegrass Blvd	(Mo., Day, Year)  05/05/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	-	uns periou
Gigantic Bag	11/29/2021	\$2,500.00
Mailing Address PO Box 1344		
City, State, Zip Code Summit, MS 39666-1301		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G. Bennett Hubbard Jr.	12/29/2021	\$10,000.00
Mailing Address PO Box 414		
City, State, Zip Code Magee, MS 39111-0414		
Name of Employer (Required) Advanced Health Care		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name  Benjamin J Spraggins  Malling Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Benjamin J Spraggins  Malling Address  12114 Kent Avenue  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Benjamin J Spraggins  Malling Address  12114 Kent Avenue  City, State, Zip Code  Gulfport, MS 39503-2604	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Benjamin J Spraggins  Malling Address  12114 Kent Avenue  City, State, Zip Code  Gulfport, MS 39503-2604  Jame of Employer (Required)  Mississippi Department of Marine Resources  Occupation (Required)	(Mo., Day, Year) 01/09/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Benjamin J Spraggins  Malling Address 12114 Kent Avenue  City, State, Zip Code Gulfport, MS 39503-2604  Jame of Employer (Required) Mississippi Department of Marine Resources  Occupation (Required) Executive Director  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  01/09/2021  Aggregate Year-to-date  Date	\$500.00 \$500.00 Amount of each receipt
Other (please specify)  Full Name Benjamin J Spraggins  Malling Address 12114 Kent Avenue  City, State, Zip Code Gulfport, MS 39503-2604  Jame of Employer (Required) Mississippi Department of Marine Resources  Occupation (Required) Executive Director  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  01/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
City, State, Zip Code Gulfport, MS 39503-2604    Jame of Employer (Required)   Executive Director	(Mo., Day, Year)  01/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name  Benjamin J Spraggins  Malling Address  12114 Kent Avenue  City, State, Zip Code  Gulfport, MS 39503-2604  Mississippi Department of Marine Resources  Occupation (Required)  Executive Director  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  J. Andrew Hughes, PA  Mailing Address  PO Box 7188	(Mo., Day, Year)  01/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan P. Dyal	12/20/2021	\$1,000.00
Mailing Address 9360 Oak Island Road		<b>V</b> 1,000.00
City, State, Zip Code Gulfport, MS 39503-7054		
Name of Employer (Required)  Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Ingram	11/02/2021	\$5,000.00
Mailing Address 274 Dover Ln.		
City, State, Zip Code Madison, MS 39110-9028		
Name of Employer (Required)  Hertz Investment Group, LLC		
Occupation (Required) Executive Vice President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arbor Landing At Popps Ferry LLC	05/03/2021	\$5,000.00
Mailing Address 215 Rosehill Lane		
215 Rosehill Lane  City, State, Zip Code  Tallahassee, FL 32312-9091		
215 Rosehill Lane  City, State, Zip Code  Tallahassee, FL 32312-9091		
215 Rosehill Lane	Aggregate Year-to-date	\$5,000.00
215 Rosehill Lane  City, State, Zip Code  Tallahassee, FL 32312-9091  Name of Employer (Required)		\$5,000.00  Amount of each receipt this period
215 Rosehill Lane  City, State, Zip Code  Tallahassee, FL 32312-9091  Name of Employer (Required)  Occupation (Required)  Source:   Corporation  PAC  Individual  Loan	Year-to-date  Date	Amount of each receipt
215 Rosehill Lane  City, State, Zip Code Tallahassee, FL 32312-9091  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
215 Rosehill Lane  City, State, Zip Code Tallahassee, FL 32312-9091  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Finley Brunetti Jr.	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Tallahassee, FL 32312-9091  Name of Employer (Required)  Description PAC Individual Loan  Other (please specify)  Full Name Finley Brunetti Jr.  Mailing Address PO Box 1093	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Third Lake Capital, LLC	01/29/2021	\$25,000.00
Mailing Address 1513 E 8th Ave		Ψ20,000.00
City, State, Zip Code Tampa, FL 33605-3707		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cortez Bryant	01/20/2021	\$5,000.00
Mailing Address 2 Miller Parkway #10303		
City, State, Zip Code Jackson, MS 39211		
Name of Employer (Required)  Blueprint Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Larry Montgomery  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Fulton, MS 38843-0037  Full Name  Larry Montgomery  Fulton, MS 38843-0037	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Larry Montgomery  Mailing Address PO Box 37  City, State, Zip Code Fulton, MS 38843-0037  Name of Employer (Required)  Montgomery Enterprises, Inc.	(Mo., Day, Year)  08/03/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Larry Montgomery  Mailing Address PO Box 37  City, State, Zip Code Fulton, MS 38843-0037  Name of Employer (Required) Montgomery Enterprises, Inc.  Occupation (Required) Registered Agent, Director  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/03/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Larry Montgomery  Mailing Address PO Box 37  City, State, Zip Code Fulton, MS 38843-0037  Name of Employer (Required) Montgomery Enterprises, Inc.  Occupation (Required) Registered Agent, Director  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
City, State, Zip Code Fulton, MS 38843-0037  Name of Employer (Required)  Registered Agent, Director  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Sara Fox  Mailing Address	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Larry Montgomery  Mailing Address PO Box 37  City, State, Zip Code Fulton, MS 38843-0037  Name of Employer (Required) Montgomery Enterprises, Inc.  Occupation (Required) Registered Agent, Director  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Sara Fox  Mailing Address PO Box 310  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rodney C. Richardson	07/30/2021	\$1,000.00
Mailing Address 1609 24th Ave		Ψ1,000.00
City, State, Zip Code Meridian, MS 39301-3112		
Name of Employer (Required) Self		
Occupation (Required)  Dentist	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Kline Mechanical Systems, Inc.	01/13/2021	\$1,000.00
Mailing Address 409 S Spring St.		
City, State, Zip Code Fulton, MS 38843-1707		N
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ ·		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Andrew H. Kellum  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Andrew H. Kellum  Mailing Address  139 Chickasaw Trail  City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Andrew H. Kellum  Mailing Address 139 Chickasaw Trail  City, State, Zip Code Saltillo, MS 38866-9784	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Andrew H. Kellum  Mailing Address 139 Chickasaw Trail  City, State, Zip Code Saltillo, MS 38866-9784  Name of Employer (Required)  Hematoglogy Ongology Assoicates  Occupation (Required)	(Mo., Day, Year) 07/19/2021 Aggregate	receipt this period \$1,000.00
Tother (please specify)  Full Name Andrew H. Kellum  Mailing Address 139 Chickasaw Trail  City, State, Zip Code Saltillo, MS 38866-9784  Name of Employer (Required) Hematoglogy Ongology Assoicates  Occupation (Required) Physician  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  07/19/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Tother (please specify)  Full Name Andrew H. Kellum  Mailing Address 139 Chickasaw Trail  City, State, Zip Code Saltillo, MS 38866-9784  Name of Employer (Required) Hematoglogy Ongology Assoicates  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name KCS State Rail PAC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Gity, State, Zip Code Saltillo, MS 38866-9784  Name of Employer (Required) Hematoglogy Ongology Assoicates  Occupation (Required) Physician  Source: Gorporation PAC Individual Loan Other (please specify)  Full Name KCS State Rail PAC  Mailing Address 200 N Congress St Ste 500  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tara P. Ellis	12/23/2021	\$1,000.00
Mailing Address 1722 Linden Place		<b>\$1,000.00</b>
City, State, Zip Code Jackson, MS 39202-1217		
Name of Employer (Required)  Balch & Bingham LLP		=
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  R.B. Dossett Jr.	07/01/2021	\$1,000.00
Mailing Address 2540 Lakeshire Drive		
City, State, Zip Code Tupelo, MS 38804-6977		
Name of Employer (Required)  Dossett Big 4		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Full Name  Allred Investments LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name  Allred Investments LLC  Mailing Address  PO Box 5016  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Allred Investments LLC  Mailing Address  PO Box 5016  City, State, Zip Code  Meridian, MS 39302-5016	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Allred Investments LLC  Mailing Address  PO Box 5016  City, State, Zip Code  Meridian, MS 39302-5016  Name of Employer (Required)	(Mo., Day, Year)  07/16/2021  Aggregate	receipt this period \$2,500.00
Full Name Allred Investments LLC  Mailing Address PO Box 5016  City, State, Zip Code Meridian, MS 39302-5016  Name of Employer (Required)  Doccupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  07/16/2021  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$3,500.00  Amount of each receipt
Tother (please specify)  Full Name  Allred Investments LLC  Mailing Address  PO Box 5016  City, State, Zip Code  Meridian, MS 39302-5016  Name of Employer (Required)  Doccupation (Required)  Source:  Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$3,500.00  Amount of each receipt this period
Full Name Allred Investments LLC  Mailing Address PO Box 5016  City, State, Zip Code Meridian, MS 39302-5016  Name of Employer (Required)  Doccupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Anthony L. Wilson	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$3,500.00  Amount of each receipt this period
Full Name Allred Investments LLC  Mailing Address PO Box 5016  City, State, Zip Code Meridian, MS 39302-5016  Name of Employer (Required)  Coccupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Anthony L. Wilson  Mailing Address 2992 West Beach Blvd  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$3,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas D. Friedkin	11/03/2021	\$4,000.00
Mailing Address 1375 Enclave Parkway		• ,,
City, State, Zip Code Houston, TX 77077-2026		
Name of Employer (Required) Gulf States Toyota, Inc.		
Occupation (Required)  Executive	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heather Ladner Smith	12/02/2021	\$1,000.00
Mailing Address 606 Athletic Dr.		
City, State, Zip Code Bay Saint Louis, MS 39520-2902		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	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
	Date	receipt
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Margin Of Victory Partners, LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Margin Of Victory Partners, LLC  Mailing Address  PO Box 196  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Margin Of Victory Partners, LLC  Mailing Address  PO Box 196  City, State, Zip Code  Collierville, TN 38027-0196	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Margin Of Victory Partners, LLC  Mailing Address PO Box 196  City, State, Zip Code Collierville, TN 38027-0196  Name of Employer (Required)	Date (Mo., Day, Year) 08/26/2021 Aggregate	receipt this period \$250.00
Tother (please specify)  Full Name  Margin Of Victory Partners, LLC  Mailing Address  PO Box 196  City, State, Zip Code  Collierville, TN 38027-0196  Name of Employer (Required)  Occupation (Required)  Source:   Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Tother (please specify)  Full Name  Margin Of Victory Partners, LLC  Mailing Address  PO Box 196  City, State, Zip Code  Collierville, TN 38027-0196  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tother (please specify)  Full Name  Margin Of Victory Partners, LLC  Mailing Address  PO Box 196  City, State, Zip Code  Collierville, TN 38027-0196  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Angela T Remley  Mailing Address  709 Inheritance PI.  City, State, Zip Code  Flowood, MS 39232-7904	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Full Name Margin Of Victory Partners, LLC  Mailing Address PO Box 196  City, State, Zip Code Collierville, TN 38027-0196  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Cother (please specify)  Full Name Angela T Remley  Mailing Address 709 Inheritance PI.	Date (Mo., Day, Year)  08/26/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Kirksey Heard	10/20/2021	\$250.00
Mailing Address 986 Prairie Waters Dr.	10/20/2021	Ψ230.00
City, State, Zip Code Columbus, MS 39701-8001	1	
Name of Employer (Required)  Gastroenterology Associates		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James H. Heidelberg	01/15/2021	\$1,000.00
Mailing Address 1300 Driftwood Street		
City, State, Zlp Code Pascagoula, MS 39567-7592		
Name of Employer (Required) Heidelberg Steinberger		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Anderson Thomas	(Mo., Day, Year)	receipt this period
City. State. Zip Code  Other (please specify)  Anderson Thomas  3234 Jefferson Street	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Macon, MS 39341-2280  Marne of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Macon, MS 39341-2280  Name of Employer (Required)  Shuqualak Lumber Co  Occupation (Required)	(Mo., Day, Year)  10/18/2021  Aggregate	receipt this period \$250.00
Tull Name Anderson Thomas  Mailing Address 3234 Jefferson Street  City, State, Zip Code Macon, MS 39341-2280  Name of Employer (Required) Shuqualak Lumber Co  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Tull Name Anderson Thomas  Mailing Address 3234 Jefferson Street  City, State, Zip Code Macon, MS 39341-2280  Name of Employer (Required) Shuqualak Lumber Co  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code Macon, MS 39341-2280  Name of Employer (Required) Shuqualak Lumber Co  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Samir Tomajian  Mailing Address 10740 Plantation Ln  City, State, Zip Code Gulfport, MS 39503-4058	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Gity, State, Zip Code  Coccupation (Required)  Cother (please specify)  Full Name  Anderson Thomas  Mailing Address  3234 Jefferson Street  Macon, MS 39341-2280  Shuqualak Lumber Co  Occupation (Required)  Vice President  Corporation PAC Individual Loan  Other (please specify)  Full Name  Samir Tomajian  Mailing Address  10740 Plantation Ln  City, State, Zip Code	(Mo., Day, Year)  10/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	,	this period
Scott Newton	05/05/2021	\$500.00
Mailing Address 706 N. 10th Ave.		
City, State, Zip Code Laurel, MS 39440-3334		
Name of Employer (Required) Chancellor Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ashley Meena	11/28/2021	\$2,500.00
Mailing Address 4764 E Massena Drive		
City, State, Zip Code Jackson, MS 39211-4930		
Name of Employer (Required) Telapex Inc		
Occupation (Required) Board Member	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address  17641 S. Ashland Ave  City. State. Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address 17641 S. Ashland Ave  City, State, Zip Code Homewood, IL 60430-1339	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address 17641 S. Ashland Ave  City, State, Zip Code Homewood, IL 60430-1339  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  Other (please specify)	Date (Mo., Day, Year) 12/23/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address 17641 S. Ashland Ave  City, State, Zip Code Homewood, IL 60430-1339  Name of Employer (Required)  Occupation (Required)  Source:   Corporation  PAC Individual Loan	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address 17641 S. Ashland Ave  City, State, Zip Code Homewood, IL 60430-1339  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  Other (please specify)	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
City, State, Zip Code Homewood, IL 60430-1339  Name of Employer (Required)  Cocupation (Required)  Cother (please specify)  Full Name Kenneth F. Martin  Mailing Address  951 Cato Road  City, State, Zip Code  Mendenhall, MS 39114-4450	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Illinois Central Railroad Company  Mailing Address 17641 S. Ashland Ave  City, State, Zip Code Homewood, IL 60430-1339  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Kenneth F. Martin  Mailing Address 951 Cato Road	Date (Mo., Day, Year)  12/23/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Larry Love	08/02/2021	
Mailing Address	08/02/2021	\$10,000.00
4630 18th Ave  City, State, Zip Code		. =
Meridian, MS 39305-2777  Name of Employer (Required)		
Specialty Roll Products Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Mavar	10/14/2021	\$250.00
Mailing Address PO Box 1910		
City, State, Zip Code Biloxi, MS 39533-1910		
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
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Regions Financial Corporation PAC  Mailing Address	(Mo., Day, Year)	receipt this period
City. State. Zip Code  Other (please specify)  Regions Financial Corporation PAC  1015 15th St NW Suite 920  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Regions Financial Corporation PAC  Mailing Address 1015 15th St NW Suite 920  City, State, Zip Code Washington, DC 20005-2623	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Regions Financial Corporation PAC  Mailing Address 1015 15th St NW Suite 920  City, State, Zip Code Washington, DC 20005-2623  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/06/2021  Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Regions Financial Corporation PAC  Mailing Address 1015 15th St NW Suite 920  City, State, Zip Code Washington, DC 20005-2623  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/06/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Regions Financial Corporation PAC  Mailing Address 1015 15th St NW Suite 920  City, State, Zip Code Washington, DC 20005-2623  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Regions Financial Corporation PAC  Malling Address 1015 15th St NW Suite 920  City, State, Zip Code Washington, DC 20005-2623  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name John Fayard Jr.	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 Regions Financial Corporation PAC  Mailing Address 1015 15th St NW Suite 920  City, State, Zip Code Washington, DC 20005-2623  Name of Employer (Required)  Occupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name John Fayard Jr.  Mailing Address P.O. Box 2189	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Adams Collins	00/05/0004	
Mailing Address	06/25/2021	\$5,000.00
1604 Briar Ridge Road  City, State, Zip Code		
Tupelo, MS 38804-5108		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,050.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Rose	08/26/2021	\$500.00
Mailing Address 1917 Solo Road		· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code Covington, TN 38019-4765		
Name of Employer (Required) State of TN		
Occupation (Required) Senator	Aggregate Year-to-date	\$500.00
	rear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Marion Leath Johnson  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Marion Leath Johnson  Mailing Address  2246 Oak Park Dr  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Marion Leath Johnson  Mailing Address 2246 Oak Park Dr  City, State, Zip Code Tupelo, MS 38801-7278  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Marion Leath Johnson  Mailing Address 2246 Oak Park Dr  City, State, Zip Code Tupelo, MS 38801-7278  Name of Employer (Required)  Golden Age, Inc.	Date (Mo., Day, Year)  07/20/2021  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Marion Leath Johnson  Mailing Address 2246 Oak Park Dr  City, State, Zip Code Tupelo, MS 38801-7278  Name of Employer (Required) Golden Age, Inc.  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  07/20/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Marion Leath Johnson  Mailing Address 2246 Oak Park Dr  City, State, Zip Code Tupelo, MS 38801-7278  Name of Employer (Required) Golden Age, Inc.  Occupation (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  07/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Tupelo, MS 38801-7278  Name of Employer (Required)  CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Mississippi Medical PAC -State	Date (Mo., Day, Year)  07/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name Marion Leath Johnson  Mailing Address 2246 Oak Park Dr  City, State, Zip Code Tupelo, MS 38801-7278  Name of Employer (Required) Golden Age, Inc.  Decupation (Required) CPA  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Mississippi Medical PAC -State  Mailing Address PO Box 2548  City, State, Zip Code	Date (Mo., Day, Year)  07/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthony J Morgan	05/05/2021	\$1,000.00
Mailing Address 234 West Canebrake Blvd		<b>\$1,000.00</b>
City, State, Zip Code Hattiesburg, MS 39402-8310		
Name of Employer (Required) Highland Specialty Pharmacy LLC		
Occupation (Required)  Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Jones	11/29/2021	\$1,000.00
Mailing Address 755 Herring Road NE		
City, State, Zip Code Mc Call Creek, MS 39647-5166		***************************************
Name of Employer (Required)  Bank of Franklin		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
	Tour to dute	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Cornett Group Inc.  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Cornett Group Inc.  Mailing Address PO Box 18440  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Cornett Group Inc.  Mailing Address PO Box 18440  City, State, Zip Code Hattiesburg, MS 39404-8400	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Cornett Group Inc.  Mailing Address PO Box 18440  City, State, Zip Code Hattiesburg, MS 39404-8400  Name of Employer (Required)	Date (Mo., Day, Year) 08/10/2021	receipt this period \$500.00
Other (please specify)  Full Name Cornett Group Inc.  Mailing Address PO Box 18440  City, State, Zip Code Hattiesburg, MS 39404-8400  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  08/10/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  08/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period
Cornett Group Inc.  Mailing Address PO Box 18440  City, State, Zip Code Hattiesburg, MS 39404-8400  Name of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan Other (please specify)  Full Name Val Deer	Date (Mo., Day, Year)  08/10/2021  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	Date (Mo., Day, Year)  08/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alben Hopkins PLLC	10/04/2021	\$1,000.00
Mailing Address 2701 24th Ave		ψ1,000.00
City, State, Zip Code Gulfport, MS 39501-4941		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Summit Holdings, LLC	11/12/2021	\$4,000.00
Mailing Address 1228 West 5th St.		<u> </u>
City, State, Zip Code Laurel, MS 39440-3808		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Full Name  Jamie Smith  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Jamie Smith  Mailing Address PO Box 381  City. State. Zip Code	(Mo., Day, Year)	receipt this period
Tull Name  Jamie Smith  Mailing Address  PO Box 381  City, State, Zip Code  Merigold, MS 38759-0381  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Jamie Smith  Mailing Address PO Box 381  City, State, Zip Code Merigold, MS 38759-0381  Name of Employer (Required) McCarty's  Occupation (Required)	(Mo., Day, Year)  11/03/2021  Aggregate	receipt this period \$1,000.00
Tull Name Jamie Smith  Mailing Address PO Box 381  City, State, Zip Code Merigold, MS 38759-0381  Name of Employer (Required) McCarty's  Occupation (Required) Owner  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/03/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Tull Name Jamie Smith  Mailing Address PO Box 381  City, State, Zip Code Merigold, MS 38759-0381  Name of Employer (Required) McCarty's  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
Tull Name Jamie Smith  Mailing Address PO Box 381  City, State, Zip Code Merigold, MS 38759-0381  Name of Employer (Required) McCarty's  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Brent Taylor	(Mo., Day, Year)  11/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
Tull Name Jamie Smith  Mailing Address PO Box 381  City, State, Zip Code Merigold, MS 38759-0381  Name of Employer (Required) McCarty's  Occupation (Required) Owner  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Brent Taylor  Mailing Address 385 Pisgah N	(Mo., Day, Year)  11/03/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kimberly Estes	11/29/2021	\$250.00
Mailing Address PO Box 527		\$200.00
City, State, Zip Code Meadville, MS 39653-0527		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Advocacy Group, PAC	11/29/2021	\$15,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name Richard Adkerson  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Adkerson  Mailing Address PO Box 310  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Adkerson  Mailing Address PO Box 310  City, State, Zip Code La Place, LA 70069-0310  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Richard Adkerson  Mailing Address PO Box 310  City, State, Zip Code La Place, LA 70069-0310  Name of Employer (Required)  Freeport-McMoRan Copper & Gold, Inc.  Occupation (Required)	(Mo., Day, Year)  10/15/2021  Aggregate	receipt this period \$25,000.00
Other (please specify)  Full Name Richard Adkerson  Mailing Address PO Box 310  City, State, Zip Code La Place, LA 70069-0310  Name of Employer (Required) Freeport-McMoRan Copper & Gold, Inc.  Occupation (Required) President and CEO  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/15/2021  Aggregate Year-to-date  Date	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt
Other (please specify)  Full Name Richard Adkerson  Mailing Address PO Box 310  City, State, Zip Code La Place, LA 70069-0310  Name of Employer (Required) Freeport-McMoRan Copper & Gold, Inc.  Occupation (Required) President and CEO  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  10/15/2021  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 Richard Adkerson  Mailing Address PO Box 310  City, State, Zip Code La Place, LA 70069-0310  Name of Employer (Required) Freeport-McMoRan Copper & Gold, Inc.  Occupation (Required) President and CEO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Bart J. Edmiston	(Mo., Day, Year)  10/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$25,000.00  \$25,000.00  Amount of each receipt this period
Gity, State, Zip Code  La Place, LA 70069-0310  Name of Employer (Required)  President and CEO  Source:  Corporation  Other (please specify)  Full Name  Bart J. Edmiston  Mailing Address  607 Rue Dauphine  City, State, Zip Code  Richard Adkerson  PO Box 310  La Place, LA 70069-0310  Freeport-McMoRan Copper & Gold, Inc.  Individual  Loan  Individual  Loan  Source:  Other (please specify)  Full Name  Bart J. Edmiston	(Mo., Day, Year)  10/15/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$25,000.00  \$25,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Enova	12/23/2021	\$1,000.00
Mailing Address 175 W. Jackson Blvd STE 1000		
City, State, Zip Code Chicago, IL 60604-2863		<u> </u>
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Hemleben	04/02/2021	\$55.00
Mailing Address 225 Winsmere Way		
City, State, Zip Code Ridgeland, MS 39157-9749		
Name of Employer (Required) State of MS		
Occupation (Required) Attorney	Aggregate Year-to-date	\$55.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name  Harold L. Weess  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Regulred)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Harold L. Weess  Mailing Address PO Box 1953  City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required)  Retired	(Mo., Day, Year) 12/31/2021 Aggregate	receipt this period \$100.00
City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/31/2021  Aggregate Year-to-date  Date	receipt this period \$100.00 \$300.00  Amount of each receipt
City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired  Coccupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/31/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$100.00 \$300.00  Amount of each receipt this period
City, State, Zip Code Florence, MS 39073-1953  Name of Employer (Required) Retired  Cocupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Cornerstone Government Affairs, Inc.	(Mo., Day, Year)  12/31/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$100.00 \$300.00  Amount of each receipt this period
Gity, State, Zip Code Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Cornerstone Government Affairs, Inc.  Mailing Address  Both Relived  Conduction (Required)  Cornerstone Government Sw, 7th Floor  City, State, Zip Code  Both Relived  Cornerstone Government Sw, 7th Floor  City, State, Zip Code	(Mo., Day, Year)  12/31/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$100.00 \$300.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Sunderman	10/06/2021	\$250.00
Mailing Address 32 Old Oak Lane		<b>\$250.00</b>
City, State, Zip Code Gulfport, MS 39503-6224		
Name of Employer (Required)  M2 Media Corp		
Occupation (Required) VP	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tenax Aerospace, LLC	08/26/2021	\$25,000.00
Mailing Address 124 One Madison Plaza STE 2100		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joe Hemleben  Mailing Address  225 Winsmere Way	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-9749	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-9749  Rame of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joe Hemleben  Mailing Address  225 Winsmere Way  City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required)  State of MS  Occupation (Required)	(Mo., Day, Year)  11/20/2021  Aggregate	receipt this period \$100.00
City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required)  Attorney  Source: Corporation PAC Individual Loan  Cother (please specify)  LLC	(Mo., Day, Year)  11/20/2021  Aggregate Year-to-date  Date	receipt this period \$100.00 \$475.00  Amount of each receipt
City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required)  City State of MS  City Required  City State of MS  City State	(Mo., Day, Year)  11/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$475.00  Amount of each receipt this period
Other (please specify)  Full Name Joe Hemleben  Mailing Address 225 Winsmere Way  City, State, Zip Code Ridgeland, MS 39157-9749  Name of Employer (Required) State of MS  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name J Abbott Properties LLC  Mailing Address PO Box 238  City, State, Zip Code Pontotoc, MS 38863-0238	(Mo., Day, Year)  11/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$475.00  Amount of each receipt this period
Other (please specify)  Full Name	(Mo., Day, Year)  11/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$475.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan		Amount of each
Source. — Corporation — FAC — Individual — Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Colleen F. Parker	11/29/2021	\$250.00
Mailing Address 2101 Robb St. W		
City, State, Zip Code Summit, MS 39666-7047		
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 Kristin Strobel	04/14/2021	\$500.00
Mailing Address 601 13th Street NW 11th Floor The Homer Building		
City, State, Zip Code Washington, DC 20005-3822		
Name of Employer (Required) BGR Group		<u> </u>
Occupation (Required)  Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Marie Sanderson  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Marie Sanderson  Mailing Address  115 Surgeres Place  City, State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Marie Sanderson  Mailing Address 115 Surgeres Place  City, State, Zip Code Ocean Springs, MS 39564-3030  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Marie Sanderson  Mailing Address 115 Surgeres Place  City, State, Zip Code Ocean Springs, MS 39564-3030  Name of Employer (Required)  50 State	(Mo., Day, Year) 10/12/2021 Aggregate	receipt this period \$2,500.00
City, State, Zip Code  Ocean Springs, MS 39564-3030  Name of Employer (Required)  Consultant  Consultant  Consultant  Consultant  Consultant  Consultant	Aggregate Year-to-date	\$2,500.00 \$2,500.00 Amount of each receipt
City, State, Zip Code Ocean Springs, MS 39564-3030  Name of Employer (Required) Coccupation (Required) Consultant   Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period	
Gity, State, Zip Code Other (please specify)  Full Name Marie Sanderson  Mailing Address 115 Surgeres Place  City, State, Zip Code Ocean Springs, MS 39564-3030  Name of Employer (Required) 50 State  Coccupation (Required) Consultant  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Chevron Corporation  Mailing Address PO Box 1300  City, State, Zip Code Pascagoula, MS 39568-1300	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period
Gother (please specify)  Full Name Marie Sanderson  Mailing Address 115 Surgeres Place  City, State, Zip Code Ocean Springs, MS 39564-3030  Name of Employer (Required) 50 State  Occupation (Required) Consultant  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Chevron Corporation  Mailing Address PO Box 1300  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,500.00 \$2,500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald McClain	05/19/2021	\$5,000.00
Mailing Address  345 Fannin Landing Circle		
City, State, Zip Code Brandon, MS 39047-9381		
Name of Employer (Required)  McLain Sonics		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Grapevine Liquor & Wine LLC	10/27/2021	\$1,000.00
Mailing Address 5847 A13 Getwell Road		
City, State, Zip Code Southaven, MS 38672-6816		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation C PAC C Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	1	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name Lynne Burkart  Mailing Address  4208 Lake Villa Dr.	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Lynne Burkart  Mailing Address  4208 Lake Villa Dr.  City, State, Zip Code  Metairie, LA 70002-3066	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Lynne Burkart  Mailing Address  4208 Lake Villa Dr.  City, State, Zip Code Metairie, LA 70002-3066  Name of Employer (Required) PN	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Lynne Burkart  Mailing Address  4208 Lake Villa Dr.  City, State, Zip Code Metairie, LA 70002-3066  Name of Employer (Required) PN  Occupation (Required) Accountant	(Mo., Day, Year) 10/29/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name	(Mo., Day, Year)  10/29/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name	(Mo., Day, Year)  10/29/2021  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 Lynne Burkart  Mailing Address 4208 Lake Villa Dr.  City, State, Zip Code Metairie, LA 70002-3066  Name of Employer (Required) PN  Occupation (Required) Accountant  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Amy Walker	(Mo., Day, Year)  10/29/2021  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 Lynne Burkart  Mailing Address 4208 Lake Villa Dr.  City, State, Zip Code Metairie, LA 70002-3066  Name of Employer (Required) PN  Occupation (Required) Accountant  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Amy Walker  Mailing Address 112 Lineage Lane  City, State, Zip Code	(Mo., Day, Year)  10/29/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$500.00  \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James Dickey Jr.	08/25/2021	\$500.00
Mailing Address 7270 Magnolia Ridge Drive		
City, State, Zip Code Germantown, TN 38138-3713		
Name of Employer (Required)  The Marston Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Erskine Wells	04/21/2021	\$1,000.00
Mailing Address 8229 Stacey Road		
City, State, Zip Code Alexandria, VA 22308-1651		
Name of Employer (Required) BGR Government Affairs LLC		· · · · · · · · · · · · · · · · · · ·
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  James P. Heilbron  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  James P. Heilbron  Mailing Address  4429 Boulder Lake Cr  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  James P. Heilbron  Mailing Address  4429 Boulder Lake Cr  City, State, Zip Code  Vestavia, AL 35242-7496  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name James P. Heilbron  Mailing Address 4429 Boulder Lake Cr  City, State, Zip Code Vestavia, AL 35242-7496  Name of Employer (Required)  Mississippi Power  Occupation (Required)	(Mo., Day, Year) 12/20/2021 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name James P. Heilbron  Malling Address 4429 Boulder Lake Cr  City, State, Zip Code Vestavia, AL 35242-7496  Name of Employer (Required) Mississippi Power  Occupation (Required) Senior Vice President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/20/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name	(Mo., Day, Year)  12/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Gity, State, Zip Code Vestavia, AL 35242-7496  Name of Employer (Required) Mississippi Power  Occupation (Required) Senior Vice President  Source: Gorporation PAC Individual Loan Gother (please specify)  Full Name James Graham  Mailing Address	(Mo., Day, Year)  12/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name  James P. Heilbron  Mailing Address  4429 Boulder Lake Cr  City, State, Zip Code  Vestavia, AL 35242-7496  Name of Employer (Required)  Mississippi Power  Occupation (Required)  Senior Vice President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  James Graham  Mailing Address  100 Rosecrest Lane  City, State, Zip Code	(Mo., Day, Year)  12/20/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Health Care Association PAC, LLC	08/13/2021	\$25,000.00
Mailing Address 303 Brame Rd		Ψ=1=====
Clty, State, Zip Code Ridgeland, MS 39157-9423		1
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher Maddux	12/13/2021	\$1,000.00
Mailing Address 2450 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6623		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)  Full Name Chris Collins  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Chris Collins  Mailing Address  225 S Bolivar Avenue  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Chris Collins  Mailing Address  225 S Bolivar Avenue  City, State, Zip Code  Cleveland, MS 38732-3241	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Chris Collins  Mailing Address 225 S Bolivar Avenue  City, State, Zip Code Cleveland, MS 38732-3241  Name of Employer (Required) Roy Collins Construction Co  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/10/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Chris Collins  Mailing Address 225 S Bolivar Avenue  City, State, Zip Code Cleveland, MS 38732-3241  Name of Employer (Required) Roy Collins Construction Co  Occupation (Required) President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date	\$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify)  Full Name Chris Collins  Mailing Address 225 S Bolivar Avenue  City, State, Zip Code Cleveland, MS 38732-3241  Name of Employer (Required) Roy Collins Construction Co  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Chris Collins  Mailing Address 225 S Bolivar Avenue  City, State, Zip Code Cleveland, MS 38732-3241  Name of Employer (Required) Roy Collins Construction Co  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Gulf Coast Restaurant Group	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Chris Collins  Mailing Address 225 S Bolivar Avenue  City, State, Zip Code Cleveland, MS 38732-3241  Name of Employer (Required) Roy Collins Construction Co  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Gulf Coast Restaurant Group  Mailing Address P.O. Box 6249	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hernando Smiles	02/20/2021	\$1,000.00
Mailing Address 7 E Commerce Street	,	
City, State, Zip Code Hernando, MS 38632-2215		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael L. Hatcher	05/12/2021	\$5,000.00
Mailing Address 12841 Old Country Cove		
City, State, Zip Code Olive Branch, MS 38654-6200		
Name of Employer (Required) Michael Hatcher & Associates, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Fidelity National Loans, Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify)  Full Name Fidelity National Loans, Inc.  Mailing Address PO Box 490  City, State, Zip Code Holly Springs, MS 38635-0490	(Mo., Day, Year)	receipt this period
Full Name Fidelity National Loans, Inc.  Mailing Address PO Box 490  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Fidelity National Loans, Inc.  Mailing Address PO Box 490  City, State, Zip Code Holly Springs, MS 38635-0490  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)  12/01/2021  Aggregate	receipt this period \$1,000.00
Tull Name Fidelity National Loans, Inc.  Mailing Address PO Box 490  City, State, Zip Code Holly Springs, MS 38635-0490  Name of Employer (Required)  Decupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$2,000.00  Amount of each receipt
Tull Name Fidelity National Loans, Inc.  Mailing Address PO Box 490  City, State, Zip Code Holly Springs, MS 38635-0490  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period
Gity, State, Zip Code Holly Springs, MS 38635-0490  Name of Employer (Required)  Coccupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name MGM Resorts International	(Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period
Other (please specify)  Full Name Fidelity National Loans, Inc.  Mailing Address PO Box 490  City, State, Zip Code Holly Springs, MS 38635-0490  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name MGM Resorts International  Mailing Address P.O. Box 77123	(Mo., Day, Year)  12/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$2,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert E, Luke	08/01/2021	\$5,000.00
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	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Mack Grubbs Hyundai, LLC	01/08/2021	\$1,000.00
Mailing Address 6507 Hwy 98 W		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		-
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Gayle Benson  Mailing Address	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Gayle Benson  Mailing Address 5800 Airline Drive  City, State, Zip Code Metairie, LA 70003-3876  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Gayle Benson  Mailing Address 5800 Airline Drive  City, State, Zip Code Metairie, LA 70003-3876  Name of Employer (Required)  New Orleans Saints  Occupation (Regulred)	Date (Mo., Day, Year)  11/01/2021  Aggregate	receipt this period \$5,000.00
Gayle Benson  Mailing Address  5800 Airline Drive  City, State, Zip Code Metairie, LA 70003-3876  Name of Employer (Required) New Orleans Saints  Doccupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael McCabe Jr.	Date (Mo., Day, Year)  11/01/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Gayle Benson  Mailing Address  5800 Airline Drive  City, State, Zip Code Metairie, LA 70003-3876  Name of Employer (Required)  New Orleans Saints  Decupation (Required)  Executive  Source: Gorporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  11/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Gayle Benson  Mailing Address 5800 Airline Drive  City, State, Zip Code Metairie, LA 70003-3876  Name of Employer (Required) New Orleans Saints  Occupation (Required) Executive  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Michael McCabe Jr.	Date (Mo., Day, Year)  11/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period
Gayle Benson  Mailing Address 5800 Airline Drive  City, State, Zip Code Metairie, LA 70003-3876  Name of Employer (Required) New Orleans Saints  Occupation (Required) Executive  Source: Gorporation PAC Individual Loan Gother (please specify)  Full Name Michael McCabe Jr.  Mailing Address 3 Holly Ct	Date (Mo., Day, Year)  11/01/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$5,000.00  \$5,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wade Creekmore Jr.	11/29/2021	\$5,000.00
Mailing Address 1018 Highland Parkway Suite 700		
City, State, Zip Code Ridgeland, MS 39157-2089		
Name of Employer (Required) Telapex Inc		
Occupation (Required)  Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Goode	05/12/2021	\$5,000.00
Mailing Address 610 Northlake Ave		
City, State, Zip Code Ridgeland, MS 39157-1708		
Name of Employer (Required)  Clearwater Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eugene D Carothers	08/12/2021	\$250.00
Mailing Address 71 Tidewater Road		
City, State, Zip Code Hattiesburg, MS 39402-9780		
Name of Employer (Required) Southgate Realty LLC		
Occupation (Required)  Executive	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sowell Place LLC	05/24/2021	\$20,000.00
Mailing Address 605 Crescent Blvd STE 200	7	
City, State, Zip Code Ridgeland, MS 39157-8659		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank E. Johnson	01/25/2021	\$250.00
Mailing Address 610 Dunklin Avenue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code Greenwood, MS 38930-2415		
Name of Employer (Required)  Johnson-McAdams Firm PA		
Occupation (Required) Engineer	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 Pam Harkins	01/14/2021	\$1,000.00
Mailing Address 205 Sunrise Point Drive	,	
City, State, Zip Code Brandon, MS 39047		
Name of Employer (Required) 12 River Bend Place		
Occupation (Required)  Member	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt
Full Name  MMC Materials, Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name MMC Materials, Inc.  Mailing Address PO Box 2569  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Tull Name MMC Materials, Inc.  Mailing Address PO Box 2569  City, State, Zip Code Madison, MS 39130-2569	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name MMC Materials, Inc.  Mailing Address PO Box 2569  City, State, Zip Code Madison, MS 39130-2569  Name of Employer (Required)	(Mo., Day, Year)  01/08/2021  Aggregate	receipt this period \$1,000.00
Tull Name MMC Materials, Inc.  Mailing Address PO Box 2569  City, State, Zip Code Madison, MS 39130-2569  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Tull Name	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tull Name MMC Materials, Inc.  Mailing Address PO Box 2569  City, State, Zip Code Madison, MS 39130-2569  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Benjamin J Spraggins	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name MMC Materials, Inc.  Mailing Address PO Box 2569  City, State, Zip Code Madison, MS 39130-2569  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Benjamin J Spraggins  Mailing Address 12114 Kent Avenue  City, State, Zip Code	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ricky J. Cox	12/20/2021	\$500.00
Mailing Address 21 Colonel Wink Dr	1.2,23,232	Ψ500.00
City, State, Zip Code Gulfport, MS 39507-4252		
Name of Employer (Required)  Balch & Bingham		
Occupation (Required)  Managing Partner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cheryl Sparkman	07/27/2021	\$250.00
Mailing Address PO Box 26		
City, State, Zlp Code Scooba, MS 39358-0026		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name  Dossett GMC Cadillac Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Dossett GMC Cadillac Inc.  Mailing Address PO Box 1667  City, State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dossett GMC Cadillac Inc.  Mailing Address PO Box 1667  City, State, Zip Code Hattiesburg, MS 39403-1667	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Dossett GMC Cadillac Inc.  Mailing Address PO Box 1667  City, State, Zip Code Hattiesburg, MS 39403-1667  Name of Employer (Required)	(Mo., Day, Year) 09/09/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Dossett GMC Cadillac Inc.  Mailing Address PO Box 1667  City, State, Zip Code Hattiesburg, MS 39403-1667  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Dossett GMC Cadillac Inc.  Mailing Address PO Box 1667  City, State, Zip Code Hattiesburg, MS 39403-1667  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Dossett GMC Cadillac Inc.  Mailing Address PO Box 1667  City, State, Zip Code Hattiesburg, MS 39403-1667  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Ciyde X. Copeland III	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$500.00 \$500.00  Amount of each receipt this period
City, State, Zip Code Hattiesburg, MS 39403-1667  Name of Employer (Required)  Coccupation (Required)  Counce: Corporation PAC Individual Loan City Other (please specify)  Full Name Clyde X. Copeland III  Mailing Address  106 Glenwood Bend  City, State, Zip Code	Aggregate Year-to-date  (Mo., Day, Year)  Aggregate Year-to-date	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(1101) 223, 102.,	this period
Full Name Optometry For Progress	12/01/2021	\$2,500.00
Mailing Address  141 Executive Drive Suite 5		
City, State, Zip Code Madison, MS 39110-8457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Hutcheson Sr.	01/09/2021	\$1,250.00
Mailing Address 1904 Roseberry Dr		
City, State, Zip Code Scottsboro, AL 35769-3952		
Name of Employer (Required) Hutcheson Investments Inc		
Occupation (Required) President	Aggregate Year-to-date	\$1,250.00
	1001 10 0010	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Travis Satterfield  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code Benoit, MS 38725-9792	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code Benoit, MS 38725-9792  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan  Cother (please specify) LLC	Date (Mo., Day, Year)  11/02/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code Benoit, MS 38725-9792  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  11/02/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code Benoit, MS 38725-9792  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan  Cother (please specify) LLC	Date (Mo., Day, Year)  11/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code Benoit, MS 38725-9792  Name of Employer (Required) Self  Occupation (Required) Farmer  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Bayou Concrete, LLC	Date (Mo., Day, Year)  11/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Travis Satterfield  Mailing Address 313 Palmer Satterfield Road  City, State, Zip Code Benoit, MS 38725-9792  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Bayou Concrete, LLC  Mailing Address  P.O. Box 3868  Sity, State, Zip Code	Date (Mo., Day, Year)  11/02/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Orthopaedic PAC	12/01/2021	\$500.00
Mailing Address PO Box 5034		<b>\$</b>
City, State, Zip Code Jackson, MS 39296-5034		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Loren L. Monroe	04/21/2021	\$5,000.00
Mailing Address 1513 Highwood Drive		
City, State, Zip Code  Mc Lean, VA 22101-5800		
Name of Employer (Required) BGR Group		
Occupation (Required) Principal	Aggregate Year-to-date	\$5,000.00
	l ear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Xan Robertson  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address  3305 Old Highway 61 S  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)  Self  Occupation (Required)	Date (Mo., Day, Year) 01/11/2021 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source:   Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/11/2021  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  01/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name David L Powe	Date (Mo., Day, Year)  01/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Xan Robertson  Mailing Address 3305 Old Highway 61 S  City, State, Zip Code Leland, MS 38756-9797  Name of Employer (Required)  Self  Occupation (Required)  Farmer  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name David L Powe  Mailing Address 5174 Old Hillsboro Road	Date (Mo., Day, Year)  01/11/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tower Loan of Mississippi LLC	10/19/2021	\$25,000.00
Mailing Address PO Box 320001		, , , , , ,
City, State, Zip Code Flowood, MS 39232-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barry Tyson	11/29/2021	\$250.00
Mailing Address 61 Wilson Lane		
City, State, Zip Code Bude, MS 39630-5002		
Name of Employer (Required) Franklin Ready Mix Concrete		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Walevhoff Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Walevhoff Inc.  Mailing Address  926 Adair Ave	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Walevhoff Inc.  Mailing Address 926 Adair Ave  City, State, Zip Code Atlanta, GA 30306-3806	(Mo., Day, Year)	receipt this period
City, State, Zip Code Atlanta, GA 30306-3806  Name of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan  Cource: Other (please specify)	(Mo., Day, Year) 08/18/2021 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Atlanta, GA 30306-3806  Name of Employer (Required)  Cocupation (Required)  Coupation (Required)  Coupation (PAC Individual Loan  Coupation (Please specify)  Thomas R. Dykes	(Mo., Day, Year)  08/18/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Walevhoff Inc.  Mailing Address 926 Adair Ave  City, State, Zip Code Atlanta, GA 30306-3806  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  08/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Walevhoff Inc.  Mailing Address 926 Adair Ave  City, State, Zip Code Atlanta, GA 30306-3806  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Thomas R. Dykes  Malling Address 6653 Ms Highway 568	(Mo., Day, Year)  08/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Walevhoff Inc.  Mailing Address 926 Adair Ave  City, State, Zip Code Atlanta, GA 30306-3806  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Thomas R. Dykes  Mailing Address 6653 Ms Highway 568	(Mo., Day, Year)  08/18/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom C. Harvey III	10/13/2021	\$250.00
Mailing Address 38 Colonel Wink Drive		<b>\$200.00</b>
City, State, Zip Code Gulfport, MS 39507-4203		
Name of Employer (Required)  The Timberlands LLC		——————————————————————————————————————
Occupation (Required) Executive	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ellen L Ambrosino	01/20/2021	\$1,000.00
Mailing Address 781 Mannsdale Road		
City, State, Zip Code Madison, MS 39110-9491		
Name of Employer (Required) PSC Corp/Parkway Development		
Occupation (Required) Secretary	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Kathy Dyess  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773  Name of Employer (Required)  retired  Occupation (Required)	(Mo., Day, Year) 10/12/2021 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  10/12/2021  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify) LLC	(Mo., Day, Year)  10/12/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773  Name of Employer (Required) retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Chancellor Construction, LLC	(Mo., Day, Year)  10/12/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Kathy Dyess  Mailing Address 26700 E Main Street  City, State, Zip Code West Point, MS 39773  Name of Employer (Required)  retired  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  LLC  Full Name Chancellor Construction, LLC  Mailing Address  25 Town Center Square	(Mo., Day, Year)  10/12/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period  \$250.00  \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Will Stroud	10/07/2021	\$1,000.00
Mailing Address 5949 Sherry Lane		ψ1,000.00
City, State, Zip Code Dallas, TX 75225-6532		
Name of Employer (Required) Stroud Companies		
Occupation (Required) Investments	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Chiniche	10/06/2021	\$1,000.00
Mailing Address 725 Old Spanish Trail		
City, State, Zip Code Bay Saint Louis, MS 39520-2507		
Name of Employer (Required)  James J. Chiniche P.A. Inc.		
Occupation (Required) Engineer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ned A. Mitchell  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ned A. Mitchell  Mailing Address PO Box 720  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ned A. Mitchell  Mailing Address PO Box 720  City, State, Zip Code Cleveland, MS 38732-0720	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Ned A. Mitchell  Mailing Address PO Box 720  City, State, Zip Code Cleveland, MS 38732-0720  Name of Employer (Required) Self  Occupation (Required) Insurance	(Mo., Day, Year)  11/03/2021  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name	(Mo., Day, Year)  11/03/2021  Aggregate Year-to-date  Date	\$250.00  \$250.00  Amount of each receipt
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	— (NO., Day, Year)	this period
Full Name W. W. Gresham III	10/25/2021	\$1,000.00
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required)  Gresham Petroleum Co		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arbor View D'Iberville LLC	05/03/2021	\$5,000.00
Mailing Address 215 Rosehill Lane		
City, State, Zip Code Tallahassee, FL 32312-9091		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
	771	
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full Name Indywood Estate, LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Indywood Estate, LLC  Mailing Address  218 Ronaldman Road  City, State, Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Cother (please specify)  LLC  LLC  LLC  LLC  LLC  LLC  LLC  Cleveland, MS 38732-8755	(Mo., Day, Year)	receipt this period
City, State, Zip Code Cleveland, MS 38732-8755  Cher (please specify)  LLC  LLC  LLC  Mailing Address  218 Ronaldman Road  City, State, Zip Code  Cleveland, MS 38732-8755  Name of Employer (Required)	(Mo., Day, Year)  11/10/2021  Aggregate	receipt this period \$1,000.00
Tother (please specify)  Full Name Indywood Estate, LLC  Mailing Address  218 Ronaldman Road  City, State, Zip Code Cleveland, MS 38732-8755  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Tother (please specify)  Full Name Indywood Estate, LLC  Mailing Address  218 Ronaldman Road  City, State, Zip Code Cleveland, MS 38732-8755  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Tother (please specify)  LLC	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
Full Name Indywood Estate, LLC  Mailing Address 218 Ronaldman Road  City, State, Zip Code Cleveland, MS 38732-8755  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Adcock Property Mngt, LLC  Mailing Address 12 Bellegrass Blvd  City, State, Zip Code Hattiesburg, MS 39402-1904	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
Full Name Indywood Estate, LLC  Mailing Address 218 Ronaldman Road  City, State, Zip Code Cleveland, MS 38732-8755  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Adcock Property Mngt, LLC  Mailing Address 12 Bellegrass Blvd  City, State, Zip Code	(Mo., Day, Year)  11/10/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Power Company State PAC	12/20/2021	\$2,000.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required)	= /	
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Summerfield Place I! LLC	05/03/2021	\$5,000.00
Mailing Address 215 Rosehill Lane		
City, State, Zip Code Tallahassee, FL 32312-9091		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
·		receipt this period
Other (please specify) PLLC	(Mo., Day, Year)	receipt
Full Name  Jason Leach DMD, PLLC  Mailing Address  310 Fazio Drive  City. State, Zip Code	(Mo., Day, Year)	receipt this period
Full Name Jason Leach DMD, PLLC  Mailing Address  310 Fazio Drive	(Mo., Day, Year)	receipt this period
Full Name Jason Leach DMD, PLLC  Mailing Address 310 Fazio Drive  City, State, Zip Code Oxford, MS 38655-2166	(Mo., Day, Year)	receipt this period
Full Name Jason Leach DMD, PLLC  Mailing Address 310 Fazio Drive  City, State, Zip Code Oxford, MS 38655-2166  Name of Employer (Required)	(Mo., Day, Year) 12/09/2021 Aggregate	receipt this period \$5,000.00
Full Name Jason Leach DMD, PLLC  Mailing Address 310 Fazio Drive  City, State, Zip Code Oxford, MS 38655-2166  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  12/09/2021  Aggregate Year-to-date  Date	receipt this period \$5,000.00 \$5,000.00  Amount of each receipt
Full Name Jason Leach DMD, PLLC  Mailing Address 310 Fazio Drive  City, State, Zip Code Oxford, MS 38655-2166  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  12/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Full Name Jason Leach DMD, PLLC  Mailing Address 310 Fazio Drive  City, State, Zip Code Oxford, MS 38655-2166  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Parveen Chawla	(Mo., Day, Year)  12/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Full Name Jason Leach DMD, PLLC  Mailing Address 310 Fazio Drive  City, State, Zip Code Oxford, MS 38655-2166  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Parveen Chawla  Mailing Address 523 Frederick Drive	(Mo., Day, Year)  12/09/2021  Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold Graves	11/29/2021	\$250.00
Mailing Address 153 Victor Dr.		<b>\$200.00</b>
City, State, Zip Code Meadville, MS 39653-9473		
Name of Employer (Required)  McGehee Insurance Agency		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe W. Stedman	11/22/2021	\$1,000.00
Mailing Address 114 Main Street		
City, State, Zip Code Natchez, MS 39120-3458		
Name of Employer (Required)  Natchez - Crye*Leike Stedman Realtors		
Occupation (Required) Broker	Aggregate Year-to-date	\$1,100.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zip Code  Other (please specify)  Pathway Management Inc.  Pathway Management Inc.	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address P.O. Box 6015  City, State, Zip Code Ridgeland, MS 39158-6015	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address P.O. Box 6015  City, State, Zip Code Ridgeland, MS 39158-6015  Name of Employer (Required)	(Mo., Day, Year)  08/11/2021  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address P.O. Box 6015  City, State, Zip Code Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  08/11/2021  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address P.O. Box 6015  City, State, Zip Code Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address P.O. Box 6015  City, State, Zip Code Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name David Joseph Hardy  Mailing Address 481 Jordan Drive  City, State, Zip Code Biloxi, MS 39531-2312	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify)  Full Name Pathway Management Inc.  Mailing Address P.O. Box 6015  City, State, Zip Code Ridgeland, MS 39158-6015  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name David Joseph Hardy  Mailing Address 481 Jordan Drive	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Pierce	08/02/2021	\$100.00
Mailing Address 4037 Old Highway 15		
City, State, Zip Code Decatur, MS 39327-9362		
Name of Employer (Required)  Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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			Aggregate Total Running
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4333 Amon Carter Blvd	11/05/2021	\$32.26
City, State, Zip Code	Fort Worth, TX 76155-2605		
Purpose of Disbursen Travel Expense Fe		Aggregate Year-to-date	\$192.26
Full Name		Date	Amount of each
	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	08/10/2021	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media services	nent (Optional)	Aggregate Year-to-date	\$3,343.80
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	815 Slaters Lane	04/08/2021	\$174.16
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursem Web Services	ent (Optional)	Aggregate Year-to-date	\$959.15
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	01/08/2021	\$75.51
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$75.51
ull Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	130 Eagles Nest Cr	01/05/2021	\$6,500.00
ity, State, Zip Code	Madison, MS 39110-6029		
urpose of Disburseme Consulting Services		Aggregate Year-to-date	\$6,500.00
ull Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	P.O. Box 1036	01/08/2021	\$2,539.44
ity, State, Zip Code	Madison, MS 39130-1036		
urpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$2,539.44

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Full Name		2.1	Aggregate Total Running
rui Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/30/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen	nent (Optional)	Aggregate	
Bank fee		Year-to-date	\$777.95
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	11/01/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service	· · · · · ·	Aggregate Year-to-date	\$71,500.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	06/02/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$216.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	01/20/2021	\$53.50
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$3,378.94
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4333 Amon Carter Blvd	11/09/2021	\$333.20
City, State, Zip Code	Fort Worth, TX 76155-2605		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$854.25
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	11/30/2021	\$1,090.00
City, State, Zip Code	Jackson, MS 39203-3001		
urpose of Disburseme	ent (Optional)	Aggregate	

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		COLIVILIATO	Aggregate Total Running
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	06/07/2021	\$1,180.08
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburserr Processing fees	nent (Optional)	Aggregate Year-to-date	\$1,180.08
Full Name		Date	Amount of each
	Aristotle International, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	07/29/2021	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$8,250.00
Full Name		Date	Amount of each
	Aristotle International, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	02/26/2021	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$450.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	03/03/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$108.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	200 Pennsylvania Ave. SE	11/04/2021	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement Data Services	ent (Optional)	Aggregate Year-to-date	\$11,700.00
Full Name	Rankin County Republican Women	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 320369	11/24/2021	\$500.00
City, State, Zip Code	Flowood, MS 39232-0369		
Purpose of Disbursemo	ent (Optional)	Aggregate Year-to-date	\$500.00

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Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/16/2021	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media services	nent (Optional)	Aggregate Year-to-date	\$3,643.80
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	06/10/2021	\$75.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburser Design Services	nent (Optional)	Aggregate Year-to-date	\$75.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	04/30/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank fee	nent (Optional)	Aggregate Year-to-date	\$441.04
Full Name	William G. Yates Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 456	05/03/2021	\$12,500.00
City, State, Zip Code	Philadelphia, MS 39350-0456		
Purpose of Disbursen In Kind flight	ent (Optional)	Aggregate Year-to-date	\$12,500.00
ull Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	PO Box 291	06/30/2021	\$110.39
ity, State, Zip Code	Jackson, MS 39205-0291		
urpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$661.69
ull Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	130 Eagles Nest Cr	07/02/2021	\$6,500.00
ity, State, Zip Code	Madison, MS 39110-6029		
urpose of Disbursem Consulting Services		Aggregate Year-to-date	\$45,500.00

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Full Name		Date	Aggregate Total Running  Amount of each
	WinRed	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 9891	10/29/2021	\$7,773.35
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburser Processing fees	nent (Optional)	Aggregate Year-to-date	\$12,023.11
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	08/09/2021	\$65.81
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$544.86
Full Name	Stripe	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	510 Townsend St.	01/04/2021	\$1,000.30
City, State, Zip Code	San Francisco, CA 94103-4918		
Purpose of Disbursen Stripe Online Fees		Aggregate Year-to-date	\$1,000.30
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	05/11/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$32,500.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	01/22/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$150.00
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	705 Melvin Ave #105	12/16/2021	\$42,790.00
City, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disbursem	ent (Optional)	Aggregate	\$50,185.00

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Full Name		Date	Aggregate Total Running  Amount of each
rantanto	Google Gsuite	(Mo., Day, Year)	disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	07/06/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disburserr Email Services	nent (Optional)	Aggregate Year-to-date	\$252.00
Full Name	Michael Goode	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	610 Northlake Ave	12/29/2021	\$700.00
City, State, Zip Code	Ridgeland, MS 39157-1708		
Purpose of Disbursem In Kind, food and be		Aggregate Year-to-date	\$700.00
Full Name	Tracey Branch Agency	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	916 Foley St.	01/29/2021	\$150.00
City, State, Zip Code	Jackson, MS 39202-3406		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$150.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	04/14/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disburseme Data Services	ent (Optional)	Aggregate Year-to-date	\$600.00
ull Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	642 Hwy 469 S	11/19/2021	\$256.20
ity, State, Zip Code	Florence, MS 39073-9064		
urpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$8,458.28
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	705 Melvin Ave #105	07/14/2021	\$300.00
ity, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disburseme Media services	nt (Optional)	Aggregate Year-to-date	\$3,043.80

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Full Name			Aggregate Total Running
ruii Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	12/02/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$432.00
Full Name	Capitol Resources	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 N Congress Street STE 500	12/01/2021	\$2,383.00
City, State, Zip Code	Jackson, MS 39201-1917		
Purpose of Disbursen In Kind Event Expe		Aggregate Year-to-date	\$2,383.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	06/22/2021	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$7,500.00
uli Name	A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2125 TV Rd	08/03/2021	\$990.19
City, State, Zip Code	Jackson, MS 39204-4025		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$990.19
ull Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	1600 Amphitheater Parkway Mountain View	08/02/2021	\$36.00
ity, State, Zip Code	Mountain View, CA 94043		
urpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$288.00
ull Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
alling Address	P.O. Box 519	12/09/2021	\$44.98
ity, State, Zip Code	Meadville, MS 39653-0519		
urpose of Disbursemo Wireless Services	ent (Optional)	Aggregate Year-to-date	\$766.36

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			Aggregate Total Running
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	08/16/2021	\$170.66
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disburser IT Services	nent (Optional)	Aggregate Year-to-date	\$2,072.69
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	02/26/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank fee	nent (Optional)	Aggregate Year-to-date	\$220.52
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	11/10/2021	\$150.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media services	ent (Optional)	Aggregate Year-to-date	\$4,093.80
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	12/14/2021	\$514.31
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media services	ent (Optional)	Aggregate Year-to-date	\$7,395.00
uli Name	Longleaf Plantation	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	P.O. Drawer 511	11/29/2021	\$16,111.98
City, State, Zip Code	Lumberton, MS 39455		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$16,111.98
ull Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	P.O. Box 320925	12/13/2021	\$225.00
ity, State, Zip Code	Flowood, MS 39232-0925		
urpose of Disbursemo	ent (Optional)	Aggregate Year-to-date	\$1,762.50

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Full Name		Date	Aggregate Total Running  Amount of each
	T & G Advertising, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 320925	12/13/2021	\$575.36
City, State, Zip Code	Flowood, MS 39232-0925		N. C.
Purpose of Disbursen Design services an	· · ·	Aggregate Year-to-date	\$575.36
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	815 Slaters Lane	02/09/2021	\$300.00
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursem Web Services	ent (Optional)	Aggregate Year-to-date	\$634.99
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	08/12/2021	\$1,430.50
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$3,366.00
ull Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	3825 Redbud Road	01/05/2021	\$15,644.98
ity, State, Zip Code	Jackson, MS 39211-6712		
urpose of Disburseme Consulting Services		Aggregate Year-to-date	\$15,644.98
ull Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
alling Address	4600 Lakeland Drive	05/03/2021	\$499.00
ty, State, Zip Code	Flowood, MS 39232-8978		
rpose of Disburseme Storage Fees	nt (Optional)	Aggregate Year-to-date	\$2,461.00
ill Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	3825 Redbud Road	08/05/2021	\$5,097.23
ty, State, Zip Code	Jackson, MS 39211-6712		
rpose of Disburseme Consulting Services	nt (Optional)	Aggregate Year-to-date	\$78,928.88

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	TI LIVIIZED DISBO		Aggregate Total Running
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	09/16/2021	\$170.66
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$2,243.35
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	07/02/2021	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$3,479.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/08/2021	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media services	ent (Optional)	Aggregate Year-to-date	\$3,943.80
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	05/28/2021	\$1,350.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursemon Media services	ent (Optional)	Aggregate Year-to-date	\$1,350.00
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	4333 Amon Carter Blvd	11/05/2021	\$328.79
City, State, Zlp Code	Fort Worth, TX 76155-2605		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$521.05
ull Name	Mitchell's Special Events & Catering	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	1203 Hampton Drive	12/01/2021	\$1,500.00
ity, State, Zip Code	Brookhaven, MS 39601-2699		
urpose of Disburseme Catering/Event Expe		Aggregate Year-to-date	\$1,500.00

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			Aggregate Total Running
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	01/19/2021	\$639.12
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	\$639.12
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	11/08/2021	\$44.98
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$721.38
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	07/03/2021	\$1,361.79
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing fees	ent (Optional)	Aggregate Year-to-date	\$2,541.87
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	04/28/2021	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$4,200.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	130 Eagles Nest Cr	03/04/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
urpose of Disburseme Consulting Services		Aggregate Year-to-date	\$19,500.00
ull Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	PO Box 291	07/28/2021	\$6.00
ity, State, Zip Code	Jackson, MS 39205-0291		
urpose of Disburseme Bank fee	ent (Optional)	Aggregate Year-to-date	\$667.69

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		DURSEIVIENTS	Aggregate Total Running
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	12/31/2021	\$110.13
City, State, Zip Code	Jackson, MS 39205-0291		***
Purpose of Disbursem Bank fee	nent (Optional)	Aggregate Year-to-date	\$1,329.12
Fuli Name	T & G Advertising, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 320925	12/13/2021	\$1,160.95
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design services and		Aggregate Year-to-date	\$1,736.31
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	04/08/2021	\$7,207.75
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$33,968.21
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	09/30/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$65,000.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	12/02/2021	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseme Storage Fees	ent (Optional)	Aggregate Year-to-date	\$6,024.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	29374 Network Place	05/17/2021	\$150.00
City, State, Zlp Code	Chicago, IL 60673-1293		
Purpose of Disburseme Data Services	ent (Optional)	Aggregate Year-to-date	\$750.00

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			Aggregate Total Running
Full Name	Park Heights	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	335 East Main St.	09/24/2021	\$1,838.67
City, State, Zip Code	Tupelo, MS 38804-4025		
Purpose of Disbursen Event expenses	nent (Optional)	Aggregate Year-to-date	\$1,838.67
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	04/02/2021	\$196.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$1,659.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	03/31/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$330.78
Full Name	Gina Diamond's Flower Co	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Depot Drive	06/07/2021	\$283.55
City, State, Zip Code	Madison, MS 39110-9394		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$283.55
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	01/04/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disburseme Email Services	ent (Optional)	Aggregate Year-to-date	\$36.00
full Name	Kline Mechanical Systems, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	409 S Spring St.	12/31/2021	\$1,000.00
City, State, Zlp Code	Fulton, MS 38843-1707		
Purpose of Disburseme Refund, over corpor	• • •	Aggregate Year-to-date	\$1,000.00

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		DONOLIVILIATO	Aggregate Total Running
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	05/28/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	nent (Optional)	Aggregate Year-to-date	\$551.30
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	07/14/2021	\$1,935.50
City, State, ZIp Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$1,935.50
Full Name	Bayou Bluff Tennis Club	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	11553 W Taylor Road	11/04/2021	\$1,600.78
City, State, Zip Code	Gulfport, MS 39503-6214		
Purpose of Disbursem Catering for event	ent (Optional)	Aggregate Year-to-date	\$1,600.78
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	11/30/2021	\$3,960.00
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburseme Processing fees	ent (Optional)	Aggregate Year-to-date	\$15,983.11
ull Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	600 Lakeshore Parkway	11/16/2021	\$170.66
ity, State, Zip Code	Birmingham, AL 35209-6361		
urpose of Disburseme IT Services	ent (Optional)	Aggregate Year-to-date	\$2,584.67
ull Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	P.O. Box 320925	10/14/2021	\$675.00
ity, State, Zìp Code	Flowood, MS 39232-0925		
urpose of Disburseme Design Services	nt (Optional)	Aggregate Year-to-date	\$1,312.50

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Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	PO Drawer 22507	12/27/2021	\$5,442.55
Clty, State, Zip Code	Jackson, MS 39225-2507		,,,
Purpose of Disburser Accounting Service		Aggregate Year-to-date	\$13,684.26
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	12/16/2021	\$170.66
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$1,670.66
Full Name	A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2125 TV Rd	10/29/2021	\$708.51
City, State, Zip Code	Jackson, MS 39204-4025		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$1,698.70
Full Name	Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1030 Delta Blvd.	07/06/2021	\$654.40
City, State, Zip Code	Atlanta, GA 30320		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$654.40
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	29374 Network Place	07/16/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,050.00
ull Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	401 E. South Street	01/14/2021	\$174.15
ity, State, Zip Code	Jackson, MS 39201-5211		
urpose of Disbursema Postage	ent (Optional)	Aggregate Year-to-date	\$174.15

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			Aggregate Total Running
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	06/10/2021	\$1,967.09
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursem Accounting Service		Aggregate Year-to-date	\$8,241.71
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	08/31/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		11
Purpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$888.21
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	09/17/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement Data Services	ent (Optional)	Aggregate Year-to-date	\$1,350.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	09/24/2021	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursemon Data Services	ent (Optional)	Aggregate Year-to-date	\$11,250.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	08/31/2021	\$719.59
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburseme Processing fees	ent (Optional)	Aggregate Year-to-date	\$3,261.46
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	130 Eagles Nest Cr	12/02/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburseme Consulting Services	nt (Optional)	Aggregate Year-to-date	\$78,000.00

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	TI EMIZED DISBUR		Aggregate Total Running
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	08/03/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$52,000.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	01/08/2021	\$786.00
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursement (Optional) Printing Services		Aggregate Year-to-date	\$3,325.44
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	02/12/2021	\$11,115.48
City, State, Zip Code	Jackson, MS 39211-6712		1000
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$26,760.46
uli Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	4600 Lakeland Drive	08/03/2021	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
urpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$3,988.00
ull Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	4600 Lakeland Drive	06/02/2021	\$509.00
ity, State, Zip Code	Flowood, MS 39232-8978		
urpose of Disbursemon Storage Fees	ent (Optional)	Aggregate Year-to-date	\$2,970.00
ull Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	1600 Amphitheater Parkway Mountain View	09/02/2021	\$36.00
ity, State, ZIp Code	Mountain View, CA 94043		
urpose of Disburseme Email Services	ent (Optional)	Aggregate	\$324.00

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Full Name			Aggregate Total Running
Full Name	Gene & Georgetti	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	500 N Franklin St.	10/05/2021	\$260.78
City, State, Zip Code	Chicago, IL 60654-4604		
Purpose of Disburse Travel and Meetin		Aggregate Year-to-date	\$260.78
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	09/08/2021	\$26,232.83
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursement (Optional) Consulting Services		Aggregate Year-to-date	\$105,161.71
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/12/2021	\$55.81
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disburser Wireless Services	nent (Optional)	Aggregate Year-to-date	\$479.05
Full Name	McClellan's Security Service Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	500 N Chrisman Ave	11/17/2021	\$250.00
City, State, Zip Code	Cleveland, MS 38732-2324		
Purpose of Disbursen Refund, over corpo	• • •	Aggregate Year-to-date	\$250.00
ull Name	Willow Blu Florist	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	1201 Hwy 49 S STE 16	01/05/2021	\$175.67
ity, State, Zip Code	Richland, MS 39218		
urpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$175.67
ull Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	P.O. Box 519	06/08/2021	\$75.69
ty, State, Zip Code	Meadville, MS 39653-0519		
rpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$423.24

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		ONOLIVILIATO	Aggregate Total Running
Full Name	Bacchus On The Beach	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	111 W Scenic Dr	07/06/2021	\$483.88
City, State, Zip Code	Pass Christian, MS 39571-4419		
Purpose of Disbursem Catering for event	nent (Optional)	Aggregate Year-to-date	\$483.88
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	01/20/2021	\$249.31
Clty, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$8,202.08
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	06/16/2021	\$192.26
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem IT Services	ent (Optional)	Aggregate Year-to-date	\$1,709.77
Full Name	The Westin Jackson	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	407 S. Congress St.	07/06/2021	\$210.54
City, State, Zip Code	Jackson, MS 39201-4904		
Purpose of Disburseme Event Expense	ent (Optional)	Aggregate Year-to-date	\$210.54
ull Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	200 Pennsylvania Ave. SE	03/18/2021	\$2,550.00
ity, State, Zip Code	Washington, DC 20003		
urpose of Disburseme Data Services	ent (Optional)	Aggregate Year-to-date	\$3,750.00
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	705 Melvin Ave #105	12/10/2021	\$2,786.89
ity, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disburseme	ent (Optional)	Aggregate	\$6,880.69

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			Aggregate Total Running
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	05/03/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$180.00
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	815 Slaters Lane	05/14/2021	\$150.00
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursen Web Services	nent (Optional)	Aggregate Year-to-date	\$1,109.15
Full Name	Southwest Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 36647-1CR	04/15/2021	\$397.98
City, State, Zip Code	Dallas, TX 75235		
Purpose of Disbursem Airfare	ent (Optional)	Aggregate Year-to-date	\$397.98
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	12/27/2021	\$203.50
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$8,661.78
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	02/02/2021	\$4.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursem Postage	ent (Optional)	Aggregate Year-to-date	\$911.30
ull Name	A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2125 TV Rd	10/29/2021	\$1,443.56
ity, State, Zip Code	Jackson, MS 39204-4025		
urpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$3,142.26

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Full Name	Google Gsuite	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	10/04/2021	\$36.00
City, State, Zip Code			
Purpose of Disburse Email Services	ement (Optional)	Aggregate Year-to-date	\$360.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	06/10/2021	\$112.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburse Design Services	ement (Optional)	Aggregate Year-to-date	\$187.50
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	10/15/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disburse Data Services	ment (Optional)	Aggregate Year-to-date	\$1,500.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	11/10/2021	\$75.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburse Design Services	ment (Optional)	Aggregate Year-to-date	\$1,387.50
Full Name	BGR Government Affairs LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	601 13th St. NW 11th Floor	04/22/2021	\$3,012.93
City, State, Zip Code	Washington, DC 20005-3822		I To To Co
Purpose of Disburse In Kind catering fo	• • •	Aggregate Year-to-date	\$3,012.93
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	11/04/2021	\$750.00
City, State, Zlp Code	Washington, DC 20003		
Purpose of Disburser Data Services	nent (Optional)	Aggregate Year-to-date	\$12,450.00

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Full Name		Date	Aggregate Total Running  Amount of each
	InCare Technologies, Inc	(Mo., Day, Year)	disbursment this period
Mailing Address	600 Lakeshore Parkway	10/18/2021	\$170.66
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disburser IT Services	nent (Optional)	Aggregate Year-to-date	\$2,414.01
Fuli Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	06/03/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburser Consulting Service		Aggregate Year-to-date	\$39,000.00
Fuli Name	Dukes Dukes Keating & Faneca, P.A.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2909 13th Street	10/29/2021	\$1,000.00
City, State, Zip Code	Gulfport, MS 39501-1925		
Purpose of Disburser Refund, over corpo		Aggregate Year-to-date	\$1,000.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	05/10/2021	\$65.51
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$347.55
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	02/12/2021	\$6,274.62
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursen Accounting Service	· · · · · · · · · · · · · · · · ·	Aggregate Year-to-date	\$6,274.62
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	03/02/2021	\$499.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$1,463.00

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			Aggregate Total Running
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	04/02/2021	\$303.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursent Storage Fees	nent (Optional)	Aggregate Year-to-date	\$1,962.00
Full Name	The Neshoba Democrat	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 30	07/23/2021	\$1,110.00
City, State, Zip Code	Philadelphia, MS 39350-0030		
Purpose of Disbursem Advertising	ent (Optional)	Aggregate Year-to-date	\$1,110.00
Full Name	Beau Rivage	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	875 Beach Blvd.	08/05/2021	\$900.84
City, State, ZIp Code	Biloxi, MS 39530-4241		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$900.84
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	02/02/2021	\$482.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseme Storage Fees	ent (Optional)	Aggregate Year-to-date	\$964.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	11/03/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disburseme Email Services	ent (Optional)	Aggregate Year-to-date	\$396.00
ull Name	Millette Administrators, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	4619 Main Street Suite A	10/29/2021	\$1,000.00
ity, State, Zip Code	Moss Point, MS 39563-3939		
urpose of Disburseme Refund, over corpora		Aggregate Year-to-date	\$1,000.00

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Full Name	Maria Di Si i i	Date	Aggregate Total Running Amount of each
	Willow Blu Florist	(Mo., Day, Year)	disbursment this period
Mailing Address	1201 Hwy 49 S STE 16	09/29/2021	\$108.00
City, State, Zip Code	Richland, MS 39218		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$283.67
Fuli Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	01/26/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$110.26
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	03/11/2021	\$65.51
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disburseme Wireless Services	ent (Optional)	Aggregate Year-to-date	\$206.53
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	01/04/2021	\$482.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseme Storage Fees	ent (Optional)	Aggregate Year-to-date	\$482.00
Full Name	Willow Blu Florist	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1201 Hwy 49 S STE 16	11/24/2021	\$117.70
City, State, Zip Code	Richland, MS 39218		
Purpose of Disburseme Event Expense	ent (Optional)	Aggregate Year-to-date	\$401.37
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	01/21/2021	\$724.30
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburseme Postage	nt (Optional)	Aggregate Year-to-date	\$898.45

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	TI LIVIIZED DISBO		Aggregate Total Running
Fuli Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	08/20/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$1,200.00
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	07/02/2021	\$6,963.98
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$73,831.65
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	815 Slaters Lane	01/15/2021	\$334.99
City, State, Zip Code	Alexandria, VA 22314-1219		1000
Purpose of Disbursem Web Services	ent (Optional)	Aggregate Year-to-date	\$334.99
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	11/30/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	ent (Optional)	Aggregate Year-to-date	\$1,218.99
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	12/06/2021	\$47,172.25
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$47,172.25
ull Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	130 Eagles Nest Cr	02/02/2021	\$6,500.00
ity, State, Zip Code	Madison, MS 39110-6029		
urpose of Disburseme		Aggregate	

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	ITEMIZED DISB	URSEMENTS	Aggregate Total Running
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	11/10/2021	\$75.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursen Design Services	nent (Optional)	Aggregate Year-to-date	\$1,462.50
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	10/08/2021	\$13,661.00
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$118,822.71
Full Name	Stripe	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	510 Townsend St.	01/20/2021	\$40.30
City, State, Zip Code	San Francisco, CA 94103-4918		
Purpose of Disbursen Stripe Online Fees	ent (Optional)	Aggregate Year-to-date	\$1,040.60
Full Name	Chris Todd Photography, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	107 E. Willow Ct.	12/01/2021	\$525.00
City, State, ZIp Code	Ridgeland, MS 39157-2121		
Purpose of Disbursem Photography Service	* *	Aggregate Year-to-date	\$525.00
full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	600 Lakeshore Parkway	04/15/2021	\$203.06
ity, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem IT Services	ent (Optional)	Aggregate Year-to-date	\$1,325.25
uli Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	4600 Lakeland Drive	09/02/2021	\$509.00
ity, State, Zip Code	Flowood, MS 39232-8978		
Curpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$4,497.00

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			Aggregate Total Running
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	09/30/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank fee	nent (Optional)	Aggregate Year-to-date	\$998.47
Full Name	Baker Services	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 6717	12/31/2021	\$1,000.00
City, State, Zip Code	Jackson, MS 39282-6717		
Purpose of Disbursem Refund, over corpo	• •	Aggregate Year-to-date	\$1,000.00
Full Name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4333 Amon Carter Blvd	10/04/2021	\$160.00
City, State, Zip Code	Fort Worth, TX 76155-2605		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$160.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	10/04/2021	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseme Storage Fees	ent (Optional)	Aggregate Year-to-date	\$5,006.00
Full Name	Beau Rivage	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	875 Beach Blvd.	08/05/2021	\$360.64
City, State, Zip Code	Biloxi, MS 39530-4241		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$1,261.48
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	03/12/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
	ent (Optional)	Aggregate	

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		MOLIVILINI O	Aggregate Total Running
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	04/02/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$26,000.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	09/08/2021	\$65.81
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$610.67
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	815 Slaters Lane	03/11/2021	\$150.00
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursem Web Services	ent (Optional)	Aggregate Year-to-date	\$784.99
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	11/10/2021	\$75.00
City, State, Zlp Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$1,537.50
Full Name	Deviney Construction Company, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	PO Box 6717	12/31/2021	\$1,000.00
City, State, Zip Code	Jackson, MS 39282-6717		
Purpose of Disburseme Refund, over corpor		Aggregate Year-to-date	\$1,000.00
ull Name	Neshoba County Fair Association	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	16800 Highway 21 S	07/28/2021	\$309.00
ity, State, Zip Code	Philadelphia, MS 39350-7721		
urpose of Disburseme		Aggregate	

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Full Name		Dete	Aggregate Total Running Amount of each
ruii Name	C Spire	Date (Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 519	02/08/2021	\$65.51
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disburser Wireless Services	nent (Optional)	Aggregate Year-to-date	\$141.02
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	06/07/2021	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media services	nent (Optional)	Aggregate Year-to-date	\$2,743.80
Full Name	Southwest Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 36647-1CR	05/24/2021	(\$397.98)
City, State, Zip Code	Dallas, TX 75235		
Purpose of Disbursen Refund of airfare	nent (Optional)	Aggregate Year-to-date	\$0.00
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	05/06/2021	\$8,137.23
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburserr Consulting Service		Aggregate Year-to-date	\$42,105.44
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	12/06/2021	\$101.65
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$3,480.59
ull Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	02/01/2021	\$8.85
City, State, Zip Code	Jackson, MS 39201-5211		
urpose of Disbursem Postage	ent (Optional)	Aggregate Year-to-date	\$907.30

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			Aggregate Total Running
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	02/16/2021	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$300.00
Full Name	MS Federation of Republican Women	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	405 Grandview Court	05/11/2021	\$1,000.00
City, State, Zip Code	Pearl, MS 39208-9525		
Purpose of Disbursem Advertising	ent (Optional)	Aggregate Year-to-date	\$1,000.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	02/26/2021	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,200.00
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	08/26/2021	\$165.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburseme Postage	ent (Optional)	Aggregate Year-to-date	\$1,360.30
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	PO Box 9891	09/30/2021	\$988.30
City, State, Zip Code	Arlington, VA 22219-1891		// Table 1
Purpose of Disburseme Processing fees	ent (Optional)	Aggregate Year-to-date	\$4,249.76
full Name	Tracey Branch Agency	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	916 Foley St.	06/25/2021	\$150.00
City, State, Zip Code	Jackson, MS 39202-3406		
urpose of Disburseme Event Expense	ent (Optional)	Aggregate Year-to-date	\$300.00

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Cull Name		l Bata	Aggregate Total Running Amount of each
Full Name	ProLife Mississippi	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	114 Office Park Plaza STE B	04/06/2021	\$500.00
City, State, Zip Code	Jackson, MS 39206-4108		×
Purpose of Disbursem Sponsorship for eve		Aggregate Year-to-date	\$500.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	04/08/2021	\$75.51
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$282.04
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	04/28/2021	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$4,950.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	10/29/2021	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disburseme Bank fee	ent (Optional)	Aggregate Year-to-date	\$1,108.73
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	09/02/2021	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$58,500.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	06/23/2021	\$150.00
City, State, ZIp Code	Chicago, IL 60673-1293		
Purpose of Disburseme Data Services	ent (Optional)	Aggregate Year-to-date	\$900.00

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	TI EIVIIZED DIGE		Aggregate Total Running
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	03/16/2021	\$280.01
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disburser	ment (Optional)	Aggregate Year-to-date	\$1,122.19
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	10/12/2021	\$65.73
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disburser Wireless Services	nent (Optional)	Aggregate Year-to-date	\$676.40
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	02/04/2021	\$284.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursen PO Box renewal fe		Aggregate Year-to-date	\$1,195.30
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	07/16/2021	\$192.26
City, State, ZIp Code	Birmingham, AL 35209-6361		
Purpose of Disbursen IT Services	nent (Optional)	Aggregate Year-to-date	\$1,902.03
uli Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	705 Melvin Ave #105	05/28/2021	\$1,093.80
ity, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$2,443.80
ull Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	P.O. Box 320925	08/12/2021	\$450.00
ity, State, Zip Code	Flowood, MS 39232-0925		
urpose of Disbursem Design Services	nent (Optional)	Aggregate Year-to-date	\$637.50

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Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	3825 Redbud Road	06/04/2021	\$24,762.23
City, State, Zlp Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service	nent (Optional)	Aggregate Year-to-date	\$66,867.67
Full Name	Westerfield, Janoush, & Bell, P.A.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1448	11/30/2021	\$1,000.00
City, State, Zip Code	Cleveland, MS 38732-1448		
Purpose of Disbursen Refund, over corpo		Aggregate Year-to-date	\$1,000.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	01/07/2021	\$7,952.77
City, State, Zlp Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$7,952.77
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	11/02/2021	\$509.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$5,515.00
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	600 Lakeshore Parkway	05/17/2021	\$192.26
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursem IT Services	ent (Optional)	Aggregate Year-to-date	\$1,517.51
Full Name	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	11/08/2021	\$30,801.38
City, State, Zip Code	Jackson, MS 39211-6712		
	ent (Optional)	Aggregate	

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Full Name			Aggregate Total Running
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	07/29/2021	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disburser Data Services	nent (Optional)	Aggregate Year-to-date	\$8,700.00
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	04/02/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email Services	nent (Optional)	Aggregate Year-to-date	\$144.00
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	12/31/2021	\$6,439.30
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing fees	nent (Optional)	Aggregate Year-to-date	\$22,422.41
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	02/02/2021	\$36.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email Services	ent (Optional)	Aggregate Year-to-date	\$72.00
ull Name	A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	2125 TV Rd	12/01/2021	\$879.07
ity, State, Zip Code	Jackson, MS 39204-4025		
urpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$4,021.33
ull Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	600 Lakeshore Parkway	02/17/2021	\$203.06
ty, State, Zip Code	Birmingham, AL 35209-6361		
rpose of Disburseme T Services	ent (Optional)	Aggregate Year-to-date	\$842.18