

  
 Political Committee  
 REPORT OF RECEIPTS AND DISBURSEMENTS  
 Initiative Monthly Report



Name of Committee Mississippians for Compassionate Care  
 Address PO Box 2592 City/State/Zip Ridgeland MS 39158  
 Telephone 601-460-9431 Fax \_\_\_\_\_ Email Address ken@medicalmarijuana2020.com  
 Director Jamie Grantham Treasurer Ken Newburger

Check here if above is different from previous report

TYPE OF REPORT

August 20 20 Monthly Report (due on or before the 10<sup>th</sup> day of following month) ..... Mandatory  
 (Month)

\_\_\_\_\_ Termination Report (Committee will no longer accept contributions or make campaign expenditures,  
 has no outstanding debt obligation and zero cash on hand balance.) Required to  
 terminate reporting  
 obligations

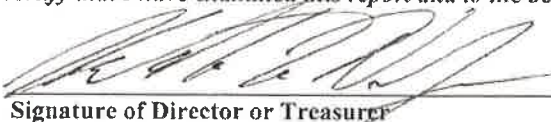
IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State 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 report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,380,750.00	\$449.00	\$1,381,199.00	\$2,108,814.82
TOTAL AMT OF DISBURSEMENTS	\$1,259,573.64	\$901.81	\$1,260,475.45	\$1,972,583.85
CASH ON HAND BALANCE				\$215,512.27

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

  
 \_\_\_\_\_  
 Signature of Director or Treasurer

September 8, 2020  
 \_\_\_\_\_  
 Date

Authority: *Miss. Code Ann. §23-15-801, et seq.*  
 Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee Mississippians for Compassionate Care

Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Commercial Bank</u>	<u>8/19/20</u>	\$ <u>800,000<sup>00</sup></u>
Mailing Address <u>1300 Meadowbrook Rd</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39211</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>800,000<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James L Stafford</u>	<u>8/27/20</u>	\$ <u>20,000<sup>00</sup></u>
Mailing Address <u>PO Box 1216</u>	___/___/___	\$
City, State, Zip Code <u>West Point MS 39773</u>	___/___/___	\$
Name of Employer (Required) <u>Watkins, Ward, and Stafford, CPA</u>	___/___/___	\$
Occupation (Required) <u>Partner</u>	Aggregate year-to-date	\$ <u>20,000<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Angie and Austin Calhoun</u>	<u>8/31/20</u>	\$ <u>20,000<sup>00</sup></u>
Mailing Address <u>PO Box 368</u>	___/___/___	\$
City, State, Zip Code <u>Pockett MS 39151</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>20,000<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marijuana Leadership Campaign</u>	<u>8/19/20</u>	\$ <u>13,500<sup>00</sup></u>
Mailing Address <u>360 Nueces St, Ste 1102</u>	___/___/___	\$
City, State, Zip Code <u>Austin TX 78701</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>253,500<sup>00</sup></u>

Name of Candidate or Committee Mississippians for Compassionate Care  
 Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NORML PAC</u>	<u>8/6/20</u>	\$ <u>2,500<sup>00</sup></u>
Mailing Address <u>1600 K Street NW Ste 501</u>	__/__/__	\$
City, State, Zip Code <u>Washington DC 20006</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,500<sup>00</sup></u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ghost Management Group</u>	<u>8/11/20</u>	\$ <u>10,000<sup>00</sup></u>
Mailing Address <u>41 Discovery</u>	<u>8/17/20</u>	\$ <u>10,000<sup>00</sup></u>
City, State, Zip Code <u>Irvine CA 92618</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>20,000<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Schwartz</u>	<u>8/21/20</u>	\$ <u>10,000<sup>00</sup></u>
Mailing Address <u>PO Box 3949</u>	__/__/__	\$
City, State, Zip Code <u>Jackson MS 39207</u>	__/__/__	\$
Name of Employer (Required) <u>Richard Schwartz &amp; Associates, P.A.</u>	__/__/__	\$
Occupation (Required) <u>Principal</u>	Aggregate year-to-date	\$ <u>30,000<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joel Bomgaars</u>	<u>8/28/20</u>	\$ <u>400,000<sup>00</sup></u>
Mailing Address <u>357 Kiava Dr</u>	<u>8/7/20</u>	\$ <u>75,000<sup>00</sup></u>
City, State, Zip Code <u>Madison MS 39110</u>	__/__/__	\$
Name of Employer (Required) <u>Joel Bomgar LLC</u>	__/__/__	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>550,000</u>

Name of Candidate or Committee Mississippians for Compassionate Care

Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George Walker III</u>	<u>8/25/20</u>	\$ <u>10,000<sup>00</sup></u>
Mailing Address <u>PO Box 1729</u>	___/___/___	\$
City, State, Zip Code <u>Madison MS 39130</u>	___/___/___	\$
Name of Employer (Required) <u>Heritage Properties</u>	___/___/___	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>10,000<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Lloyd II</u>	<u>8/28/20</u>	\$ <u>5000<sup>00</sup></u>
Mailing Address <u>12603 B Turtle Rock</u>	___/___/___	\$
City, State, Zip Code <u>Austin TX 78779</u>	___/___/___	\$
Name of Employer (Required) <u>Abko Labs</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>5000<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Thornton</u>	<u>8/17/20</u>	\$ <u>2500<sup>00</sup></u>
Mailing Address <u>PO Box 16465</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39236</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) <u>Attorney at law</u>	Aggregate year-to-date	\$ <u>5000<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dudley F Lampton Sr</u>	<u>8/14/20</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>502 Natchez Ave</u>	___/___/___	\$
City, State, Zip Code <u>Brookhaven MS 39601</u>	___/___/___	\$
Name of Employer (Required) <u>Armstrong Thomas Berry Lampton &amp; McCordle, PLLC</u>	___/___/___	\$
Occupation (Required) <u>Partner</u>	Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>

Name of Candidate or Committee Mississippians for Compassionate Care

Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joe Cloyd</u>	<u>8/14/20</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>433 East Beach Dr</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs Ms 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Frontier Strategies</u>	___/___/___	\$
Occupation (Required) <u>Real Estate Developer &amp; Govt Affairs Consultant</u>	Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Kuhn</u>	<u>8/27/20</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>59 Whitworth Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Nashville TN 37205</u>	___/___/___	\$
Name of Employer (Required) <u>Retired</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Mississippians for Compassionate Care

Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jamie Grantham</u>	<u>8/26/20</u>	\$ <u>7000<sup>00</sup></u>
Mailing Address <u>PO Box 2592</u>		
City, State, Zip Code <u>Ridgeland MS 39158</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>49,000<sup>00</sup></u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bastilian Strategies</u>	<u>8/7/20</u>	\$ <u>8805<sup>00</sup></u>
Mailing Address <u>80 Annandale Rd</u>		
City, State, Zip Code <u>Madison MS 39202</u>	<u>8/28/20</u>	\$ <u>1000<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>58,332<sup>00</sup></u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Maggie Genter</u>	<u>8/27/20</u>	\$ <u>2500<sup>00</sup></u>
Mailing Address <u>203 Twelve Oaks Trace</u>		
City, State, Zip Code <u>Canton MS 39046</u>	<u>8/12/20</u>	\$ <u>610<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>22,540<sup>50</sup></u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Katie Elliot</u>	<u>6/22/20</u>	\$ <u>708<sup>33</sup></u>
Mailing Address <u>PO Box 2592</u>		
City, State, Zip Code <u>Ridgeland MS 39158</u>	<u>8/12/20</u>	\$ <u>1318<sup>33</sup></u>
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>17,328<sup>20</sup></u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Moore Media Group</u>	<u>8/11/20</u>	\$ <u>8745<sup>00</sup></u>
Mailing Address <u>PO Box 586</u>		
City, State, Zip Code <u>Clinton MS 39060</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Media Consulting</u>	Aggregate Year-to-date	\$ <u>61,370<sup>62</sup></u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Triumph Campaigns</u>	<u>8/11/20</u>	\$ <u>10,000<sup>00</sup></u>
Mailing Address <u>735 North Congress St</u>		
City, State, Zip Code <u>Jackson MS 39202</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>General Consulting</u>	Aggregate Year-to-date	\$ <u>10,000<sup>00</sup></u>

Name of Candidate or Committee Mississippians for Compassionate Care  
 Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Maria Vetter</u>	<u>8/12/20</u>	\$ <u>1525<sup>00</sup></u>
Mailing Address <u>PO Box 2592</u>		
City, State, Zip Code <u>Pickens MS 39158</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>25,331<sup>25</sup></u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Gina Metzger</u>	<u>8/3/20</u>	\$ <u>380<sup>00</sup></u>
Mailing Address <u>914 Abundance Crossing</u>		
City, State, Zip Code <u>Flowood MS 39232</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Bookkeeping</u>	Aggregate Year-to-date	\$ <u>2940<sup>00</sup></u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Marilyn Timlin</u>	<u>8/4/20</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>208 Winesmere Way</u>		
City, State, Zip Code <u>Pickens MS 39157</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>5000<sup>00</sup></u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bankcorp South</u>	<u>8/25/20</u>	\$ <u>504,111<sup>11</sup></u>
Mailing Address <u>1 Mississippi Plaza</u>		
City, State, Zip Code <u>Tupelo MS 38804</u>	<u>8/25/20</u>	\$ <u>301,333<sup>34</sup></u>
Purpose of Disbursement (Optional) <u>Loan Payment</u>	Aggregate Year-to-date	\$ <u>824,744<sup>45</sup></u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>First Commercial Bank</u>	<u>8/28/20</u>	\$ <u>1013<sup>33</sup></u>
Mailing Address <u>1300 Meadowbrook Rd</u>		
City, State, Zip Code <u>Jackson MS 39211</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Loan Payment</u>	Aggregate Year-to-date	\$ <u>1013<sup>33</sup></u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Watkins &amp; Eager</u>	<u>8/11/20</u>	\$ <u>10,000<sup>00</sup></u>
Mailing Address <u>PO Box 3858</u>		
City, State, Zip Code <u>Jackson MS 39207</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Legal Consulting</u>	Aggregate Year-to-date	\$ <u>96,585<sup>15</sup></u>

Name of Candidate or Committee Missionaries for Compassionate Care  
 Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Forman, Watkins, &amp; Krutz</u>	<u>8/11/20</u>	\$ <u>6000<sup>00</sup></u>
Mailing Address <u>PO Box 22514</u>	<u>8/25/20</u>	\$ <u>2000<sup>00</sup></u>
City, State, Zip Code <u>Jackson MS 39225</u>		
Purpose of Disbursement (Optional) <u>Legal Consulting</u>	Aggregate Year-to-date	\$ <u>15,500<sup>00</sup></u>
B. Full name <u>Jackson New Media</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 55014</u>	<u>8/12/20</u>	\$ <u>6500<sup>00</sup></u>
City, State, Zip Code <u>Jackson MS 39296</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>advertising</u>	Aggregate Year-to-date	\$ <u>6500<sup>00</sup></u>
C. Full name <u>Screen Strategies Media</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>11150 Fairfax Blvd, Suite 505</u>	<u>8/31/20</u>	\$ <u>378,403<sup>00</sup></u>
City, State, Zip Code <u>Fairfax VA 22030</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>390,673<sup>00</sup></u>
D. Full name <u>The Marship</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1200 North State St, Suite 100</u>	<u>8/28/20</u>	\$ <u>425<sup>36</sup></u>
City, State, Zip Code <u>Jackson MS 39202</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>space rental</u>	Aggregate Year-to-date	\$ <u>707<sup>73</sup></u>
E. Full name <u>Eagle Consulting Group</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 301</u>	<u>8/26/20</u>	\$ <u>3000<sup>00</sup></u>
City, State, Zip Code <u>Tishomingo MS 38873</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>10,000<sup>00</sup></u>
F. Full name <u>Weaver Enterprises LLC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>207 N Church St</u>	<u>8/26/20</u>	\$ <u>2500<sup>00</sup></u>
City, State, Zip Code <u>Tupelo MS 38804</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>10,000<sup>00</sup></u>



Name of Candidate or Committee Mississippians for Compassionate Care  
 Reporting period August 1, 2020 through August 31, 2020

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>State Mint LLC</u>	<u>8/28/20</u>	\$ <u>500.00</u>
Mailing Address <u>134 Cedar Woods Cove</u>		
City, State, Zip Code <u>Madison MS 39110</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Fundraising</u>	Aggregate Year-to-date	\$ <u>28,000.00</u>
B. Full name <u>Stripe, Inc</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>185 Berry St Suite 550</u>	<u>8/31/20</u>	\$ <u>195.84</u>
City, State, Zip Code <u>San Francisco CA 94107</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>credit card processing</u>	Aggregate Year-to-date	\$ <u>3788.68</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$