2018

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
AUG 14 2019
Campaign Finance
Secretary of State

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** jamie@medicalmarijuana2020.com

Director Jamie Grantham **Treasurer** Ken Newburger

☑ **Check here if above is different from previous report**

TYPE OF REPORT

July 9 **2018 Monthly Report** (due on or before the 10th day of following month) ..... **Mandatory**

☐ **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.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	$ 363,600.00	+ $ 100.00	$ 363,700.00	$ 1,746,487.46
Total amount of disbursements	$ 451,213.40	+ $ 496.35	$ 451,709.75	$ 1,613,881.88
Total amount of cash on hand			$ 132,606.24	

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

_____ 8-12-19

Signature of Director or Treasurer **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 July 1 2019 through July 31 2019

ITEMIZED RECEIPTS

A. Source: ✓Corporation ○PAC ○Individual ○Loan ○Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Magnolia Finance Southeast Inc	7/3/19	$ 1200.00
Mailing Address: 7620 Hwy 613 Suite 3	__/__/__	$
City, State, Zip Code: Moss Point MS 39563	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1200.00

B. Source: ✓Corporation ○PAC ○Individual ○Loan ○Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Islands Credit Inc.	7/3/19	$ 1200.00
Mailing Address: 1115 Pass Road	__/__/__	$
City, State, Zip Code: Gulfport MS 39501	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1200.00

C. Source: ✓Corporation ○PAC ○Individual ○Loan ○Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pascagoula Finance Inc.	7/3/19	$ 1200.00
Mailing Address: 2224 Denny Ave	__/__/__	$
City, State, Zip Code: Pascagoula MS 39567	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1200.00

D. Source: ○Corporation ○PAC ○Individual ○Loan ○Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Noblitt Jr.	7/29/19	$ 20,000.00
Mailing Address: 151 Olympia Fields	__/__/__	$
City, State, Zip Code: Jackson MS 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 20,000.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Health & Wellness PLLC	7/31/19	$ 10,000.00
Mailing Address: 101 Harper St	__/__/__	$
City, State, Zip Code: Ridgeland MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 10,000.00
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Daniel Marks	7/31/19	$ 20,000.00
Mailing Address: 1816 W Division St	__/__/__	$
City, State, Zip Code: Chicago IL 60622	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 20,000.00
C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James Fountain	7/27/19	$ 1,000.00
Mailing Address: 1655 Clubhouse Rd	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Contractor	Aggregate year-to-date	$ 1,000.00
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Easley	7/24/19	$ 1,000.00
Mailing Address: 2956 Henryville Rd	__/__/__	$
City, State, Zip Code: Cedarbluff MS 39741	__/__/__	$
Name of Employer (Required): Mississippi State University	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Mississippians For Compassionate

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ITEMIZED RECEIPTS

A. Source: ○ Corporation ○ PAC ✓ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carl Pace	7/17/19	$ 500.00
Mailing Address: 2105 Hillside Cir	__/__/__	$
City, State, Zip Code: Pueblo CO 81008	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 500.00
B. Source: ○ Corporation ○ PAC ✓ Individual ○ Loan ○ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Brad Williams	7/13/19	$ 1000.00
Mailing Address: 302 Twin Oak Cv	__/__/__	$
City, State, Zip Code: Ridgeland MS 39157	__/__/__	$
Name of Employer (Required): Rev Clergy	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00
C. Source: ○ Corporation ○ PAC ✓ Individual ○ Loan ○ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Zachary Baldwin	7/11/19	$ 5,000.00
Mailing Address: 127 Fenwick Cv	__/__/__	$
City, State, Zip Code: Madison MS 39110	__/__/__	$
Name of Employer (Required): St Dominic Hospital	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 5,000.00
D. Source: ○ Corporation ○ PAC ✓ Individual ○ Loan ○ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: John Hughes	7/7/19	$ 1,000.00
Mailing Address: 147 Highland Cv	__/__/__	$
City, State, Zip Code: Jackson MS 39211	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): CEO	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: Mississippians For Compassionate Care

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ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan ◯ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jason Beck	7/4/19	$ 500.00
Mailing Address: 7828 Santa Monica Blvd	__/__/__	$
City, State, Zip Code: West Hollywood CA 90046	__/__/__	$
Name of Employer (Required): Alternative Health Healing Services	__/__/__	$
Occupation (Required): CEO	Aggregate year-to-date	$ 500.00
B. Source: ◯ Corporation ◯ PAC ◯ Individual ◉ Loan ◯ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Bank Corp South	7/18/19	$ 300,000.00
Mailing Address: One Mississippi Place	__/__/__	$
City, State, Zip Code: Tupelo MS 38804	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 800,608.00
C. Source: ◯ Corporation ◯ PAC ◯ Individual ◯ Loan ◯ 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: ◯ Corporation ◯ PAC ◯ Individual ◯ Loan ◯ 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	$

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ITEMIZED DISBURSEMENTS

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

A. Full name Richard Traylor Mailing Address 3740 Hwy 53 City, State, Zip Code Poplarville MS 39470 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/31/19 __/__/__ Aggregate Year-to-date	$ 2,506.49 $ $ 2,506.49
B. Full name Dudley Lampton Jr. Mailing Address 702 Natchez Ave City, State, Zip Code Brookhaven MS 39601 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/31/19 __/__/__ Aggregate Year-to-date	$ 1,426.75 $ $ 1,426.75
C. Full name Nikisha Ware Mailing Address 5878 Ferncreek Dr City, State, Zip Code Jackson MS 39211 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/31/19 __/__/__ Aggregate Year-to-date	$ 1,477.85 $ $ 1,477.85
D. Full name Watkins And Eager PLLC Mailing Address 400 E Capitol St #300 City, State, Zip Code Jackson MS 39201 Purpose of Disbursement (Optional) Legal Consulting	Date (Mo., Day, Year) 7/1/19 __/__/__ Aggregate Year-to-date	$ 20,861.34 $ $
E. Full name WB Consultants Mailing Address PO Box 1638 City, State, Zip Code Jackson MS 39215 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/20/19 __/__/__ Aggregate Year-to-date	$ 17,000.00 $ $ 17,000.00
F. Full name Marilyn Tinnin Mailing Address 208 Winmore Way City, State, Zip Code Ridgeland MS 39157 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/1/19 __/__/__ Aggregate Year-to-date	$ 1,000.00 $ $ 4,000.00

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A. Full name Grassroots Community Headquarters Mailing Address PO Box 4785 City, State, Zip Code Hattiesburg MS 39403 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/1/19 7/15/19 Aggregate Year-to-date	$ 100,000 $ 100,000 $ 750,000
B. Full name Jamie Grantham Mailing Address PO Box 2592 City, State, Zip Code Ridgeland MS 39158 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/1/19 7/15/19 Aggregate Year-to-date	$ 2403.77 $ 2403.77 $ 34,926.87
C. Full name Jared Allen Mailing Address 1055 Carlisle St Apt D City, State, Zip Code Jackson MS 39202 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 7/1/19 7/15/19 Aggregate Year-to-date	$ 1,333.34 $ 1,333.34 $ 17,473.42
D. Full name Moore Media Group Mailing Address 204 McRee Dr City, State, Zip Code Clinton MS 39056 Purpose of Disbursement (Optional) Media Consulting	Date (Mo., Day, Year) 7/1/19 __/__/__ Aggregate Year-to-date	$ 6140.13 $ $ 40,395.87
E. Full name Gina Metzger Mailing Address 910 Homebrew Crossing City, State, Zip Code Flowood MS 39232 Purpose of Disbursement (Optional) Bookkeeping	Date (Mo., Day, Year) 7/5/19 __/__/__ Aggregate Year-to-date	$ 475.00 $ $ 1,275.00
F. Full name Carlitos Fernandez Mailing Address 140 Pinehaven Dr City, State, Zip Code Jackson MS 39202 Purpose of Disbursement (Optional) Data Entry	Date (Mo., Day, Year) [redacted] 7/15/19 Aggregate Year-to-date	$ [redacted] $ 480.00 $ 6262.00

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name McLaughlin PC Mailing Address 111 N. State St Suite B City, State, Zip Code Jackson MS 39201 Purpose of Disbursement (Optional) Legal Consulting	7/1/19	$ 1,960.00
	__/__/__	$
	Aggregate Year-to-date	$ 32,212.00
B. Full name Eric Carroll Mailing Address 1378 Calhoun Rd NE City, State, Zip Code Rome GA 30161 Purpose of Disbursement (Optional) Data Entry	7/1/19	$ 1,290.80
	7/15/19	$ 1,820.46
	Aggregate Year-to-date	$ 4657.26
C. Full name Stripe Inc Mailing Address 185 Berry St Suite 550 City, State, Zip Code San Francisco CA 94107 Purpose of Disbursement (Optional) Credit Card Processing	7/31/19	$ 603.36
	__/__/__	$
	Aggregate Year-to-date	$ 2,843.60
D. Full name Amazon Mailing Address 410 Terry Ave N. City, State, Zip Code Seattle WA 98109 Purpose of Disbursement (Optional) Data Storage and Office Supplies	7/15/19	$ 218.00
	__/__/__	$
	Aggregate Year-to-date	$ 2,519.58
E. Full name FieldWorks Mailing Address PO Box 9897 City, State, Zip Code Washington DC 20016 Purpose of Disbursement (Optional) Field Operations	7/1/19	$ 112,552.27
	7/15/19	$ 60,851.93
	Aggregate Year-to-date	$ 398,510.82
F. Full name Dakota Henderson Mailing Address 1979 Melissa Oaks Dr City, State, Zip Code Gulf Breeze FL 32563 Purpose of Disbursement (Optional) Data Entry	7/15/19	$ 500.00
	7/30/19	$ 500.00
	Aggregate Year-to-date	$ 1,970.00

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

A. Full name: Caleb Brown Mailing Address: 18 Summer Pl. Cr. City, State, Zip Code: Hattiesburg MS 39402 Purpose of Disbursement (Optional): Consulting	Date (Mo., Day, Year): 7/15/19 7/31/19 Aggregate Year-to-date	Amount of each disbursement this period: ~~$225.00~~ $225.00 $317.84 $542.84
B. Full name: Jacquelyn Douglas Mailing Address: 127 Ridge Rd City, State, Zip Code: Brandon MS 39042 Purpose of Disbursement (Optional): Consulting	Date (Mo., Day, Year): 7/31/19 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $3812.13 $ $3812.13
C. Full name: Hector Tanco Mailing Address: 106 Mandedith Ln City, State, Zip Code: Clinton MS 39056 Purpose of Disbursement (Optional): Consulting	Date (Mo., Day, Year): 7/31/19 ~~7/31/19~~ Aggregate Year-to-date	Amount of each disbursement this period: $611.25 $ $611.25
D. Full name: Ava Blackledge Mailing Address: 5460 Hwy 11 N. City, State, Zip Code: Ellisville MS 39437 Purpose of Disbursement (Optional): Consulting	Date (Mo., Day, Year): 7/31/19 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $1,561.29 $ $1,561.29
E. Full name: George Parker Mailing Address: 1814 Mable St City, State, Zip Code: Hattiesburg MS 39401 Purpose of Disbursement (Optional): Consulting	Date (Mo., Day, Year): 7/31/19 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $3547.45 $ $3547.45
F. Full name: Rebecca Heflin Mailing Address: 416 Louisiana Ave City, State, Zip Code: McComb MS 39648 Purpose of Disbursement (Optional): Consulting	Date (Mo., Day, Year): 7/31/19 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $2,000.49 $ $2,000.49