## Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election



Name of C	ommittee	Mississippi Republican Party,		
Address _	415 Yazoo St	Ste 200	City/Zip Jackson	39205
Telephone	6019485	5191	Fax	
Treasurer	Paul V. Bre	azeale	Email Address <u>p</u>	breazeale@bsoltd,com
	Check here if ab	ove is different from previous report		
		TYPE OF R	EPORT	
_*_May	10, 2023 Peri	odic Report (January 1, 2023, through April	30, 2023)	Mandatory
June	e 9, 2023 Perio	dic Report (May 1, 2023, through May 31, 2	023)	Mandatory
July	10, 2023 Perio	odic Report (June 1, 2023, through June 30,	2023)	Mandatory
Aug	ust 1, 2023 Pri	imary Pre-Election Report (July 1, 2023, thr	ough July 29, 2023)	Mandatory
Aug	ust 22, 2023 P	rimary Pre-Runoff Report (July 30, 2023, th	rough August 19, 202	3)Runoff Candidates Only
Octo	ober 10, 2023 F	Periodic Report (July 1, 2023, through Septe	mber 30, 2023)	Mandatory
Octo	ober 31, 2023 I	Pre-Election Report (October 1, 2023, through	gh October 29, 2023)	Mandatory
Nove	ember 21, 202	3 Pre-Runoff Report (October 30, 2023, thro	ugh November 19, 20	23) Runoff Candidates Only
Janu	ıary 10, 2024 P	Periodic Report (October 1, 2023, through D	ecember 31, 2023)	Mandatory
make		rt (Committee will no longer accept contributi s, has no outstanding debt obligation and zer		Required to terminate reporting obligations

## (2) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in a receipt of the required reports by 5:00 p.m. on the first working day before the deadline.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(1) Political committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against

candidate regularly elected in 2019 are required to file periodic, pre-election and annual reports until the filing of a Termination report.

**IMPORTANT** 

## JAN. 1, 2023 CASH ON HAND BALANCE

\$10,287.41

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$82,400.00	\$2,169.00	\$84,569.00	\$84,569.00
TOTAL AMT OF DISBURSEMENTS	\$69,845.81	\$664.93	\$70,510.74	\$70,510.74
ENDING CASH ON HAND BALANCE				\$24,345.67

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

	_ 1		Ref No: CF202328945
	Taylor Lewis	5/10/2023	Date Filed: 5/11/2023
	Signature of Director or Treasurer	Date	Michael Watson
Authority:	Miss. Code Ann. §23-15-801 et. seq.		Secretary of State

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

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: 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.

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

Page 1 of 58	
	Page 1 of 58

Name of Candidate or Committee Mississippi Republican Party.		_			
Reporting Period 01/01/2023		_ through _	04/30/2023		Ref No: CF202328945
	ITEMIZ	ED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	■ Individual	☐ Loan		Date	Secretary of State
Other (please specify)				(Mo., Day, Year)	this period
Full Name Rickey Smylie				01/12/2023	\$250,00
Mailing Address 112 Autumn St					
City, State, Zip Code Hazlehurst, MS 39	083-3202				
Name of Employer (Required)  Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	□ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Thompson				01/12/2023	\$250.00
Mailing Address 415 N Magnolia St Ste	406				
City, State, Zip Code Laurel, MS 39440-	3984				
Name of Employer (Required) self-em	ployed				
Occupation (Required) Attorney				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify) AU	☐ Individual uthorized Committe	□ Loan ee		Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Jay Mcknight				01/23/2023	\$250.00
Mailing Address 22160 Hwy 53					
City, State, Zip Code Gulfport, MS 39503	3				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	▼ Individual	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Hopper				02/13/2023	\$250.00
Mailing Address 8960 County Line Rd					
City, State, Zip Code Hernando, MS 386	32-9575				
Name of Employer (Required)					

Occupation (Required)

Retired

\$250.00

Aggregate

Page	Page 2 of 58
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Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period01/01/2023	through04/30/2023		Ref No: CF202328945
	ITEMIZED RECEIPTS	S	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	☐ Individual ☐ Loan	Date	Secretary of State
** Other (please specify)St	ate Office Committee	(Mo., Day, Year)	this period
Full Name Friends of Jeremy Lee	· .	01/12/2023	\$250.00
Mailing Address PO Box 512			
City, State, Zip Code Philadelphia, MS 3	9350-0512		
Name of Employer (Required)			
Occupation (Required)	-	Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kassie Coleman		01/12/2023	\$250.00
Mailing Address P.O. Box 93	7		
City, State, Zip Code Meridian, MS 3930	2		
Name of Employer (Required) State o	r Mississippi		
Occupation (Required)  District Attorney		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify) St	☐ Individual ☐ Loan ate Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Kevin		01/12/2023	\$250.00
Mailing Address PO Box 4721			
City, State, Zip Code Biloxi, MS 39535-4	1721		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	▼ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Tubb		04/25/2023	\$250,00
Mailing Address 30 Pin Oak Ln			
City, State, Zip Code Purvis, MS 39475-	8706		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250,00

Page	Page 3 of 58	
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Name of Candidate or Committee	Mississippi Repub	olican Party			
Reporting Period 01/01/2023		through _	04/30/2023		Ref No: CF202328945
	ITEMIZE	ED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC	□ Individual	☐ Loan		Date	receini
Ď Other (please specify) C	andidate Committee	<del>)</del>	<u></u>	(Mo., Day, Year)	this period
Full Name Friends Of Dean Kirby				01/23/2023	\$250.00
Mailing Address PO Box 54099					
City, State, Zip Code Pearl, MS 39288-4	4099				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Adams				04/25/2023	\$250.00
Mailing Address 3343 E Lincoln Rd SE					
City, State, Zip Code Brookhaven, MS 3	9601-9707				
Name of Employer (Required)  Retired					
Occupation (Required) Retired	]			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Carson				04/25/2023	\$250.00
Mailing Address 1651 Kimbell Rd					
City, State, Zip Code Terry, MS 39170					
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trey Lamar				01/23/2023	\$250.00
Mailing Address 214 South Ward St					
City, State, Zip Code Senatobia, MS 386					
Name of Employer (Required) State of	f Mississippi				
Occupation (Required)  Representative				Aggregate Year-to-date	\$250.00

Name of Candidate or Committee	Mississippi Republican Party		
Reporting Period01/01/2023	through04	4/30/2023	Ref No: CF202328945
	ITEMIZED REC	EIPTS	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	Individual □ Loan	Date	Secretary of State
Other (please specify)		(Mo., Day, Year)	this period
Full Name Jacob Hisaw		04/25/2023	\$250.00
Mailing Address 7097 Foxhall Dr			
City, State, Zip Code Horn Lake, MS 386	637-1269		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250,00
Source: Corporation PAC  * Other (please specify)	□ Individual □□ Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H Ladner Transport LLC		01/23/2023	\$250.00
Mailing Address 14570 Vidalia Rd			
City, State, Zip Code Pass Christian, MS	39571-8331		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	★ Individual □ Loan		receipt
Other (please specify)	★ Individual □ Loan	(Mo., Day, Year)	receipt this period
Cother (please specify)  Full Name Rebecca Curie  Mailing Address		(Mo., Day, Year)	receipt this period
Full Name Rebecca Curie  Malling Address 407 Oliver Dr	9601-3633	(Mo., Day, Year)	receipt this period
Full Name Rebecca Curie  Malling Address 407 Oliver Dr  City, State, Zip Code Brookhaven, MS 3	9601-3633	(Mo., Day, Year)	receipt this period
Full Name Rebecca Curie  Mailing Address 407 Oliver Dr  City, State, Zip Code Brookhaven, MS 3  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC	9601-3633	(Mo., Day, Year)  01/12/2023  Aggregate	receipt this period \$250.00
Tull Name Rebecca Curie  Malling Address 407 Oliver Dr  City, State, Zip Code Brookhaven, MS 3  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC	9601-3633  □ Individual □ Loan andidate Committee	(Mo., Day, Year)  01/12/2023  Aggregate Year-to-date  Date	receipt this period  \$250.00  \$250.00  Amount of each receipt
Tull Name Rebecca Curie  Mailing Address 407 Oliver Dr  City, State, Zip Code Brookhaven, MS 3  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC  Tother (please specify) City	9601-3633  □ Individual □ Loan andidate Committee	Aggregate Year-to-date  (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Tull Name Rebecca Curie  Malling Address 407 Oliver Dr  City, State, Zip Code Brookhaven, MS 3  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC  * Other (please specify) City  Full Name Weddle for District Attorney	9601-3633  □ Individual □ Loan andidate Committee	Aggregate Year-to-date  (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Tull Name Rebecca Curie  Malling Address 407 Oliver Dr  City, State, Zip Code Brookhaven, MS 3  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC  Tother (please specify) Code  Full Name Weddle for District Attorney  Mailing Address 133 Courtland Dr	9601-3633  □ Individual □ Loan andidate Committee	Aggregate Year-to-date  (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Page Page 5 of 58

Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Source: Date receipt (Mo., Day, Year) Candidate Committee Other (please specify) this period Full Name Timmy Ladner Campaign 01/12/2023 \$250.00 Mailing Address 6 Michael D Smith Rd City, State, Zip Code Poplarville, MS 39470-4111 Name of Employer (Required) Occupation (Required) **Aggregate** \$250.00 Year-to-date ☐ PAC Amount of each ☐ Corporation ☐ Individual ☐ Loan Source: Date receipt (Mo., Day, Year) T Other (please specify) **Authorized Committee** this period **Full Name** Elect Shane Aguirre 01/12/2023 \$250.00 **Mailing Address** 709 Highland Cir City, State, Zip Code Tupelo, MS 38804-2005 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date Amount of each Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Date receipt (Mo., Day, Year) Candidate Committee T Other (please specify) this period **Full Name** Committee to Re-Elect C. Scott Bounds 01/12/2023 \$250.00 **Mailing Address** PO Box 512 City, State, Zip Code Philadelphia, MS 39350-0512 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date ☐ PAC ☐ Loan ☐ Corporation ☐ Individual Amount of each Source: Date receipt (Mo., Day, Year) State Office Committee Other (please specify) this period **Full Name** Friends Of Robin Robinson 01/23/2023 \$250.00 **Mailing Address** 1179 Township Rd City, State, Zip Code Laurel, MS 39443-7047 Name of Employer (Required) Occupation (Required) Aggregate \$250.00

Page	Page 6 of 58	

Name of Candidate or Committee	Mississippi Republican Party.

Reporting Period 01/01/2023 through 04/30/2023		Ref No: CF202328945
ITEMIZED RECEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC Individual Loan  ** Other (please specify) State Office Committee	Date (Mo., Day, Year)	Secretary of State
Full Name Elect Doug Mcleod Campaign	04/25/2023	\$250.00
Mailing Address 1211 Bexley Church Rd		
City, State, Zip Code Lucedale, MS 39452-4643		
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 Chris Hodge	02/13/2023	\$250.00
Mailing Address 3 Morris Bankston Rd		
City, State, Zip Code Laurel, MS 39443-6956		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250,00
Source: Corporation PAC Individual Loan  ** Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Kevin Blackwell	02/22/2023	\$240.00
Mailing Address 4105 Jessica Dr		
City, State, Zip Code Southaven, MS 38672-6676		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00
Source: Corporation PAC Individual Loan  * Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Kevin Blackwell	01/12/2023	\$250.00
Mailing Address 4105 Jessica Dr		
City, State, Zip Code Southaven, MS 38672-6676		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00

Page	Page	7 of 58
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Name of Candidate or Committee	Mississippi Republican Party.		J 1,	
Reporting Period 01/01/2023	through	04/30/2023		Ref No: CF202328945
	ITEMIZED REC	CEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	🗆 Individual 🗆 Loan		Date	Secretary of State
Other (please specify)	andidate Committee		(Mo., Day, Year)	this period
Full Name Friends Of Jenifer Branning	9		01/23/2023	\$250.00
Mailing Address 235 W Beacon St				
City, State, Zip Code Philadelphia, MS	39350-3058			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donnie Bell			01/12/2023	\$250.00
Mailing Address 836 Tucker Rd				
City, State, Zip Code Fulton, MS 38843-	7372			
Name of Employer (Required)  Legisla	tor			
Occupation (Required)  MS House of R	epresentatives		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify)	☐ Individual ☐ Loan artnership		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BBF Partnership			02/13/2023	\$250.00
Mailing Address 187 County Road 418				
City, State, Zip Code Calhoun City, MS				-
Name of Employer (Required)				<u> </u>
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	■ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Hoots			02/13/2023	\$250.00
Mailing Address 2243 Carrolton Cv				
City, State, Zip Code Southaven, MS 38	671-4414			
Name of Employer (Required) Retired				
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00

Page	Page 8 of 58	
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Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period 01/01/2023	through04/30	0/2023	Ref No: CF202328945
	ITEMIZED RECE	PTS	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC	🗆 Individual 🗆 Loan	Date	Secretary or State
Other (please specify)		(Mo., Day, Year)	this period
Full Name Owen Law Firm PLLC		01/12/2023	\$250.00
Mailing Address PO Box 249			
City, State, Zip Code Poplarville, MS 39-	470-0249		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  * Other (please specify) Si	☐ Individual ☐ Loan ate Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Brent Anderson	19	01/12/2023	\$250.00
Mailing Address PO Box 4601			
City, State, Zip Code Bay Saint Louis, M	IS 39521-4601		
Name of Employer (Required)			
Occupation (Required)	¥	Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	● Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Perry	8	04/25/2023	\$1,000.00
Mailing Address 530 George St			
City, State, Zip Code Jackson, MS 3920	2-3013		
Name of Employer (Required) Self			
Occupation (Required)  Manufacturer	A	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC  ** Other (please specify) C	□ Individual □ Loan andidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Andy Gipson		01/12/2023	\$500.00
Mailing Address PO Box 772			
City, State, Zip Code Jackson, MS 3920	5-0772		
Name of Employer (Required)			

Occupation (Required)

\$500.00

Aggregate

Page	Page 9 of 58	

Name of Candidate or Committee	Mississippi Repub	olican Party.			
Reporting Period 01/01/2023		_ through	04/30/2023		Ref No: CF202328945
			CEIPTS		Date Filed: 5/11/2023 Michael Watson Secretary of State
Source:	☐ Individual	☐ Loan		Date	•
↑ Other (please specify) C	Candidate Committee	3		(Mo., Day, Year)	this period
Full Name Committee to Elect Brice V	Viggins			01/23/2023	\$250.00
Mailing Address PO Box 1877			П		
City, State, Zip Code Pascagoula, MS 3	39568				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Nix				04/25/2023	\$250.00
Mailing Address 89 Curtis Dr					
City, State, Zip Code Winona, MS 3896	7-9345				
Name of Employer (Required)  Retired	ı				
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Fondren				01/23/2023	\$250.00
Mailing Address 703 Buena Vista St					
City, State, Zip Code Pascagoula, MS 3	9567-1268				
Name of Employer (Required) Retired	1				
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
	☐ Individual andidate Committee	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Dane Maxwell				01/12/2023	\$500.00
Mailing Address PO Box 698					
City, State, Zip Code Pascagoula, MS 39	9568-0698			2	
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$500.00

Name of Candidate or Committee  Reporting Period 01/01/2023 through 04/30/2023  ITEMIZED RECEIPTS		10 of 58 
Source: Corporation PAC * Individual Loan	Date	Secretary of State
Other (please specify)	(Mo., Day, Year)	this period
Full Name Robert Mitchell	04/25/2023	\$250,00
Mailing Address 600 Mitchell Farm Rd		
City, State, Zip Code Amory, MS 38821		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  * Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Briggs Hopson Campaign Committee	03/15/2023	\$1,000.00
Mailing Address		

Aggregate

Year-to-date

Date

(Mo., Day, Year)

01/12/2023

Aggregate

Year-to-date

Date

(Mo., Day, Year)

01/23/2023

Aggregate

Year-to-date

City, State, Zip Code

Occupation (Required)

Source:

Full Name

Source:

Full Name

**Mailing Address** 

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

☐ Corporation

☐ Other (please specify)

Jonathan McMillan

483 Cherry Hill Dr

Retired

Name of Employer (Required)

☐ Corporation

**™** Other (please specify)

1506 Moss Hill Dr

Kathy Chism

Vicksburg, MS 39183

☐ PAC

New Albany, MS 38652-2703

☐ PAC

Madison, MS 39110-7535

Retired

☐ Individual

State Office Committee

■ Individual

☐ Loan

☐ Loan

\$250.00

\$1,000.00

\$250.00

\$250.00

\$250.00

Amount of each

receipt

this period

Amount of each

receipt

this period

Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ Corporation ☐ PAC ☐ Individual Source: Date (Mo., Day, Year) State Office Committee **★** Other (please specify) this period Full Name Friends Of Mike Thompson 01/23/2023 \$250.00 Mailing Address PO Box 836 City, State, Zip Code Gulfport, MS 39502-0836 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date ☐ PAC Amount of each ☐ Individual ☐ Loan Date receipt (Mo., Day, Year) T Other (please specify) Candidate Committee this period **Full Name** Harkins for MS 01/23/2023 \$250.00 **Mailing Address** PO Box 320374 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date **▼ PAC** ☐ Individual Amount of each Source: Corporation ☐ Loan Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Lydia Graves Chassaniol PAC 01/12/2023 \$250.00 **Mailing Address** PO Box 211 City, State, Zip Code Winona, MS 38967-0211 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date ☐ Corporation ☐ PAC ☐ Loan Amount of each Individual Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Sergio Warren 01/23/2023 \$250.00 **Mailing Address** 89 County Road 552 City, State, Zip Code Rienzi, MS 38865-9557 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date

Page	Page 12 of 58	

Name of Candidate or Committee Mississippi Republican Party.		
Reporting Period		Ref No: CF202328945
ITEMIZED RECEIPT	S	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC Individual Loan	Date	Secretary of State
Candidate Committee	(Mo., Day, Year)	this period
Full Name Friends Of Joel Carter	01/23/2023	\$250.00
Mailing Address PO Box 1842		
City, State, Zip Code Gulfport, MS 39502-1842		
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 Shadrack White	01/12/2023	\$500.00
Mailing Address 504 Shalom Way		
City, State, Zip Code Flowood, MS 39232-8107		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Chastity Magyar	01/12/2023	\$250.00
Malling Address 253 Ingram Loop		
City, State, Zip Code Benton, MS 39039-9181		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  * Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Celeste Hurst	01/12/2023	\$250.00
Mailing Address PO Box 475		
City, State, Zip Code Sandhill, MS 39161-0475		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$250.00

\$250.00

Page	Page 13 of 58	
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Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ PAC Individual ☐ Corporation ☐ Loan Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period Full Name Christopher Brown 02/13/2023 \$500.00 **Mailing Address** 33112 Highway 45 N City, State, Zip Code Nettleton, MS 38858-8320 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$500.00 Year-to-date Amount of each **■** Individual ☐ Corporation ☐ PAC ☐ Loan Source: Date receipt (Mo., Day, Year) Other (please specify) this period Full Name Zachary Grady 04/25/2023 \$250.00 **Mailing Address** 11122 Wieck Rd City, State, Zip Code Diberville, MS 39540-2371 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date ☐ Corporation ☐ PAC ▼ Individual ☐ Loan Amount of each Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Scott Strickland 04/25/2023 \$250.00 **Mailing Address** 32 Lawson Oneal Rd City, State, Zip Code Perkinston, MS 39573-5144 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date Amount of each ☐ Loan ☐ Corporation ☐ PAC **▼** Individual Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Ben Shirley 02/13/2023 \$250.00 **Mailing Address** 961 Carl Harper Rd City, State, Zip Code Meridian, MS 39301-8946 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date

Mississippi Republican Party.

Page	Page 14 of 58
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Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ PAC ■ Individual ☐ Loan ☐ Corporation Source: Date (Mo., Day, Year) this period Other (please specify) **Full Name** 04/25/2023 \$250,00 Rodney Hall **Mailing Address** PO Box 1301 City, State, Zip Code Southaven, MS 38671-0013 Name of Employer (Required) Retired Occupation (Required) Aggregate \$250.00 Retired Year-to-date Amount of each ☐ PAC Individual ☐ Loan Source: ☐ Corporation Date receipt (Mo., Day, Year) **Authorized Committee** this period \* Other (please specify) Full Name 01/12/2023 \$250.00 Friends Of Dennis DeBar Mailing Address PO Box 1090 City, State, Zip Code Leakesville, MS 39451-1090 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date Amount of each ☐ Loan ☐ Corporation ☐ PAC Source: Date receipt (Mo., Day, Year) this period Other (please specify) **Full Name** \$250.00 02/13/2023 Anthony Brewer **Mailing Address** PO Box 322 City, State, Zip Code Richton, MS 39476-0322 Name of Employer (Required) Retired Occupation (Required) Aggregate \$250.00 Retired Year-to-date Amount of each ☐ PAC Individual ☐ Loan ☐ Corporation Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period Full Name 01/12/2023 \$250.00 Tonya Wilder **Mailing Address** 1522 N Jordan St City, State, Zip Code Carthage, MS 39051-9102 Name of Employer (Required) Liberty National Life Insurance Occupation (Required) Aggregate \$250.00 Insurance Agent Year-to-date

Page	Page 15 of 58	

Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period 01/01/2023	through	04/30/2023	Ref No: CF202328945
	ITEMIZED REC	EIPTS	Date Filed: 5/11/2023 Michael Watson
Source: Corporation D PAC	🗆 Individual 🗆 Loan	Date	Secretary of State
* Other (please specify)Ca	andidate Committee	(Mo., Day, Ye	ar) this period
Full Name Campaign to Elect Charles	Busby	01/12/2023	\$500.00
Mailing Address 901 Beach Blvd			
City, State, Zip Code Pascagoula, MS 3	9567-7205		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-dat	\$500.00
Other (please specify)	☐ Individual ☐ Loan ate Office Committee	Date (Mo., Day, Ye	Amount of each receipt ar) this period
Full Name Friends Of Mike		01/12/2023	\$500.00
Mailing Address 115 Henry Rd			
City, State, Zip Code Vicksburg, MS 391	83-9567		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-dat	\$500.00
Source: Corporation PAC  Other (please specify)	<b>≭</b> Individual □ Loan	Date (Mo., Day, Ye	Amount of each receipt ar) this period
Full Name Ken Morgan		01/12/2023	\$250.00
Mailing Address 1640 Highway 587			
City, State, Zip Code Foxworth, MS 3948	33		
Name of Employer (Required) Self			
Occupation (Required) Welding		Aggregate Year-to-dat	
Source: Corporation PAC  Other (please specify)	<sup>★</sup> Individual □ Loan	Date (Mo., Day, Ye	Amount of each receipt this period
Full Name Rickey Chance		03/15/2023	\$250.00
Mailing Address 2010 Bayou Laporte Dr	-		
City, State, Zip Code Biloxi, MS 39531-2	400		
Name of Employer (Required) Retired		:-	
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00

Page	Page 16 of 58	

Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period 01/01/2023	through04/30/2023		Ref No: CF202328945
	ITEMIZED RECEIPTS	<b>S</b>	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	★ Individual ☐ Loan	Date	Secretary of State
Other (please specify)		(Mo., Day, Year)	this period
Full Name Justin James	T. T	04/25/2023	\$250.00
Mailing Address 11130 Road 701			
City, State, Zip Code Union, MS 39365-	5253		
Name of Employer (Required) Retired	1		
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify) S	☐ Individual ☐ Loan tate Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Horan Campaign	W	01/12/2023	\$250.00
Mailing Address PO Box 2166			
City, State, Zip Code Grenada, MS 389	02-2166		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify)	☐ Individual ☐ Loan olitical Party Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Federation of F	Rep. Women	04/19/2023	\$240.00
Mailing Address PO Box 2285			
City, State, Zip Code Oxford, MS 38655	5-7285		
Name of Employer (Required)			
Occupation (Required)	*(1)	Aggregate Year-to-date	\$240.00
Source: Corporation PAC  Other (please specify)	Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Randy Denton		04/25/2023	\$250.00
Mailing Address 11820 Norfolk Rd			
City, State, Zip Code Lake Cormorant,	MS 38641-9719		
Name of Employer (Required)  Art Inc.	vators		
	vators		

Page Page 17 of 58 Name of Candidate or Committee Mississippi Republican Party. 01/01/2023 04/30/2023 **Reporting Period** through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State Source: ☐ Corporation ☐ PAC ■ Individual Date (Mo., Day, Year) Other (please specify) this period **Full Name** Alan Sibley 01/23/2023 \$250.00 **Mailing Address** PO Box 1038 City, State, Zip Code Ackerman, MS 39735-1038 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date ☐ Corporation Source: ☐ PAC ☐ Loan ☐ Individual Amount of each Date receipt (Mo., Day, Year) ■ Other (please specify) **Authorized Committee** this period Full Name Richard Bennett Campaign 01/12/2023 \$250.00 **Mailing Address** 20108 Daugherty Rd City, State, Zip Code Long Beach, MS 39560-2114 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date ☐ PAC Source: ☐ Corporation ■ Individual ☐ Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Tiffany Juarez-Langino 02/13/2023 \$500.00 **Mailing Address** 89 Long Meadow Rd City, State, Zip Code Brandon, MS 39042-2182 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$500.00 Year-to-date ☐ Corporation ☐ PAC ■ Individual ☐ Loan Source: Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Robert Gray 01/23/2023 \$250.00

**Mailing Address** 

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

150 Public Sq Apt 3

Retired

Batesville, MS 38606-2124

Retired

\$250.00

Aggregate

Page	Page 18 of 58	

Name of Candidate or Committee	Mississippi Republican Party.			
Reporting Period 01/01/2023	through _	04/30/2023		Ref No: CF202328945
	ITEMIZED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC  Other (please specify)	▲ Individual 🗀 Loan		Date (Mo., Day, Year)	this period
Full Name Progeorian Walker			01/23/2023	\$250,00
Mailing Address 109 W Jackson St				
City, State, Zip Code Ridgeland, MS 39	157-2404			
Name of Employer (Required) Retired				
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	ĭ Individual □ Łoan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jared Morrison	1		01/12/2023	\$250.00
Mailing Address PO Box 401				
City, State, Zip Code Florence, MS 3907	73-0401	9		
Name of Employer (Required) Morrisc	on Welding, LLC			
Occupation (Required) Owner			Aggregate Year-to-date	\$250,00
Source: Corporation PAC  Other (please specify)	* Individual 🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Crawford			01/23/2023	\$250.00
Mailing Address 23155 Stablewood Cir				
City, State, Zip Code Pass Christian, MS	S 39571-6802			
Name of Employer (Required) Self				
Occupation (Required) Homemaker	161		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	🗈 Individual 🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jon Witcher			01/23/2023	\$1,000.00
Mailing Address 111 Oakridge Trail				
City, State, Zip Code Flowood, MS 3923	32-8688			
Name of Employer (Required) Self-Er	nployed			

Occupation (Required)

Doctor

\$1,000.00

Aggregate

Page	Page 19 of 58	
Page	Page 19 of 58	

Name of Candidate or Committee	Mississippi Repu	ıblican Party.			
Reporting Period01/01/2023		_ through _	04/30/2023		Ref No: CF202328945
	ITEMIZ	ED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	* Individual	☐ Loan		Date	Secretary of State
Other (please specify)				(Mo., Day, Year)	this period
Full Name Jonathan Berry				04/25/2023	\$250.00
Mailing Address 322 Red Cedar Dr					
City, State, Zip Code Brandon, MS 3904	7-4514				
Name of Employer (Required)  Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	□ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Wallace				02/13/2023	\$250.00
Mailing Address 26159 Elm Rd					
City, State, Zip Code Pass Christian, MS	39571-9371				
Name of Employer (Required)  Retired					
Occupation (Required) Retired	_			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	□ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cory Williamson				01/12/2023	\$250.00
Mailing Address 7 County Road 140					
City, State, Zip Code Oxford, MS 38655-	·6119				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  **Other (please specify) St	☐ Individual ate Office Committ	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Nowell Dist 33 Cam	paign			01/12/2023	\$250.00
Mailing Address 15343 Swan Ct					
City, State, Zip Code Gulfport, MS 39503	3-8765				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00

Page	Page 20 of 58	

Reporting Period 01/01/2023 through 04/30/202	23	Ref No: CF202328945
Reporting Period through		Date Filed: 5/11/2023
ITEMIZED RECEIP	TS	Michael Watson
Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Secretary of State
Other (please specify) Authorized Committee	(Mo., Day, Year)	this period
Full Name Friends Of Jason White	01/12/2023	\$250.00
Mailing Address PO Box 691		
City, State, Zip Code Kosciusko, MS 39090-0691		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250,00
Source: Corporation PAC Individual Loan  * Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Rob Roberson	01/12/2023	\$250.00
Mailing Address 1108 Hwy 182 West		
City, State, Zip Code Starkville, MS 39759		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
* Other (please specify) State Office Committee	— (Mo., Day, Year)	this period
Full Name Friends Of Noah San	01/12/2023	\$500.00
Mailing Address 216 Main St		
City, State, Zip Code Collins, MS 39428-6188		
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 William Cruse	02/13/2023	\$250.00
Mailing Address 1016 Sixth Ave Ste A		
City State 7in Code		-
Name of Employer (Required)		
Retired	Aggregate	
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Page 21 of	58
	Page 21 of

Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 **Reporting Period** through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ Corporation ☐ PAC ☐ Individual Source: Date receipt (Mo., Day, Year) **Authorized Committee** T Other (please specify) this period Full Name Shane Barnett Campaign 01/23/2023 \$250.00 **Mailing Address** PO Box 621 City, State, Zip Code Waynesboro, MS 39367-0621 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date ☐ PAC Amount of each **▼** Individual ☐ Loan Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Stacey Wilkes 04/25/2023 \$250.00 **Mailing Address** PO Box 1165 City, State, Zip Code Picayune, MS 39466-1165 Name of Employer (Required) State of Mississippi Occupation (Required) Aggregate Representative \$250.00 Year-to-date Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Amount of each Date receipt (Mo., Day, Year) State Office Committee T Other (please specify) this period **Full Name** Brian Rhodes 01/12/2023 \$250.00 **Mailing Address** 1021 Antioch Shiloh Rd City, State, Zip Code Pelahatchie, MS 39145-3544 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date Amount of each ☐ Corporation ☐ PAC Individual ☐ Loan Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Ricky Pennington Jr. 02/13/2023 \$500.00 **Mailing Address** 120 Edgewater Dr City, State, Zip Code Vicksburg, MS 39183-9546 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$500.00 Year-to-date

Page	Page 22 of 58	

Mississippi Republican Party. Name of Candidate or Committee 04/30/2023 01/01/2023 Reporting Period through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ PAC **▼** Individual ☐ Loan ☐ Corporation Source: Date (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** \$250.00 01/12/2023 Casey Eure **Mailing Address** 11839 Sleeping Deer Ln City, State, Zip Code Saucier, MS 39574-6903 Name of Employer (Required) Retired Occupation (Required) Aggregate \$250.00 Retired Year-to-date Amount of each ☐ Loan ☐ PAC ☐ Individual ☐ Corporation Source: Date receipt (Mo., Day, Year) Candidate Committee \* Other (please specify) this period **Full Name** 01/12/2023 \$500.00 John Caldwell Campaign Mailing Address PO Box 167 City, State, Zip Code Nesbit, MS 38651-0167 Name of Employer (Required) Occupation (Required) Aggregate \$500.00 Year-to-date Amount of each ☐ PAC ☐ Loan ☐ Corporation ☐ Individual Source: Date receipt (Mo., Day, Year) Candidate Committee this period Other (please specify) **Full Name** \$250.00 01/12/2023 Randy Rushing Campaign **Mailing Address** P.O. Box 424 City, State, Zip Code Decatur, MS 39327-0424 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date Amount of each ☐ PAC ☐ Loan ☐ Corporation Source: Date receipt (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** 04/25/2023 \$500.00 Michael Quick **Mailing Address** 2411 Highway 301 N City, State, Zip Code Lake Cormorant, MS 38641-9582 Name of Employer (Required) Retired Aggregate Occupation (Required) \$500.00 Retired Year-to-date

Page	Page 23 of 58	
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Name of Candidate or Committee	Mississippi Republican Party	<b>y</b>		
Reporting Period 01/01/2023	through	04/30/2023		Ref No: CF202328945
	ITEMIZED R	ECEIPTS	}	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	■ Individual □ Loan		Date	Secretary of State
Other (please specify)			(Mo., Day, Year)	this period
Full Name Lin Carter			01/23/2023	\$250.00
Mailing Address 404 Hemphill St				
City, State, Zip Code Hattiesburg, MS 3	9401-3809			
Name of Employer (Required) Self				
Occupation (Required) Attorney			Aggregate Year-to-date	\$250.00
	☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Chris Johnson			01/12/2023	\$250.00
Mailing Address PO Box 18247				
City, State, Zip Code Hattiesburg, MS 39	9404-8247			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Delano			04/25/2023	\$250.00
Mailing Address 964 Emily Dr				
City, State, Zip Code Biloxi, MS 39532-2	2033			
Name of Employer (Required) Retired				
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  **Other (please specify) Care	□ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Barton for District	Attorney		02/13/2023	\$250.00
Mailing Address 2525 Caffey St				
City, State, Zip Code Hernando, MS 388	32			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00

Page	Page 24 of 58	

Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period01/01/2023	through	04/30/2023	Ref No: CF202328945
	ITEMIZED REG	CEIPTS	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	☐ Individual ☐ Loan	Date	
Other (please specify)	uthorized Committee	(Mo., Day	y, Year) this period
Full Name Randy Boyd Campaign		01/12/2	2023 \$250.00
Mailing Address PO Box 157			
City, State, Zip Code Mantachie, MS 38	855-0157		
Name of Employer (Required)			
Occupation (Required)	1 *	Aggree Year-to-	- 1 3/20/00 I
Source: Corporation PAC  Other (please specify)	★ Individual □ Loan	Date (Mo., Day	i receipt
Full Name Thomas Parker		02/13/2	2023 \$250.00
Mailing Address 30 Patrick Rd			
City, State, Zip Code Laurel, MS 39443-	7030		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggre Year-to	う カノラリ リリー
Source: Corporation PAC  Other (please specify)	⊡ Individual □ Loan	Dat (Mo., Day	l receipt
Full Name Daniel Sparks		01/12/2	2023 \$250,00
Mailing Address PO Box 218			
City, State, Zip Code Belmont, MS 3882			
Name of Employer (Required) Self En	nployed		
Occupation (Required) Attorney		Aggree Year-to	- B.Zhiili B
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan	Dat (Mo., Day	i receibt
Full Name Steven Massengill		01/12/2	2023 \$250.00
Mailing Address 424 Massengill Rd			
City, State, Zip Code Hickory Flat, MS 3	8633-7710		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggre Year-to	3/201100

Page	Page 25 of 58
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Name of Constitute and Constitute	Mississippi Repu	ıhlican Darty		Page Page	25 of 58
Name of Candidate or Committee  Reporting Period 01/01/2023			04/30/2023		<del></del> -
Reporting Period 01/01/2023		_ through _	04/30/2023		Ref No: CF202328945
	ITFMI7	FD RE	CEIPTS		Date Filed: 5/11/2023
			OLII 10		Michael Watson
Source: Corporation PAC	★ Individual	☐ Loan		Date	Secretary of State
Other (please specify)				(Mo., Day, Year)	this period
Full Name Bill Pigott				01/12/2023	\$250.00
Mailing Address 92 Pigott Easterling Ro	lk				
City, State, Zip Code Tylertown, MS 396	67-7221				
Name of Employer (Required) State o	f MS				
Occupation (Required) House Dist. 99				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	□ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blake Nobles				04/25/2023	\$250.00
Mailing Address 500 Ogilsvie St					
City, State, Zip Code Petal, MS 39465-3	345				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	<b>★</b> Individual	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Aasand				04/25/2023	\$250.00
Mailing Address 829 White Oak Ln					
City, State, Zip Code Starkville, MS 3975	<del></del>				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	□ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Kinkade				01/12/2023	\$250.00
Mailing Address 71 Peach Tree Rd					
City, State, Zip Code Byhalia, MS 38611-	-8072				

Name of Employer (Required)

Occupation (Required)

Retired

Retired

\$250.00

Aggregate

Page	Page 26 of 58	
-		

Name of Candidate or CommitteeM	ississippi Republican Party.			
Reporting Period 01/01/2023	through _	04/30/2023		Ref No: CF202328945
[	TEMIZED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	* Individual 🗆 Loan		Date	Secretary of State
Other (please specify)			(Mo., Day, Year)	this period
Full Name James Burch			01/12/2023	\$250.00
Mailing Address 65588 Highway 63		9		
City, State, Zip Code Lucedale, MS 39452-5	5079			
Name of Employer (Required) Retired				10 P
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00
oduree. — corporation — TAC	Individual D Loan Office Committee		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mandy For Mississippi			01/23/2023	\$500.00
Mailing Address 1300 Pleasant Dr				
City, State, Zip Code Oxford, MS 38655-296	64			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$500.00
Source: Corporation PAC  * Other (please specify) Cand	□ Individual □ Loan iidate Committee		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rishton for Senate District 40			01/12/2023	\$250.00
Mailing Address 1817 Highway 11 S				
City, State, Zip Code Picayune, MS 39466-6	 8032			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual 🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Evans			01/23/2023	\$250.00
Mailing Address 1021 Mount Pisgah Rd				
City, State, Zip Code Enid, MS 38927-2668				
Name of Employer (Required)  Retired				
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00

Page	Page 27 of 58	
Page		

Name of Candidate or Committee	Mississippi Republican Party.			
Reporting Period01/01/2023	through0	04/30/2023		Ref No: CF202328945
	TEMPED DEA	CIDTO		Date Filed: 5/11/2023
	ITEMIZED REC	EIP 15		Michael Watson
Source: Corporation PAC	☐ Individual ☐ Loan		Data	Secretary of State
	andidate Committee		Date (Mo., Day, Year)	receipt this period
Full Name Committee to Elect Missy N	vlcGee		01/12/2023	\$250.00
Mailing Address 118 Natalie Ln				
City, State, Zip Code Hattiesburg, MS 3	9402			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donnie Scoggin			01/12/2023	\$250.00
Mailing Address 1203 Pine Street				
City, State, Zip Code Ellisville, MS 3943	7-3204			
	Central Regional Medical Center			
Occupation (Required) Physician			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeff Tate			01/12/2023	\$250.00
Mailing Address 169 Springhill Rd				
City, State, Zip Code Meridian, MS 3930	)1-9127			
Name of Employer (Required)  Laudero	dale County			
Occupation (Required)  Commissioner			Aggregate Year-to-date	\$250.00
Source: Corporation PAC	★ Individual □ Loan		Date	Amount of each
Other (please specify)			(Mo., Day, Year)	receipt this period
Full Name Chuck Easley			04/25/2023	\$250.00
Mailing Address P.O. Box 1472				
City, State, Zip Code Columbus, MS 397	'03-1472			
Name of Employer (Required) self-emp	ployed			
Occupation (Required) Attorney			Aggregate Year-to-date	\$250.00

Page	Page 28 of 58	
3		

	Mississippi Republican Party.		Page Page	28 of 58
Name of Candidate or Committee  8 01/01/2023		04/30/2023		D-f N CE202222045
Reporting Period	ITEMIZED RE		)	Ref No: CF202328945 Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC  ** Other (please specify) St	☐ Individual ☐ Loan ate Office Committee		Date (Mo., Day, Year)	Secretary of State
Full Name Friends to Elect Tracy Arno	ld 4		01/12/2023	\$250.00
Mailing Address 301 Wyninegar Rd				
City, State, Zip Code Booneville, MS 38	829			
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: ☐ Corporation ★ PAC ☐ Other (please specify)	□ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee County Republican Clu	ıb PAC		03/15/2023	\$250.00
Mailing Address P.O. Box 4061				
City, State, Zip Code Tupelo, MS 38803				
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tanner Newman			04/25/2023	\$500.00
Mailing Address 205A Road 1650				
City, State, Zip Code Tupelo, MS 38804	-8553			
Name of Employer (Required) Retired				
Occupation (Required) Retired	v		Aggregate Year-to-date	\$500.00
Source: Corporation PAC  Other (please specify)	ĭ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beth Luther Waldo	,		01/12/2023	\$250.00
Mailing Address 4004 Highway 9 S				
City, State, Zip Code Pontotoc, MS 388	63-9321			

Name of Employer (Required)

Occupation (Required)

Horizon Sales

Sales Representative

\$250.00

Aggregate

Page Page 29 of 58

Name of Candidate or Committee	Mississippi Rep	ublican Party			
Reporting Period01/01/2023		through _	04/30/2023		Ref No: CF202328945
7	ITEMIZ	ED RE	CEIPTS	1	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	■ Individual	☐ Loan		Date	Secretary of State
Other (please specify)				(Mo., Day, Year)	this period
Full Name James Hartness				04/25/2023	\$250.00
Mailing Address 214 Breezy Hill Dr					
City, State, Zip Code Madison, MS 391	10-9235				
Name of Employer (Required) Ergon,	, Inc.				
Occupation (Required) Engineer				Aggregate Year-to-date	\$250,00
— Ctrief (please specify)	□ Individual ∟C	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Big Bang Trading Compan	y LLC			04/25/2023	\$250.00
Mailing Address 530 S Tate St					
City, State, Zip Code Corinth, MS 3883	——————————————————————————————————————				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy Smith				01/12/2023	\$250.00
Mailing Address 320 Smith Ridge Lane	<b>,</b>				
City, State, Zip Code Enterprise, MS 39	330-8103				
Name of Employer (Required) Long's	Fish Camp				
Occupation (Required) Operator				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	□ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Read				04/25/2023	\$250.00
Mailing Address 2396 Robert Hiram Dr					
City, State, Zip Code Gautier, MS 39553	<del></del>				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00

Page	Page 30 of 58	

Mississippi Republican Party. Name of Candidate or Committee 04/30/2023 01/01/2023 through **Reporting Period** Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ PAC ☐ Individual ☐ Corporation Source: Date (Mo., Day, Year) State Office Committee this period Full Name \$250.00 01/23/2023 Friends Of Kimberly Remak **Mailing Address** 5240 Wedgewood Dr City, State, Zip Code Olive Branch, MS 38654-6617 Name of Employer (Required) Aggregate Occupation (Required) \$250.00 Year-to-date Amount of each ☐ PAC Individual ☐ Loan ☐ Corporation Source: Date receipt (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** \$250.00 02/13/2023 Jamey Goodkind Mailing Address 7432 Overlook Dr City, State, Zip Code Southaven, MS 38671-5841 Name of Employer (Required) Retired Aggregate Occupation (Required) \$250.00 Retired Year-to-date Amount of each ☐ Loan ☐ Individual ☐ Corporation ☐ PAC Source: Date receipt (Mo., Day, Year) **Authorized Committee** this period **⚠** Other (please specify) Full Name 03/01/2023 \$240.00 Friends of Bubba Bramlett **Mailing Address** PO Box 4 City, State, Zip Code Brandon, MS 39043-0004 Name of Employer (Required) Aggregate Occupation (Required) \$490.00 Year-to-date Amount of each ☐ PAC ☐ Individual ☐ Corporation Loan Source: Date receipt (Mo., Day, Year) **Authorized Committee** this period T Other (please specify) **Full Name** \$250.00 Friends of Bubba Bramlett 01/12/2023 **Mailing Address** PO Box 4 City, State, Zip Code Brandon, MS 39043-0004 Name of Employer (Required) Aggregate Occupation (Required) \$490.00

Page	Page 31 of 58

Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period Ref No: CF202328945 through Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ★ Individual ☐ Corporation ☐ PAC Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Robert Boteler 01/25/2023 \$500.00 **Mailing Address** 5025 Wayneland Dr City, State, Zip Code Jackson, MS 39211-4447 Name of Employer (Required) Soigne Corp Occupation (Required) Aggregate Owner \$500.00 Year-to-date ☐ Corporation ☐ PAC **★** Individual Source: ☐ Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full Name Robert Morris 01/12/2023 \$250.00 **Mailing Address** 227 Morningside Ln City, State, Zip Code Batesville, MS 38606-9306 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date ☐ Corporation ☐ PAC **■** Individual Amount of each ☐ Loan Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** John Williams 01/23/2023 \$250.00 Mailing Address 1474 Hernando Pointe Cv N City, State, Zip Code Hernando, MS 38632-1448 Name of Employer (Required) LeaseCrunch Occupation (Required) Aggregate Account Manager \$250.00 Year-to-date ☐ PAC **★** Individual ☐ Loan Amount of each ☐ Corporation Source: Date receipt (Mo., Day, Year) Other (please specify) this period Full Name Hunter Jordan 01/12/2023 \$250.00 **Mailing Address** 3978 Attala Rd 3002 City, State, Zip Code Kosciusko, MS 39090 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date

			Page Page	32 of 58
Name of Candidate or Committee  Reporting Period	Mississippi Republican Party.  through  ITEMIZED RE	04/30/2023 CEIPTS		Ref No: CF202328945 Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC  Other (please specify)	<b>★ Individual</b> □ Loan		Date (Mo., Day, Year)	Secretary of State
Full Name Philip Moran	1 1		01/12/2023	\$250,00
Mailing Address 18403 Old Joe Moran	Rd			
City, State, Zip Code Kiln, MS 39556-85	507			
Name of Employer (Required) Phillips	Pest Control			
Occupation (Required) President			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual 🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lauren Smith			02/13/2023	\$250.00
Mailing Address 113 Winchester PI				
City, State, Zip Code Saltillo, MS 38866	6-6806			* =
Name of Employer (Required) Retired	1			
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alana Campo			04/25/2023	\$250.00
Mailing Address 103 Shady Trl				
City, State, Zip Code Carriere, MS 3942	26-7741			
Name of Employer (Required) Retired	d			
Occupation (Required) Retired			Aggregate Year-to-date	\$250.00
Source: Corporation PAC  * Other (please specify)	☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bob for 58			01/23/2023	\$250,00

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

564 Arbor Dr

Madison, MS 39110

\$250.00

Aggregate

Page	Page 33 of 58
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Name of Candidate or Committee	Mississippi Repu	blican Party			
Reporting Period 01/01/2023		_ through _	04/30/2023		Ref No: CF202328945
	·ナニ ( / / / / / / /	כם חב	-051070		Date Filed: 5/11/2023
	HEWIZ	こり KL	CEIPTS		Michael Watson
Source: Corporation PAC	Individual	☐ Loan		Dete	Secretary of State
Other (please specify)				Date (Mo., Day, Year)	receipt this period
Full Name					tills period
Robert Cole				02/13/2023	\$250.00
Mailing Address 39 Cole Ln					
City, State, Zip Code Columbia, MS 394	129-8810				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC	☐ Individual	☐ Loan		Date	Amount of each
Other (please specify)	uthorized Committe	e		(Mo., Day, Year)	receipt this period
Full Name Dan Eubanks State Rep Ca	ampaign			01/23/2023	\$250.00
Mailing Address 6912 Ginwood Cv					
City, State, Zip Code Walls, MS 38680-9	 9284				
Name of Employer (Required)					
Occupation (Required)				Aggregate	
				Year-to-date	\$250.00
Source: Corporation PAC	<b>■</b> Individual	☐ Loan		Date	Amount of each
Other (please specify)				(Mo., Day, Year)	receipt this period
Full Name Kimberly Fagan				01/23/2023	\$250.00
Mailing Address 6093 U S Highway 98					
City, State, Zip Code Hattiesburg, MS 39	<del></del> 9402-8632				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC	* Individual	☐ Loan		Date	Amount of each
Other (please specify)				(Mo., Day, Year)	receipt this period
Full Name Jon Lancaster				01/12/2023	\$250.00
Mailing Address 463 County Road 85					
City, State, Zip Code Houston, MS 3885	1-9347				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250,00

Name of Candidate or Committee Mississippi Republican Party.	Page Page	34 of 58
Reporting Period 01/01/2023 through 04/30/2023  ITEMIZED RECEIPTS		Ref No: CF202328945 Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC Individual Loan  **Dother (please specify) Candidate Committee	Date (Mo., Day, Year)	Secretary of State . this period
Full Name Committee to Elect Jeremy England	01/12/2023	\$250.00
Mailing Address P.O. Box 6363		
City, State, Zip Code Vancleave, MS 39565		
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 James Mitchel Young	04/25/2023	\$500.00
Mailing Address 101 Hickory Grove Church Rd		
City, State, Zip Code Sumrall, MS 39482-9415		
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 Christopher McDaniel	02/13/2023	\$500.00
Mailing Address 506 S Court St		
City, State, Zip Code Ellisville, MS 39437-3510		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
O Composition D BAC D Individual D Loan		Amount of each

☐ Corporation

**™** Other (please specify)

Vince Mangold

Source:

**Full Name** 

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

☐ PAC

Brookhaven, MS 39601-7402

1276 Wellman Dr SE

☐ Individual

**Authorized Committee** 

☐ Loan

Date

(Mo., Day, Year)

01/12/2023

Aggregate

Year-to-date

\$250.00

receipt

this period

\$250.00

Page Page 35 of 58

Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Ref No: CF202328945 **Reporting Period** through Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ★ Individual ☐ Corporation ☐ PAC ☐ Loan Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** \$250.00 Joey Fillingane 01/12/2023 **Mailing Address** 8 Westbrook Dr City, State, Zip Code Sumrall, MS 39482-7903 Name of Employer (Required) State of MS Occupation (Required) Aggregate Senator \$250.00 Year-to-date Corporation ☐ PAC Individual ☐ Loan Amount of each Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** David Hardigree 04/25/2023 \$1,000.00 **Mailing Address** 189 Magnolia Spgs City, State, Zip Code Florence, MS 39073-9533 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$1,000.00 Year-to-date Amount of each ☐ Corporation ☐ PAC ■ Individual ☐ Loan Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Charles Younger 01/23/2023 \$250.00 **Mailing Address** 1213 Younger Rd City, State, Zip Code Columbus, MS 39701-8503 Name of Employer (Required) Self Occupation (Required) Aggregate Farmer/Rancher \$250.00 Year-to-date ★ Individual Amount of each ☐ PAC ☐ Loan Source: ☐ Corporation Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** James P Wallace 04/25/2023 \$250.00 **Mailing Address** 125 Price Wallace Rd City, State, Zip Code Mendenhall, MS 39114-4489 Name of Employer (Required) State of Mississippi Occupation (Required) Aggregate Representative \$250.00 Year-to-date

Name of Candidate or Committee  Reporting Period  01/01/2023  Mississippi Republican Party.  through  04/30/2023	Page Page	36 of 58  Ref No: CF202328949  Date Filed: 5/11/2023
ITEMIZED RECEIPTS		Michael Watson
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Secretary of State
Full Name Chad McMahan	04/25/2023	\$250.00
Mailing Address 1537 Highway 145		
City, State, Zip Code Guntown, MS 38849-7940		
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 Mansell Media	01/23/2023	\$250.00
Mailing Address 105 E Main St		
City, State, Zip Code Clinton, MS 39056-4259	16	
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

☐ Loan

☐ Loan

Individual

**■** Individual

☐ Corporation

☐ Other (please specify)

23 Copperhead Rd

Retired

13054 Canal Rd

Retired

Robin Torske

Source:

Full Name

Source:

Full Name

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

☐ Corporation

Other (please specify)

John Barnes

☐ PAC

Laurel, MS 39443-8916

☐ PAC

Gulfport, MS 39503-9121

Retired

Retired

Amount of each

receipt

this period

Amount of each

receipt

this period

\$250.00

\$250.00

\$250.00

\$250.00

Date

(Mo., Day, Year)

02/13/2023

Aggregate

Year-to-date

Date

(Mo., Day, Year)

01/12/2023

Aggregate

Name of Candidate or Committee	Mississippi Republican Party.	r ugo <u> </u>	
Reporting Period01/01/2023	through04/30/202	23	
	ITEMIZED RECEIP	TS	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC	☐ Individual ☐ Loan	Date	Secretary of State
	authorized Committee	(Mo., Day, Year)	this period
Full Name Bubba Carpenter Campaig	gn	01/12/2023	\$250.00
Mailing Address 128 Jefferson St			
City, State, Zip Code Burnsville, MS 38	833-9355		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250,00
Source: Corporation PAC  **Other (please specify)A	☐ Individual ☐ Loan uthorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Karl Oliver		01/12/2023	\$250.00
Mailing Address PO Box 95			
City, State, Zip Code Winona, MS 3896	7-0095		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	་ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kyle Cockrell		01/12/2023	\$250.00
Mailing Address 966 Scr 108			
City, State, Zip Code Magee, MS 39111	-9694		
Name of Employer (Required) Retired	l		
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Horne		01/12/2023	\$250.00
Mailing Address 5904 Causeyville Rd			
City, State, Zip Code Meridian, MS 393	01-7551		
Name of Employer (Required) Retirec			

Occupation (Required)

Retired

\$250.00

Aggregate

Page	Page 38 of 58	

ame of Candidate or Committee	Mississippi Republican Party

N 04/30/2023 01/01/2023 through Reporting Period Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ PAC ☐ Individual ☐ Corporation Source: Date (Mo., Day, Year) Candidate Committee this period T Other (please specify) Full Name 01/12/2023 \$500.00 Friends of Delbert Hosemann Mailing Address 2219 Heritage Hill Dr City, State, Zip Code Jackson, MS 39211-5822 Name of Employer (Required) Aggregate Occupation (Required) \$500.00 Year-to-date Amount of each ☐ PAC ■ Individual ☐ Loan ☐ Corporation Source: Date receipt (Mo., Day, Year) this period Other (please specify) Full Name \$250.00 02/13/2023 Jack Willis **Mailing Address** PO Box 160 City, State, Zip Code Grenada, MS 38902-0160 Name of Employer (Required) Retired Aggregate Occupation (Required) \$250.00 Retired Year-to-date Amount of each **Individual** ☐ Loan ☐ Corporation ☐ PAC Source: Date receipt (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** 02/13/2023 \$500.00 Vicky Carr Mailing Address 19000 Pine Forrest Rd City, State, Zip Code Gulfport, MS 39503-9146 Name of Employer (Required) Retired Occupation (Required) Aggregate \$500.00 Retired Year-to-date Amount of each Individual ☐ Loan ☐ Corporation ☐ PAC Source: Date receipt (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** \$250.00 01/12/2023 Michael W McLendon **Mailing Address** 2245 Memphis Street City, State, Zip Code Hernando, MS 38632-1743 Name of Employer (Required) City of Hernando Aggregate Occupation (Required) \$250.00 Alderman Ward 4 Year-to-date

Name of Candidate or Committee	Mississippi Republican Party,	Page Page	39 of 58
Reporting Period 01/01/2023	ITEMIZED RECEIPTS	S	Ref No: CF202328945 Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC  Other (please specify)	■ Individual □ Loan	Date (Mo., Day, Year)	Secretary of State
Full Name Walter Michel		01/12/2023	\$250.00
Mailing Address 241 Richardson Rd			
City, State, Zip Code Ridgeland, MS 391	57-8612		
Name of Employer (Required) Self			
Occupation (Required)  Real Estate		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Martin McCarty		04/25/2023	\$250.00
Mailing Address 13 Leaf Ln			
City, State, Zip Code Hattiesburg, MS 39	402-9596		
Name of Employer (Required)  Java Mo	pe's Coffe Co		
Occupation (Required) Owner		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ricky Caldwell		01/23/2023	\$250.00
Mailing Address 4 County Road 285			
City, State, Zip Code Oxford, MS 38655-	8720		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		04/40/0000	

Noal Akins

PO Box 713

Retired

Brookhaven, MS 39602-0713

Retired

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$250.00

\$250.00

01/12/2023

Aggregate

Page	Page 40 of 58	
9		

Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period 01/01/2023	through04/30/2023		Ref No: CF202328945
	ITEMIZED RECEIPTS	3	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	🛨 Individual 🔲 Loan	Date	Secretary of State
Other (please specify)		(Mo., Day, Year)	this period
Full Name William Downs		04/25/2023	\$250.00
Mailing Address 685 County Road 150			
City, State, Zip Code Coila, MS 38923-6	753		
Name of Employer (Required)  Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify) Signature Signa	Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Amile Wilson		01/23/2023	\$250,00
Mailing Address 1347 Fontaine Dr			
City, State, Zip Code Jackson, MS 3921	1-5617		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  **Other (please specify) A	☐ Individual ☐ Loan uthorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Steverson Campaig	gn	01/12/2023	\$250.00
Mailing Address 125 Woodridge Dr			
City, State, Zip Code Ripley, MS 38663-	9058		
Name of Employer (Required)			
Occupation (Required)		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	⊡ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald Lott		01/12/2023	\$250.00
Mailing Address 125 Ashton Dr			
City, State, Zip Code Lucedale, MS 394	52-3339		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250,00

Page	Page 41 of 58	

Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ☐ PAC ☐ Corporation Individual Source: Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Chuck Blackwell 02/13/2023 \$250.00 **Mailing Address** 50 Blackwell Loop City, State, Zip Code Ellisville, MS 39437-8992 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date ☐ PAC Amount of each Individual ☐ Loan Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Michael Cassidy 04/25/2023 \$250.00 Mailing Address PO Box 452 City, State, Zip Code Lauderdale, MS 39335-0452 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date ☐ Corporation Source: ☐ PAC ☐ Individual ☐ Loan Amount of each Date receipt (Mo., Day, Year) State Office Committee this period **Full Name** Committee Elect Jason Barrett 01/12/2023 \$250.00 Mailing Address PO Box 713 City, State, Zip Code Brookhaven, MS 39602-0713 Name of Employer (Required) Occupation (Required) Aggregate \$250.00 Year-to-date Amount of each ☐ Corporation ☐ PAC Individual ☐ Loan Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Jonathan Dantzler 04/25/2023 \$250.00 **Mailing Address** 19585 Waltrip Way City, State, Zip Code Saucier, MS 39574-5511 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date

Page	Page 42 of 58	
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Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period 01/01/2023	through04/30/2023		Ref No: CF202328945
	ITEMIZED RECEIPTS	S	Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	■ Individual □ Loan	Date	Secretary of State
Other (please specify)		(Mo., Day, Year)	this period
Full Name Andy Boyd		02/13/2023	\$250.00
Mailing Address 129 Whispering Trees			
City, State, Zip Code Columbus, MS 39	702-9418		
Name of Employer (Required)  Retired			
Occupation (Required) Retired	*W	Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	▼ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Futch		01/23/2023	\$250.00
Mailing Address 816 Warren St			
City, State, Zip Code Pascagoula, MS 3	9567-7554		
Name of Employer (Required) Self-Er	nployed		
Occupation (Required) Attorney		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Parker		01/23/2023	\$250.00
Mailing Address 19405 N. Point Cv			
City, State, Zip Code Gulfport, MS 3950	3-7725		
Name of Employer (Required) Lawyer	•		
Occupation (Required)  Lawyer	70	Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Estrada		04/25/2023	\$250.00
Mailing Address 25732 Highway 53			
City, State, Zip Code Saucier, MS 3957	<b>4</b> -8815		
Name of Employer (Required) Retired	<u>i</u>		
Occupation (Required) Retired	e	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party.	Page Page	43 of 58
Reporting Period 01/01/2023 through 04/30/2023  ITEMIZED RECEIPTS		Ref No: CF202328945 Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC Individual Loan  **Other (please specify) Political Party Committee	Date (Mo., Day, Year)	receipt this period
Full Name Harrison County Republican Party	04/10/2023	\$600.00
Mailing Address PO Box 4317		
City, State, Zip Code Biloxi, MS 39535-4317		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$600.00
Source: Corporation PAC Individual Loan  **Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyler McCaughn Campaign	01/12/2023	\$250.00
Mailing Address 500 Decatur St		
City, State, Zip Code Newton, MS 39345-2318		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250,00
Source: Corporation PAC Individual Loan  * Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Adam Calvert Campaign	01/12/2023	\$250.00
Mailing Address 3778 Wilson Rd		
City, State, Zip Code Bailey, MS 39320-9573		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect Mark Tullos	01/12/2023	\$250.00
Mailing Address		

134 Main St

Raleigh, MS 39153

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$250.00

Aggregate

Page	Page 44 of 58	

Name of Candidate or Committee Mississippi	oi Republican Party.			
Reporting Period 01/01/2023	through	04/30/2023		Ref No: CF202328945
	MIZED REG	CEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC Individ	idual 🔲 Loan		Date	Secretary of State
* Other (please specify) Candidate Con	mmittee		(Mo., Day, Year)	this period
Full Name Lyn Fitch for Mississippi	Y W XY		01/12/2023	\$500.00
Mailing Address PO Box 698				- 4
City, State, Zip Code Madison, MS 39130				
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$500.00
Source: Corporation PAC Indivi-			Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect Jeffrey Guice			01/23/2023	\$250.00
Mailing Address P.O. Box 549				
City, State, Zip Code Ocean Springs, MS 39566				
Name of Employer (Required)				
Occupation (Required)			Aggregate Year-to-date	\$250.00
Source: ☐ Corporation ☐ PAC	idual 🗆 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brent Bailey			01/12/2023	\$500,00
Mailing Address 107 Cedar Ridge Dr				-
City, State, Zip Code Canton, MS 39046-9036				
Name of Employer (Required) Retired				
Occupation (Required) Retired	of .		Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Indivi	ridual 🗖 Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Haldon Kittrell			01/12/2023	\$250.00
Mailing Address 1214 Church St				
City, State, Zip Code Columbia, MS 39429-3126				
Name of Employer (Required)  Marion County				
Occupation (Required) District Attorney			Aggregate Year-to-date	\$250.00

Page 45 of 58	
	Page 45 of 58

Reporting Period 01/01/2023 through 04/30/2023		Ref No: CF202328945
ITEMIZED RECEIPTS	3	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC Individual Loan  * Other (please specify) Candidate Committee	Date (Mo., Day, Year)	receini
Full Name Friends to help elect Jerry Turner	01/12/2023	\$250.00
Mailing Address 1290 Carrollville Ave		
City, State, Zip Code Baldwyn, MS 38824-1109		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect Michael Watson	02/13/2023	\$500,00
Mailing Address P.O. Box 964		
City, State, Zip Code Pascagoula, MS 39568		
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 Chris Wilson	04/25/2023	\$250,00
Mailing Address 822 Main St		
City, State, Zip Code Corinth, MS 38834-4162		5
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Friends of Sam C. Mims	01/12/2023	\$250.00
Mailing Address 605 Lakeshore Dr		
City, State, Zip Code Magee, MS 39111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Page	Page 46 of 58	

Name of Candidate or Committee	Mississippi Republica	an Party.			
Reporting Period 01/01/2023	th	rough _	04/30/2023		Ref No: CF202328945
	ITEMIZE	D RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC	■ Individual □	] Loan		Date (Mo., Day, Year)	this period
Full Name					
Steve Woreman				04/25/2023	\$250.00
Mailing Address 548 Thomas E Jolly D	r W				
City, State, Zip Code Monticello, MS 39	654-4602				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	* Individual	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joey Norton				01/12/2023	\$250,00
Mailing Address 992 Crooked Ln NE					
City, State, Zip Code Brookhaven, MS 3	39601-9508				
Name of Employer (Required) Self Er	nployed				
Occupation (Required) Attorney				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  ** Other (please specify)	☐ Individual ☐ andidate Committee	Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect John A	. Polk			01/23/2023	\$250.00
Mailing Address 53 Tidewater Rd					
City, State, Zip Code Hattiesburg, MS 3	9402				
Name of Employer (Required)					
Occupation (Required)				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  * Other (please specify)	☐ Individual ☐ tate Office Committee			Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Dana Underwood	od McLean			01/23/2023	\$250.00
Mailing Address 332 Williamsburg Rd					
City, State, Zip Code Columbus, MS 39	705-1948				
Name of Employer (Required)					

Occupation (Required)

\$250.00

Aggregate

		Page Pag	Page 47 of 58	
Jama of Candidata or Cammittee	Mississippi Republican Party	•		

04/04/2022		<del></del> ×
Reporting Period 01/01/2023 through 04/30/2023		Ref No: CF202328945
ITEMIZED RECEIPTS	S	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC Individual Loan	Date	receipt
▲ Other (please specify)         State Office Committee	(Mo., Day, Year)	this period
Friends of David Parker	01/12/2023	\$250.00
Mailing Address 4889 Bobo Pl		
City, State, Zip Code Olive Branch, MS 38654-8223		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect Benjamin Suber	01/12/2023	\$250.00
Mailing Address PO Box 8		
City, State, Zip Code Bruce, MS 38915		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Political Party Committee*	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Lee Yancey	01/12/2023	\$250.00
Mailing Address 423 Woodlands Cir		
City, State, Zip Code Brandon, MS 39047-8099		-
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nick Bain Campaign	01/12/2023	\$250.00
Mailing Address 516 N Fillmore St		
City, State, Zip Code Corinth, MS 38834-4823		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250,00

Page	Page 48 of 58	

Name of Candidate or Committee	Mississippi Republican Party.		
Reporting Period 01/01/2023	through04/30/20	023	Ref No: CF202328945
	ITEMIZED RECEIF	PTS	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC	* Individual 🔻 🔲 Loan	Date	Decretary of State
Other (please specify)		(Mo., Day, Year)	this period
Full Name Benjamin Creekmore	×	01/12/2023	\$250.00
Mailing Address 1017 Bramlitt Ln			
City, State, Zip Code New Albany, MS 3	8652-8401		
Name of Employer (Required)  Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance Varner		01/12/2023	\$250.00
Mailing Address PO Box 1294			
City, State, Zip Code Florence, MS 390	73-1294		
Name of Employer (Required)  Auction	18		
Occupation (Required)  Auctioneer		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	™ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Wallace		02/13/2023	\$250.00
Mailing Address 10274 Lazy Creek Dr			
City, State, Zip Code Olive Branch, MS	38654-7480		
Name of Employer (Required) Retired			
Occupation (Required) Retired		Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	★ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Williams		01/12/2023	\$250.00
Mailing Address 566 New Hope Church	n Rd		
City, State, Zip Code Starkville, MS 397	59-7378		
Name of Employer (Required) Retired			

Occupation (Required)

Retired

\$250,00

Aggregate

Name of Candidate or Committee Mississippi Republican Party.	Page Page	e 49 of 58
Reporting Period 01/01/2023 through 04/30/		Ref No: CF202328945 Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Secretary of State
Full Name Manly Barton Campaign Fund	01/12/2023	\$250.00
Mailing Address 7905 Pecan Ridge Dr		
City, State, Zip Code Moss Point, MS 39562-6238		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Steve Hopkins	04/25/2023	\$250,00
Mailing Address 1205 Worthington Dr		
City, State, Zip Code Southaven, MS 38671-5441		
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 Briggs Hopson	01/23/2023	\$250.00
Mailing Address 1201 Cherry St		
City, State, Zip Code Vicksburg, MS 39183-2919		
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 Dale Goodin	01/12/2023	\$250.00
Mailing Address 70 March 1911		

72 Memorial Church Rd

Retired

Richton, MS 39476-9213

Retired

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$250.00

Aggregate Year-to-date

				Page	Page 50 of 58	
Name of Candidate or Committee		Mississippi Republican Party				
Reporting Period	01/01/2023	through _	04/30/2023		Ref No: CF20232	

Reporting Period 01/01/2023 through 04/30/2023	Ref No: CF202328945 Date Filed: 5/11/2023	
ITEMIZED RECEIPTS		Michael Watson Secretary of State
Source: ☐ Corporation ☐ PAC 🖹 Individual ☐ Loan	Date	Secretary or State
Other (please specify)	(Mo., Day, Year)	this period
Full Name Phillip Harding	02/13/2023	\$250.00
Mailing Address 219 McNamey Dr		
City, State, Zip Code Biloxi, MS 39531	7	
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250,00
Source: Corporation PAC Main Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clay Allen Deweese	01/12/2023	\$250.00
Mailing Address 5006 Bluff Cv		
City, State, Zip Code Oxford, MS 38655-5979		
Name of Employer (Required)  Nix-Tann and Associates		
Occupation (Required)	Aggregate	\$250.00
Realtor	Year-to-date	
Source: Corporation PAC * Individual C Loan  Other (please specify)	Paar-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 Neil Whaley  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661  City, State, Zip Code Potts Camp, MS 38659-0661	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661  City, State, Zip Code Potts Camp, MS 38659-0661  Name of Employer (Required)  State of MS	Date (Mo., Day, Year) 01/12/2023 Aggregate	Amount of each receipt this period \$250.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661  City, State, Zip Code Potts Camp, MS 38659-0661  Name of Employer (Required) State of MS  Occupation (Required) State Senator  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  01/12/2023  Aggregate Year-to-date  Date	Amount of each receipt this period \$250.00  \$250.00  Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661  City, State, Zip Code Potts Camp, MS 38659-0661  Name of Employer (Required) State of MS  Occupation (Required) State Senator  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  01/12/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$250.00  \$250.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661  City, State, Zip Code Potts Camp, MS 38659-0661  Name of Employer (Required) State of MS  Occupation (Required) State Senator  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Rachel Aycock	Date (Mo., Day, Year)  01/12/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$250.00  \$250.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Neil Whaley  Mailing Address PO Box 661  City, State, Zip Code Potts Camp, MS 38659-0661  Name of Employer (Required) State of MS  Occupation (Required) State Senator  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Rachel Aycock  Mailing Address 13118 Seaman Rd	Date (Mo., Day, Year)  01/12/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$250.00  \$250.00  Amount of each receipt this period

Page	Page 51 of 58	

Name of Candidate or Committee	Mississippi Repu	ublican Party,			
Reporting Period 01/01/2023		_ through _	04/30/2023		Ref No: CF202328945
	ITEMIZ	ED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson
Source: Corporation PAC	<b>★</b> Individual	☐ Loan		Date	Secretary of State
Other (please specify)				(Mo., Day, Year)	receipt this period
Full Name Fred Shanks				01/23/2023	\$250.00
Mailing Address 107 Lori Cir					
City, State, Zip Code Brandon, MS 3904	12-3617				
	f Mississippi				
Occupation (Required) Legislator				Aggregate Year-to-date	\$250.00
Source: Corporation PAC Other (please specify)	* Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Hopper				01/12/2023	\$250.00
Mailing Address 160 N Glen Brook Dr					
City, State, Zip Code Grenada, MS 3890	)1-8957				
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Other (please specify)	<b>★</b> Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David McRae				01/12/2023	\$500.00
Mailing Address 445 Greenwood Ln					
City, State, Zip Code Ridgeland, MS 391	57-4043				
Name of Employer (Required) Self Em	ployed				
Occupation (Required) Attorney				Aggregate Year-to-date	\$500.00
Source: Corporation PAC  Other (please specify)	* Individual	☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Stepp				01/12/2023	\$250.00
Mailing Address PO Box 656					
City, State, Zip Code Bruce, MS 38915-0	)656	-			
Name of Employer (Required) Retired					
Occupation (Required) Retired				Aggregate Year-to-date	\$250.00

Page Page 52 of 58

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Reporting Period 01/01/2023 through 04/30/202	23	Ref No: CF202328945
ITEMIZED RECEIP	TS	Date Filed: 5/11/2023 Michael Watson
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Secretary of State
Full Name Cliff Hays	04/25/2023	\$250.00
Mailing Address 105 Heritage Dr		
City, State, Zip Code Kosciusko, MS 39090-4438		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250,00
Source: Corporation PAC Individual Loan  * Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Brent Powell	01/23/2023	\$250.00
Mailing Address 4500 I-55 N Suite 213		
City, State, Zip Code Jackson, MS 39211-5913		
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 Charles Roberts	04/25/2023	\$250.00
Mailing Address 3650 Shadow Oaks Pkwy		
City, State, Zip Code Horn Lake, MS 38637-2076		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  ** Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven Kilgore for District Attorney	01/23/2023	\$250.00
Mailing Address P.O. Box 531		
City, State, Zip Code Philadelphia, MS 39350		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250,00

Page Page 53 of 58	
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Name of Candidate or Committee		
Reporting Period 01/01/2023 through 04/30/2023		Ref No: CF202328945
ITEMIZED RECEIPTS	,	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Larry Byrd	01/12/2023	\$250.00
Mailing Address 17 Byrd Rd		
City, State, Zip Code Petal, MS 39465-9594		
Name of Employer (Required)  Locke Drug		
Occupation (Required) Pharmacist	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  * Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Josh Hawkins	04/25/2023	\$250.00
Mailing Address 385 Highway 51 N		
City, State, Zip Code Batesville, MS 38606-2352		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Angela Burks Hill	01/23/2023	\$250.00
Mailing Address 54 Watts Rd		
City, State, Zip Code Picayune, MS 39466-7846		
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 Olive Branch Leadership PAC	03/15/2023	\$240.00
Mailing Address 4615 Alexander Rd		
City, State, Zip Code Olive Branch, MS 38654		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$240.00

Page Page 54 of 58 Mississippi Republican Party, Name of Candidate or Committee 04/30/2023 01/01/2023 **Reporting Period** through Ref No: CF202328945 Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State **▼** Individual ☐ Corporation ☐ PAC Source: Date (Mo., Day, Year) this period Other (please specify) **Full Name** 01/23/2023 \$250.00 Rita Parks Mailing Address PO Box 303 City, State, Zip Code Corinth, MS 38835-0303 Name of Employer (Required) MS Senate Occupation (Required) Aggregate \$250.00 Legislator Year-to-date Amount of each ☐ Loan ☐ PAC ☐ Individual **™** Corporation Source: Date receipt (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** \$1,000.00 01/12/2023 Soigne Corporation **Mailing Address** 639 S Spring St Apt 2C City, State, Zip Code Los Angeles, CA 90014-1936 Name of Employer (Required) Occupation (Required) Aggregate \$1,000.00 Year-to-date Amount of each ☐ PAC **★** Individual ☐ Loan ☐ Corporation Source: Date receipt (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** \$250.00 01/12/2023 Eric Camp Mailing Address 3301 Hamill Farm Rd City, State, Zip Code Ocean Springs, MS 39564-8835 Name of Employer (Required) Retired Aggregate Occupation (Required) \$250.00 Retired Year-to-date Amount of each ☐ Loan ☐ PAC Individual Source: ☐ Corporation Date receipt (Mo., Day, Year) this period Other (please specify) Full Name \$250.00 James Hale 01/12/2023 **Mailing Address** 1961 Country Club Rd City, State, Zip Code Senatobia, MS 38668-7028

Name of Employer (Required)

Occupation (Required)

Retired

Retired

\$250.00

Aggregate

Page Page 55 of 58

Name of Candidate or Committee	i Faity.	
Reporting Period 01/01/2023 three	ough04/30/2023	Ref No: CF202328945
	RECEIPTS	Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: ☐ Corporation ☐ PAC ♣ Individual ☐ ☐ Other (please specify)	Loan Date (Mo., Day, Ye	receipt this period
Full Name Andy Berry	01/12/2023	\$250.00
Mailing Address 3931 Simpson Highway 28 W		
City, State, Zip Code Magee, MS 39111-5113		
Name of Employer (Required)  Retired		
Occupation (Required) Retired	Aggregate Year-to-dat	\$250.00
Source: ☐ Corporation ☐ PAC ♣ Individual ☐ ☐ Other (please specify)	Loan Date (Mo., Day, Ye	Amount of each receipt this period
Full Name Angel M Mcilrath	02/13/2023	\$250.00
Mailing Address 6304 Prado Rd		
City, State, Zip Code Ocean Springs, MS 39564-2211		
Name of Employer (Required) Mississippi District Attorney		
Occupation (Required) Office Mgr	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual   Other (please specify)	Loan Date (Mo., Day, Ye	Amount of each receipt ar) this period
Full Name Raymond N. Brooks	02/13/2023	\$250,00
Mailing Address 5202 Washington Ave		
City, State, Zip Code Gulfport, MS 39507-4510		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	#260.00
Source: Corporation PAC * Individual C	Date (Mo., Day, Yea	Amount of each receipt this period
Full Name James Dalrymple	01/23/2023	\$250.00
Mailing Address 508 2nd Ave N		
City, State, Zip Code Columbus, MS 39701-6743		
Name of Employer (Required)  Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Page Page 56 of 58

Micciccinni	Republican	Party

Name of Candidate or Committee 04/30/2023 01/01/2023 through Ref No: CF202328945 Reporting Period Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State ★ Individual ☐ Loan ☐ Corporation ☐ PAC Source: Date (Mo., Day, Year) this period ☐ Other (please specify) **Full Name** \$250.00 01/12/2023 Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221 Name of Employer (Required) State of Mississippi Occupation (Required) Aggregate \$250,00 Representative Year-to-date Amount of each ☐ Loan ☐ Corporation ☐ PAC Individual Source: Date receipt (Mo., Day, Year) this period Other (please specify) **Full Name** \$250.00 01/12/2023 Christopher Hennis **Mailing Address** PO Box 203 City, State, Zip Code Raleigh, MS 39153-0203 Name of Employer (Required) Retired Occupation (Required) Aggregate \$250.00 Retired Year-to-date Amount of each ☐ Loan ☐ PAC ☐ Individual ☐ Corporation Source: Date receipt (Mo., Day, Year) Candidate Committee **⚠** Other (please specify) this period Full Name \$1,000.00 01/12/2023 Tate for Governor Mailing Address 4 River Bend Pl Ste 210 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Aggregate Occupation (Required) \$16,100.00 Year-to-date Amount of each ☐ PAC ☐ Individual ☐ Loan ☐ Corporation Source: Date receipt (Mo., Day, Year) Candidate Committee this period **⚠** Other (please specify) **Full Name** \$2,050.00 04/19/2023 Tate for Governor Mailing Address 4 River Bend Pl Ste 210 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Aggregate Occupation (Required) \$16,100.00 Year-to-date

Page	Page 57 of 58	
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Mississippi Republican Party. Name of Candidate or Committee 01/01/2023 04/30/2023 Reporting Period Ref No: CF202328945 through Date Filed: 5/11/2023 ITEMIZED RECEIPTS Michael Watson Secretary of State Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Date receipt (Mo., Day, Year) Other (please specify) Candidate Committee this period **Full Name** Tate for Governor 04/10/2023 \$11,000.00 Mailing Address 4 River Bend PI Ste 210 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Aggregate \$16,100.00 Year-to-date ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Amount of each Source: Date receipt (Mo., Day, Year) Candidate Committee **⚠** Other (please specify) this period Full Name Tate for Governor 03/29/2023 \$2,050.00 **Mailing Address** 4 River Bend PI Ste 210 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Aggregate \$16,100.00 Year-to-date ☐ PAC ☐ Corporation ■ Individual ☐ Loan Amount of each Source: Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Jacob Brogan 01/23/2023 \$250.00 Mailing Address 1010 S Maxwell St City, State, Zip Code Poplarville, MS 39470-3209 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$250.00 Year-to-date ☐ Individual Source: ☐ Corporation ☐ PAC ☐ Loan Amount of each Date receipt (Mo., Day, Year) Candidate Committee Other (please specify) this period Full Name Gene Newman Campaign 02/22/2023 \$240.00 Mailing Address 801 Country Place Dr City, State, Zip Code Pearl, MS 39208-6621 Name of Employer (Required) Occupation (Required) Aggregate \$490.00 Year-to-date

Page	Page 58 of 58	

Name of Candidate or Committee	Mississippi Republican Party.			
Reporting Period 01/01/2023	through	04/30/2023		Ref No: CF202328945
	ITEMIZED RE	CEIPTS		Date Filed: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC	☐ Individual ☐ Loan	Da	ate	Jecretary or State
Other (please specify)	Candidate Committee	(Mo., Da	ay, Year)	this period
Full Name Gene Newman Campaign		01/23/	2023	\$250,00
Mailing Address 801 Country Place D	r			
City, State, Zip Code Pearl, MS 39208	-6621			
Name of Employer (Required)				
Occupation (Required)	PI PI		egate :o-date	\$490,00
Source: Corporation PAC  Other (please specify)	* Individual □ Loan		ate ay, Year)	Amount of each receipt this period
Full Name Traci Hale	U B	01/12/	/2023	\$250,00
Mailing Address 2303 Westwind Dr				
City, State, Zip Code Nesbit, MS 3865	1-7326			
Name of Employer (Required) Retire	ed			
Occupation (Required)		Aggr	egate	\$250.00

Retired

\$250.00

Pag	ge Page 1 of 1
Name of Candidate or Committee	
Reporting Period through	Ref No: CF202328945
ITEMIZED RECEIPTS IN-KIND CONTR	Piled: 5/11/2023 Michael Watson Secretary of State
Source: Corporation PAC Individual Loan	
Other (please specify)	(Mo., Day, Year)
Full Name	
Mailing Address	Estimated Amount of In-Kind
City, State, Zip Code	Contribution*
Name of Employer (Required)	
Occupation (Required)	
In-Kind Description:	
	·   - · · - · .

<sup>\*</sup> Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Ref No: CF202328945

Name of Candidate or Committee

01/01/2023 Reporting Period

through

04/30/2023

#### ITEMIZED DISBURSEMENTS

Date Filed: 5/11/2023 Michael Watson Secretary of State **Full Name** Mississippi Republican Party. di (Mo., Day, Year) **Mailing Address** \$2,242.07 04/04/2023 415 Yazoo St Ste 200 City, State, Zip Code Jackson, MS 39205 Purpose of Disbursement (Optional) Aggregate \$20,784.59 Year-to-date Joint Allocated Transfer Amount of each Date **Full Name** Noah Nicaud disbursment this period (Mo., Day, Year) **Mailing Address** \$500.00 03/28/2023 7529 Crooked Stick Dr. City, State, Zip Code Diamondhead, MS 39525-3895 Purpose of Disbursement (Optional) Aggregate \$1,400.00 Year-to-date Data Entry Date Amount of each **Full Name** Celeste Blanks disbursment this period (Mo., Day, Year) Mailing Address \$250.00 04/24/2023 1512 Hwy 469 S City, State, Zip Code Florence, MS 39073-9069 Purpose of Disbursement (Optional) Aggregate \$1,200.00 **Building Maintenance and Repairs** Year-to-date Amount of each Date **Full Name** Noah Nicaud (Mo., Day, Year) disbursment this period Mailing Address \$450.00 02/27/2023 7529 Crooked Stick Dr. City, State, Zip Code Diamondhead, MS 39525-3895 Purpose of Disbursement (Optional) Aggregate \$900.00 Year-to-date Data Entry Amount of each Date Full Name Wise Carter Child & Caraway P.A. disbursment this period (Mo., Day, Year) **Mailing Address** \$2,907.99 02/16/2023 401 E Capitol St Ste 600 City, State, Zip Code Jackson, MS 39201-2609 Purpose of Disbursement (Optional) Aggregate \$2,907.99 Year-to-date 001-Legal Fees Date Amount of each **Full Name** Celeste Blanks disbursment this period (Mo., Day, Year) **Mailing Address** \$250.00 02/27/2023 1512 Hwy 469 S City, State, Zip Code Florence, MS 39073-9069 Purpose of Disbursement (Optional) Aggregate \$700.00 Year-to-date **Building Maintenance and Repairs** 

Ref No: CF202328945

Reporting Period \_\_\_\_

01/01/2023

through

04/30/2023

	ITEMIZED DISB	URSEMENTS	Date Filed: 5/11/2023 Michael Watson
Full Name	Noah Nicaud	Date (Mo., Day, Year)	Secretary of State
Mailing Address	7529 Crooked Stick Dr.	04/25/2023	\$450.00
City, State, Zip Code	Diamondhead, MS 39525-3895		
Purpose of Disbursen Data Entry	nent (Optional)	Aggregate Year-to-date	\$1,850.00
Full Name	Troy Brewer CPA Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	95 White Bridge Rd Suite 207	03/06/2023	\$1,050.00
City, State, Zip Code	Nashville, TN 37205-1482		
Purpose of Disbursen Compliance / Acco	· · · · · · · · · · · · · · · · · · ·	Aggregate Year-to-date	\$1,050.00
Full Name	Celeste Blanks	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1512 Hwy 469 S	01/26/2023	\$450.00
City, State, Zip Code	Florence, MS 39073-9069		
Purpose of Disbursem Building Maintenan		Aggregate Year-to-date	\$450.00
Full Name	Hinds County Tax Collector	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1727	02/01/2023	\$12,901.15
City, State, Zip Code	Jackson, MS 39215-1727		
Pu <b>rpose of Disbursem</b> Property Tax	ent (Optional)	Aggregate Year-to-date	\$12,901.15
Full Name	Molly Ames	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	453 Pine Ridge Dr	01/26/2023	\$385.00
City, State, Zip Code	Madison, MS 39110-9704		
<b>Purpose of Disbursem</b> Building Landscapir		Aggregate Year-to-date	\$385.00
ull Name	Hinds County Tax Collector	Date (Mo., Day, Year)	Amount of each disbursment this period
failing Address	PO Box 1727	02/01/2023	\$609.46
City, State, Zip Code	Jackson, MS 39215-1727		
Purpose of Disburseme Property Tax	ent (Optional)	Aggregate Year-to-date	\$13,510.61

Name of Candidate or Committee

Reporting Period \_\_\_\_01/01/2023

through

04/30/2023

### ITEMIZED DISBURSEMENTS

	HEMIZED DISB	UNSCIVILIVIS	Michael Watson
Full Name	James Peavy	Date (Mo., Day, Year)	Secretary of State
Mailing Address	584 Boardwalk Blvd	01/11/2023	\$500.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem Campaign Worker	nent (Optional)	Aggregate Year-to-date	\$500.00
Full Name	Jackson-Alvarez Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	7777 Leesburg Pike Ste 407N	02/16/2023	\$6,000.00
City, State, Zip Code	Falls Church, VA 22043-2403		
Purpose of Disbursem Consulting / Comm		Aggregate Year-to-date	\$11,000.00
Full Name	Pro-Life Mississippi	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	110 Jones Ln Ste. C	02/02/2023	\$1,000.00
City, State, Zip Code	Flowood, MS 39232-8899		
Purpose of Disbursen  Donation	nent (Optional)	Aggregate Year-to-date	\$1,000.00
Full Name	Celeste Blanks	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1512 Hwy 469 S	03/27/2023	\$250.00
City, State, Zip Code	Florence, MS 39073-9069		
Purpose of Disbursen Building Maintenar		Aggregate Year-to-date	\$950.00
Full Name	Covington Electric Service, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 720105	02/14/2023	\$1,016.00
City, State, Zip Code	Jackson, MS 39272-0105		
Purpose of Disbursen 001-Building Repa		Aggregate Year-to-date	\$1,016.00
Full Name	Budget Signs, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2358 Highway 80 W	03/20/2023	\$361.80
City, State, Zip Code	Jackson, MS 39204-2312		
Purpose of Disburser Sign Printing	nent (Optional)	Aggregate Year-to-date	\$361.80

Name of Candidate or Committee

**Reporting Period** 

01/01/2023

through

04/30/2023

### ITEMIZED DISBURSEMENTS

	ITEMIZED DISB	URSEMENTS	Michael Watson Secretary of State
Full Name	James Peavy	Date (Mo., Day, Year)	dispursment this period
Mailing Address	584 Boardwalk Blvd	02/16/2023	\$243.52
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disburse Mileage	ment (Optional)	Aggregate Year-to-date	\$1,243.52
Full Name	Mississippi Agriculture Museum	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1150 Lakeland Dr	02/27/2023	\$535.00
City, State, Zip Code	Jackson, MS 39216-4728		
Purpose of Disburser Catering	ment (Optional)	Aggregate Year-to-date	\$535.00
Full Name	Amplify	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	735 N. Congress St	02/14/2023	\$2,000.00
City, State, Zip Code	Jackson, MS 39202-3009		
Purpose of Disburser Digital Advertising	ment (Optional)	Aggregate Year-to-date	\$2,000.00
Full Name	Trace Howell	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	25 Chatham PI	01/13/2023	\$500.00
City, State, Zip Code	Clinton, MS 39056-9326		
Purpose of Disbursen Data Entry	nent (Optional)	Aggregate Year-to-date	\$500.00
Full Name	James Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	03/06/2023	\$500.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
<b>Purpose of Disbursen</b> Campaign Worker	nent (Optional)	Aggregate Year-to-date	\$1,743.52
ull Name	Daniel Ames	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	453 Pine Ridge Dr	01/26/2023	\$385.00
ity, State, Zip Code	Madison, MS 39110-9704		
<b>urpose of Disbursen</b> Building Landscapi		Aggregate Year-to-date	\$385.00

Name of Candidate or Committee

Reporting Period 01/01/2023

through

04/30/2023

## ITEMIZED DISBURSEMENTS

		Date	Secretary of State
Full Name	Noah Nicaud	(Mo., Day, Year)	di
Mailing Address	7529 Crooked Stick Dr.	01/31/2023	\$450,00
City, State, Zip Code	Diamondhead, MS 39525-3895		
Purpose of Disbursem Data Entry	ent (Optional)	Aggregate Year-to-date	\$450.00
full Name	Metro Mechanical	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 368	03/06/2023	\$907.75
City, State, Zip Code	Bolton, MS 39041-0368		
Purpose of Disbursem Building Maintenan		Aggregate Year-to-date	\$907.75
Full Name	Community Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1869	04/25/2023	\$250.21
City, State, Zip Code	Brandon, MS 39043-1869		
Purpose of Disbursem Bank Fees	ent (Optional)	Aggregate Year-to-date	\$250.21
Full Name	Align IT Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 14054	04/13/2023	\$4,918.31
City, State, Zip Code	Jackson, MS 39236-4054		
Purpose of Disbursen Computer Expense		Aggregate Year-to-date	\$4,918.31
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	415 Yazoo St Ste 200	02/21/2023	\$18,542.52
City, State, Zip Code	Jackson, MS 39205		
Purpose of Disbursen Joint Allocated Trai		Aggregate Year-to-date	\$18,542.52
Full Name	James Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	01/27/2023	\$500.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursen Campaign Worker	nent (Optional)	Aggregate Year-to-date	\$1,000.00

Mississippi Republican Party.

04/30/2023 01/01/2023 Ref No: CF202328945 **Reporting Period** through

# ITEMIZED DISBURSEMENTS

Date Filed: 5/11/2023 Michael Watson

			Consistent of Chate	
Full Name	Jackson State University	Date (Mo., Day, Year)	Secretary of State	
Mailing Address	1400 John R Lynch St	02/24/2023	\$1,500.00	
City, State, Zip Code	Jackson, MS 39217-0002			
Purpose of Disburser Donation	ment (Optional)	Aggregate Year-to-date	\$1,500.00	
Full Name	Jackson-Alvarez Group	Date (Mo., Day, Year)	Amount of each disbursment this period	
Mailing Address	7777 Leesburg Pike Ste 407N	01/17/2023	\$5,000.00	
City, State, Zip Code	Falls Church, VA 22043-2403			
Purpose of Disburser Consulting / Comn		Aggregate Year-to-date	\$5,000.00	
Full Name	A Complete Flag Source	Date (Mo., Day, Year)	Amount of each disbursment this period	
Mailing Address	5295 I 55 N	01/26/2023	\$2,040.03	
City, State, Zip Code	Jackson, MS 39206-4301			
Purpose of Disbursen Flag Rental	nent (Optional)	Aggregate Year-to-date	\$2,040.03	