

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2023 Election



Name of Committee Mississippi Republican Party.

Address 415 Yazoo St Ste 200 City/Zip Jackson 39205

Telephone 6019485191 Fax \_\_\_\_\_

Treasurer Paul V. Breazeale Email Address pbreazeale@bsoltd.com

☐ Check here if above is different from previous report

**TYPE OF REPORT**

\* May 10, 2023 Periodic Report (January 1, 2023, through April 30, 2023) ..... **Mandatory**

June 9, 2023 Periodic Report (May 1, 2023, through May 31, 2023) ..... **Mandatory**

July 10, 2023 Periodic Report (June 1, 2023, through June 30, 2023) ..... **Mandatory**

August 1, 2023 Primary Pre-Election Report (July 1, 2023, through July 29, 2023) ..... **Mandatory**

August 22, 2023 Primary Pre-Runoff Report (July 30, 2023, through August 19, 2023) ..... **Runoff Candidates Only**

October 10, 2023 Periodic Report (July 1, 2023, through September 30, 2023) ..... **Mandatory**

October 31, 2023 Pre-Election Report (October 1, 2023, through October 29, 2023) ..... **Mandatory**

November 21, 2023 Pre-Runoff Report (October 30, 2023, through November 19, 2023) ..... **Runoff Candidates Only**

January 10, 2024 Periodic Report (October 1, 2023, through December 31, 2023) ..... **Mandatory**

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

**IMPORTANT**

- (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 a candidate regularly elected in 2019 are required to file periodic, pre-election and annual reports until the filing of a Termination report.
- (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 receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

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.*

*Taylor Lewis*

Signature of Director or Treasurer

5/10/2023

Date

Ref No: CF202328945

Date Filed: 5/11/2023

Michael Watson

Secretary of State

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

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty of 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.

Name of Candidate or Committee Mississippi Republican Party.

Reporting Period 01/01/2023 through 04/30/2023

Ref No: CF202328945

Date Filed: 5/11/2023

Michael Watson  
Secretary of State

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rickey Smylie	01/12/2023	\$250.00
Mailing Address 112 Autumn St		
City, State, Zip Code Hazlehurst, MS 39083-3202		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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-employed		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Jay Mcknight	01/23/2023	\$250.00
Mailing Address 22160 Hwy 53		
City, State, Zip Code Gulfport, MS 39503		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 38632-9575		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	this period
Full Name <u>Friends of Jeremy Lee</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 512</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-0512</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kassie Coleman</u>	01/12/2023	\$250.00
Mailing Address <u>P.O. Box 93</u>		
City, State, Zip Code <u>Meridian, MS 39302</u>		
Name of Employer (Required) <u>State or Mississippi</u>		
Occupation (Required) <u>District Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Kevin</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 4721</u>		
City, State, Zip Code <u>Biloxi, MS 39535-4721</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Joseph Tubb</u>	04/25/2023	\$250.00
Mailing Address <u>30 Pin Oak Ln</u>		
City, State, Zip Code <u>Purvis, MS 39475-8706</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	receipt this period
Full Name Friends Of Dean Kirby	01/23/2023	\$250.00
Mailing Address PO Box 54099		
City, State, Zip Code Pearl, MS 39288-4099		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	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 39601-9707		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	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 38668-2615		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate Year-to-date	\$250.00

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Full Name Jacob Hisaw	04/25/2023	\$250.00
Mailing Address 7097 Foxhall Dr		
City, State, Zip Code Horn Lake, MS 38637-1269		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Curie	01/12/2023	\$250.00
Mailing Address 407 Oliver Dr		
City, State, Zip Code Brookhaven, MS 39601-3633		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Weddle for District Attorney	01/12/2023	\$500.00
Mailing Address 133 Courtland Dr		
City, State, Zip Code Saltillo, MS 38866		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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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 Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00



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Full Name <u>Elect Doug Mcleod Campaign</u>	04/25/2023	\$250.00
Mailing Address <u>1211 Bexley Church Rd</u>		
City, State, Zip Code <u>Lucedale, MS 39452-4643</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chris Hodge</u>	02/13/2023	\$250.00
Mailing Address <u>3 Morris Bankston Rd</u>		
City, State, Zip Code <u>Laurel, MS 39443-6956</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Kevin Blackwell</u>	02/22/2023	\$240.00
Mailing Address <u>4105 Jessica Dr</u>		
City, State, Zip Code <u>Southaven, MS 38672-6676</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Kevin Blackwell</u>	01/12/2023	\$250.00
Mailing Address <u>4105 Jessica Dr</u>		
City, State, Zip Code <u>Southaven, MS 38672-6676</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00



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Full Name Friends Of Jenifer Branning	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	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) Legislator		
Occupation (Required) MS House of Representatives	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Partnership	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 38916-9623		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Hoots	02/13/2023	\$250.00
Mailing Address 2243 Carrollton Cv		
City, State, Zip Code Southaven, MS 38671-4414		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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 39470-0249		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Brent Anderson	01/12/2023	\$250.00
Mailing Address PO Box 4601		
City, State, Zip Code Bay Saint Louis, MS 39521-4601		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Perry	04/25/2023	\$1,000.00
Mailing Address 530 George St		
City, State, Zip Code Jackson, MS 39202-3013		
Name of Employer (Required) Self		
Occupation (Required) Manufacturer	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate 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 39205-0772		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Mississippi Republican Party.Reporting Period 01/01/2023 through 04/30/2023

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Committee to Elect Brice Wiggins</u>	01/23/2023	\$250.00
Mailing Address <u>PO Box 1877</u>		
City, State, Zip Code <u>Pascagoula, MS 39568</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Nix</u>	04/25/2023	\$250.00
Mailing Address <u>89 Curtis Dr</u>		
City, State, Zip Code <u>Winona, MS 38967-9345</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Fondren</u>	01/23/2023	\$250.00
Mailing Address <u>703 Buena Vista St</u>		
City, State, Zip Code <u>Pascagoula, MS 39567-1268</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Dane Maxwell</u>	01/12/2023	\$500.00
Mailing Address <u>PO Box 698</u>		
City, State, Zip Code <u>Pascagoula, MS 39568-0698</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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 1201 Cherry St		
City, State, Zip Code Vicksburg, MS 39183		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathy Chism	01/12/2023	\$250.00
Mailing Address 1506 Moss Hill Dr		
City, State, Zip Code New Albany, MS 38652-2703		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan McMillan	01/23/2023	\$250.00
Mailing Address 483 Cherry Hill Dr		
City, State, Zip Code Madison, MS 39110-7535		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party  
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Ref No: CF202328945  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	this period
Full Name <u>Friends Of Joel Carter</u>	01/23/2023	\$250.00
Mailing Address <u>PO Box 1842</u>		
City, State, Zip Code <u>Gulfport, MS 39502-1842</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Shadrack White</u>	01/12/2023	\$500.00
Mailing Address <u>504 Shalom Way</u>		
City, State, Zip Code <u>Flowood, MS 39232-8107</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chastity Magyar</u>	01/12/2023	\$250.00
Mailing Address <u>253 Ingram Loop</u>		
City, State, Zip Code <u>Benton, MS 39039-9181</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Celeste Hurst</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 475</u>		
City, State, Zip Code <u>Sandhill, MS 39161-0475</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party.

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipts this period
Full Name Rodney Hall	04/25/2023	\$250.00
Mailing Address PO Box 1301		
City, State, Zip Code Southaven, MS 38671-0013		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Dennis DeBar	01/12/2023	\$250.00
Mailing Address PO Box 1090		
City, State, Zip Code Leakesville, MS 39451-1090		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthony Brewer	02/13/2023	\$250.00
Mailing Address PO Box 322		
City, State, Zip Code Richton, MS 39476-0322		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tonya Wilder	01/12/2023	\$250.00
Mailing Address 1522 N Jordan St		
City, State, Zip Code Carthage, MS 39051-9102		
Name of Employer (Required) Liberty National Life Insurance		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Campaign to Elect Charles Busby</u>	01/12/2023	\$500.00
Mailing Address <u>901 Beach Blvd</u>		
City, State, Zip Code <u>Pascagoula, MS 39567-7205</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Mike</u>	01/12/2023	\$500.00
Mailing Address <u>115 Henry Rd</u>		
City, State, Zip Code <u>Vicksburg, MS 39183-9567</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ken Morgan</u>	01/12/2023	\$250.00
Mailing Address <u>1640 Highway 587</u>		
City, State, Zip Code <u>Foxworth, MS 39483</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Welding</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rickey Chance</u>	03/15/2023	\$250.00
Mailing Address <u>2010 Bayou Laporte Dr</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2400</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	this period
Full Name Justin James	04/25/2023	\$250.00
Mailing Address 11130 Road 701		
City, State, Zip Code Union, MS 39365-5253		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Horan Campaign	01/12/2023	\$250.00
Mailing Address PO Box 2166		
City, State, Zip Code Grenada, MS 38902-2166		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Political Party Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Federation of Rep. Women	04/19/2023	\$240.00
Mailing Address PO Box 2285		
City, State, Zip Code Oxford, MS 38655-7285		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$240.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 Inovators		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipt 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) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Gray	01/23/2023	\$250.00
Mailing Address 150 Public Sq Apt 3		
City, State, Zip Code Batesville, MS 38606-2124		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	this period
Full Name Progeorlan Walker	01/23/2023	\$250.00
Mailing Address 109 W Jackson St		
City, State, Zip Code Ridgeland, MS 39157-2404		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jared Morrison	01/12/2023	\$250.00
Mailing Address PO Box 401		
City, State, Zip Code Florence, MS 39073-0401		
Name of Employer (Required) Morrison Welding, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39571-6802		
Name of Employer (Required) Self		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39232-8688		
Name of Employer (Required) Self-Employed		
Occupation (Required) Doctor	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan Berry	04/25/2023	\$250.00
Mailing Address 322 Red Cedar Dr		
City, State, Zip Code Brandon, MS 39047-4514		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Nowell Dist 33 Campaign	01/12/2023	\$250.00
Mailing Address 15343 Swan Ct		
City, State, Zip Code Gulfport, MS 39503-8765		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Receipts this period
Full Name <u>Friends Of Jason White</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 691</u>		
City, State, Zip Code <u>Kosciusko, MS 39090-0691</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Rob Roberson</u>	01/12/2023	\$250.00
Mailing Address <u>1108 Hwy 182 West</u>		
City, State, Zip Code <u>Starkville, MS 39759</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Noah San</u>	01/12/2023	\$500.00
Mailing Address <u>216 Main St</u>		
City, State, Zip Code <u>Collins, MS 39428-6188</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Cruse</u>	02/13/2023	\$250.00
Mailing Address <u>1016 Sixth Ave Ste A</u>		
City, State, Zip Code <u>Picayune, MS 39466-3861</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00



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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt 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) Representative	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	this period
Full Name Casey Eure	01/12/2023	\$250.00
Mailing Address 11839 Sleeping Deer Ln		
City, State, Zip Code Saucier, MS 39574-6903		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Caldwell Campaign	01/12/2023	\$500.00
Mailing Address PO Box 167		
City, State, Zip Code Nesbit, MS 38651-0167		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Randy Rushing Campaign	01/12/2023	\$250.00
Mailing Address P.O. Box 424		
City, State, Zip Code Decatur, MS 39327-0424		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Quick	04/25/2023	\$500.00
Mailing Address 2411 Highway 301 N		
City, State, Zip Code Lake Cormorant, MS 38641-9582		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full Name Lin Carter	01/23/2023	\$250.00
Mailing Address 404 Hemphill St		
City, State, Zip Code Hattiesburg, MS 39401-3809		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Chris Johnson	01/12/2023	\$250.00
Mailing Address PO Box 18247		
City, State, Zip Code Hattiesburg, MS 39404-8247		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39532-2033		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	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 38832		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party

Reporting Period 01/01/2023 through 04/30/2023

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Secretary of State

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Randy Boyd Campaign</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 157</u>		
City, State, Zip Code <u>Mantachie, MS 38855-0157</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thomas Parker</u>	02/13/2023	\$250.00
Mailing Address <u>30 Patrick Rd</u>		
City, State, Zip Code <u>Laurel, MS 39443-7030</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Daniel Sparks</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 218</u>		
City, State, Zip Code <u>Belmont, MS 38827-0218</u>		
Name of Employer (Required) <u>Self Employed</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Steven Massengill</u>	01/12/2023	\$250.00
Mailing Address <u>424 Massengill Rd</u>		
City, State, Zip Code <u>Hickory Flat, MS 38633-7710</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipt this period
Full Name Bill Pigott	01/12/2023	\$250.00
Mailing Address 92 Pigott Easterling Rd		
City, State, Zip Code Tylertown, MS 39667-7221		
Name of Employer (Required) State of MS		
Occupation (Required) House Dist. 99	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39465-3345		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39759-6672		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	this period
Full Name James Burch	01/12/2023	\$250.00
Mailing Address 65588 Highway 63		
City, State, Zip Code Lucedale, MS 39452-5079		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State 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 38655-2964		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate 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 39466-8032		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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

Name of Candidate or Committee Mississippi Republican Party.

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	receipt this period
Full Name Committee to Elect Missy McGee	01/12/2023	\$250.00
Mailing Address 118 Natalie Ln		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	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 39437-3204		
Name of Employer (Required) South Central Regional Medical Center		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	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 39301-9127		
Name of Employer (Required) Lauderdale County		
Occupation (Required) Commissioner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chuck Easley	04/25/2023	\$250.00
Mailing Address P.O. Box 1472		
City, State, Zip Code Columbus, MS 39703-1472		
Name of Employer (Required) self-employed		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Receipts this period
Full Name <u>Friends to Elect Tracy Arnold</u>	01/12/2023	\$250.00
Mailing Address <u>301 Wyninegar Rd</u>		
City, State, Zip Code <u>Booneville, MS 38829</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lee County Republican Club PAC</u>	03/15/2023	\$250.00
Mailing Address <u>P.O. Box 4061</u>		
City, State, Zip Code <u>Tupelo, MS 38803</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tanner Newman</u>	04/25/2023	\$500.00
Mailing Address <u>205A Road 1650</u>		
City, State, Zip Code <u>Tupelo, MS 38804-8553</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Beth Luther Waldo</u>	01/12/2023	\$250.00
Mailing Address <u>4004 Highway 9 S</u>		
City, State, Zip Code <u>Pontotoc, MS 38863-9321</u>		
Name of Employer (Required) <u>Horizon Sales</u>		
Occupation (Required) <u>Sales Representative</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Mississippi Republican Party

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04/30/2023

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full Name James Hartness	04/25/2023	\$250.00
Mailing Address 214 Breezy Hill Dr		
City, State, Zip Code Madison, MS 39110-9235		
Name of Employer (Required) Ergon, Inc.		
Occupation (Required) Engineer	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Big Bang Trading Company LLC	04/25/2023	\$250.00
Mailing Address 530 S Tate St		
City, State, Zip Code Corinth, MS 38834-5532		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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		
City, State, Zip Code Enterprise, MS 39330-8103		
Name of Employer (Required) Long's Fish Camp		
Occupation (Required) Operator	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39553-7400		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	this period
Full Name <u>Friends Of Kimberly Remak</u>	01/23/2023	\$250.00
Mailing Address <u>5240 Wedgewood Dr</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-6617</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jamey Goodkind</u>	02/13/2023	\$250.00
Mailing Address <u>7432 Overlook Dr</u>		
City, State, Zip Code <u>Southaven, MS 38671-5841</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Bubba Bramlett</u>	03/01/2023	\$240.00
Mailing Address <u>PO Box 4</u>		
City, State, Zip Code <u>Brandon, MS 39043-0004</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Bubba Bramlett</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 4</u>		
City, State, Zip Code <u>Brandon, MS 39043-0004</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00

Name of Candidate or Committee Mississippi Republican Party.

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	receipt 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) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Account Manager	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipts this period
Full Name Philip Moran	01/12/2023	\$250.00
Mailing Address 18403 Old Joe Moran Rd		
City, State, Zip Code Kiln, MS 39556-8507		
Name of Employer (Required) Philips Pest Control		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lauren Smith	02/13/2023	\$250.00
Mailing Address 113 Winchester Pl		
City, State, Zip Code Saltillo, MS 38866-6806		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39426-7741		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bob for 58	01/23/2023	\$250.00
Mailing Address 564 Arbor Dr		
City, State, Zip Code Madison, MS 39110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Cole	02/13/2023	\$250.00
Mailing Address 39 Cole Ln		
City, State, Zip Code Columbia, MS 39429-8810		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dan Eubanks State Rep Campaign	01/23/2023	\$250.00
Mailing Address 6912 Ginwood Cv		
City, State, Zip Code Walls, MS 38680-9284		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each 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 39402-8632		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jon Lancaster	01/12/2023	\$250.00
Mailing Address 463 County Road 85		
City, State, Zip Code Houston, MS 38851-9347		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00



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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	this period
Full Name <u>Committee to Elect Jeremy England</u>	01/12/2023	\$250.00
Mailing Address <u>P.O. Box 6363</u>		
City, State, Zip Code <u>Vancleave, MS 39565</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Mitchel Young</u>	04/25/2023	\$500.00
Mailing Address <u>101 Hickory Grove Church Rd</u>		
City, State, Zip Code <u>Sumrall, MS 39482-9415</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Christopher McDaniel</u>	02/13/2023	\$500.00
Mailing Address <u>506 S Court St</u>		
City, State, Zip Code <u>Ellisville, MS 39437-3510</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Vince Mangold</u>	01/12/2023	\$250.00
Mailing Address <u>1276 Wellman Dr SE</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-7402</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00



Name of Candidate or Committee Mississippi Republican Party

Reporting Period 01/01/2023 through 04/30/2023

Ref No: CF202328945

Date Filed: 5/11/2023

Michael Watson  
Secretary of State

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full Name Joey Fillingane	01/12/2023	\$250.00
Mailing Address 8 Westbrook Dr		
City, State, Zip Code Sumrall, MS 39482-7903		
Name of Employer (Required) State of MS		
Occupation (Required) Senator	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Farmer/Rancher	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Representative	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party.

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin Torske	02/13/2023	\$250.00
Mailing Address 23 Copperhead Rd		
City, State, Zip Code Laurel, MS 39443-8916		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Barnes	01/12/2023	\$250.00
Mailing Address 13054 Canal Rd		
City, State, Zip Code Gulfport, MS 39503-9121		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Mississippi Republican Party.

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Michael Watson

Secretary of State

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Receipt this period
Full Name Bubba Carpenter Campaign	01/12/2023	\$250.00
Mailing Address 128 Jefferson St		
City, State, Zip Code Burnsville, MS 38833-9355		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	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 38967-0095		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39301-7551		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	this period
Full Name <u>Friends of Delbert Hosemann</u>	01/12/2023	\$500.00
Mailing Address <u>2219 Heritage Hill Dr</u>		
City, State, Zip Code <u>Jackson, MS 39211-5822</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jack Willis</u>	02/13/2023	\$250.00
Mailing Address <u>PO Box 160</u>		
City, State, Zip Code <u>Grenada, MS 38902-0160</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Vicky Carr</u>	02/13/2023	\$500.00
Mailing Address <u>19000 Pine Forrest Rd</u>		
City, State, Zip Code <u>Gulfport, MS 39503-9146</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael W McLendon</u>	01/12/2023	\$250.00
Mailing Address <u>2245 Memphis Street</u>		
City, State, Zip Code <u>Hernando, MS 38632-1743</u>		
Name of Employer (Required) <u>City of Hernando</u>		
Occupation (Required) <u>Alderman Ward 4</u>	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Michel	01/12/2023	\$250.00
Mailing Address 241 Richardson Rd		
City, State, Zip Code Ridgeland, MS 39157-8612		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39402-9596		
Name of Employer (Required) Java Moe's Coffe Co		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Noal Akins	01/12/2023	\$250.00
Mailing Address PO Box 713		
City, State, Zip Code Brookhaven, MS 39602-0713		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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 38923-6753		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	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 39211-5617		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Authorized Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Steverson Campaign	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39452-3339		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt 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 Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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) Retired	Aggregate Year-to-date	\$250.00



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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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 39702-9418		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39567-7554		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39503-7725		
Name of Employer (Required) Lawyer		
Occupation (Required) Lawyer	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39574-8815		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Political Party Committee	Date (Mo., Day, Year)	Amount of each 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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		
City, State, Zip Code Raleigh, MS 39153		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party.  
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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	this period
Full Name <u>Lyn Fitch for Mississippi</u>	01/12/2023	\$500.00
Mailing Address <u>PO Box 698</u>		
City, State, Zip Code <u>Madison, MS 39130</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Committee to Elect Jeffrey Guice</u>	01/23/2023	\$250.00
Mailing Address <u>P.O. Box 549</u>		
City, State, Zip Code <u>Ocean Springs, MS 39566</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brent Bailey</u>	01/12/2023	\$500.00
Mailing Address <u>107 Cedar Ridge Dr</u>		
City, State, Zip Code <u>Canton, MS 39046-9036</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Haldon Kittrell</u>	01/12/2023	\$250.00
Mailing Address <u>1214 Church St</u>		
City, State, Zip Code <u>Columbia, MS 39429-3126</u>		
Name of Employer (Required) <u>Marion County</u>		
Occupation (Required) <u>District Attorney</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party,

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	Date (Mo., Day, Year)	receipt this period
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 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

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	this period
Full Name Steve Moreman	04/25/2023	\$250.00
Mailing Address 548 Thomas E Jolly Dr W		
City, State, Zip Code Monticello, MS 39654-4602		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39601-9508		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Committee	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 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) State Office Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Dana Underwood McLean	01/23/2023	\$250.00
Mailing Address 332 Williamsburg Rd		
City, State, Zip Code Columbus, MS 39705-1948		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Mississippi Republican Party.Reporting Period 01/01/2023 through 04/30/2023

Ref No: CF202328945

Date Filed: 5/11/2023

Michael Watson  
Secretary of State

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of David Parker</u>	01/12/2023	\$250.00
Mailing Address <u>4889 Bobo Pl</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-8223</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Committee to Elect Benjamin Suber</u>	01/12/2023	\$250.00
Mailing Address <u>PO Box 8</u>		
City, State, Zip Code <u>Bruce, MS 38915</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Political Party Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Lee Yancey</u>	01/12/2023	\$250.00
Mailing Address <u>423 Woodlands Cir</u>		
City, State, Zip Code <u>Brandon, MS 39047-8099</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>State Office Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nick Bain Campaign</u>	01/12/2023	\$250.00
Mailing Address <u>516 N Fillmore St</u>		
City, State, Zip Code <u>Corinth, MS 38834-4823</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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 38652-8401		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 39073-1294		
Name of Employer (Required) Auction 18		
Occupation (Required) Auctioneer	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 Rd		
City, State, Zip Code Starkville, MS 39759-7378		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	receipt this period
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dale Goodin	01/12/2023	\$250.00
Mailing Address 72 Memorial Church Rd		
City, State, Zip Code Richton, MS 39476-9213		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipt this period
Full Name Phillip Harding	02/13/2023	\$250.00
Mailing Address 219 McNamey Dr		
City, State, Zip Code Biloxi, MS 39531		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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) Realtor	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neil Whaley	01/12/2023	\$250.00
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	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rachel Aycock	01/23/2023	\$250.00
Mailing Address 13118 Seaman Rd		
City, State, Zip Code Vancleave, MS 39565-8294		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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 39042-3617		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Legislator	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 38901-8957		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39157-4043		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 38915-0656		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipts this period
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	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

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full Name <u>Larry Byrd</u>	01/12/2023	\$250.00
Mailing Address <u>17 Byrd Rd</u>		
City, State, Zip Code <u>Petal, MS 39465-9594</u>		
Name of Employer (Required) <u>Locke Drug</u>		
Occupation (Required) <u>Pharmacist</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Josh Hawkins</u>	04/25/2023	\$250.00
Mailing Address <u>385 Highway 51 N</u>		
City, State, Zip Code <u>Batesville, MS 38606-2352</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Authorized Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Angela Burks Hill</u>	01/23/2023	\$250.00
Mailing Address <u>54 Watts Rd</u>		
City, State, Zip Code <u>Picayune, MS 39466-7846</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Olive Branch Leadership PAC</u>	03/15/2023	\$240.00
Mailing Address <u>4615 Alexander Rd</u>		
City, State, Zip Code <u>Olive Branch, MS 38654</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$240.00

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Ref No: CF202328945

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Receipts this period
Full Name Rita Parks	01/23/2023	\$250.00
Mailing Address PO Box 303		
City, State, Zip Code Corinth, MS 38835-0303		
Name of Employer (Required) MS Senate		
Occupation (Required) Legislator	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Soigne Corporation	01/12/2023	\$1,000.00
Mailing Address 639 S Spring St Apt 2C		
City, State, Zip Code Los Angeles, CA 90014-1936		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Camp	01/12/2023	\$250.00
Mailing Address 3301 Hamill Farm Rd		
City, State, Zip Code Ocean Springs, MS 39564-8835		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Hale	01/12/2023	\$250.00
Mailing Address 1961 Country Club Rd		
City, State, Zip Code Senatobia, MS 38668-7028		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00



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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	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-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	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



Name of Candidate or Committee Mississippi Republican PartyReporting Period 01/01/2023 through 04/30/2023

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Ford	01/12/2023	\$250.00
Mailing Address 206 Willow Way		
City, State, Zip Code Vicksburg, MS 39183-9221		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher Hennis	01/12/2023	\$250.00
Mailing Address PO Box 203		
City, State, Zip Code Raleigh, MS 39153-0203		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tate for Governor	01/12/2023	\$1,000.00
Mailing Address 4 River Bend Pl Ste 210		
City, State, Zip Code Flowood, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$16,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tate for Governor	04/19/2023	\$2,050.00
Mailing Address 4 River Bend Pl Ste 210		
City, State, Zip Code Flowood, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$16,100.00

Name of Candidate or Committee Mississippi Republican Party.

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	receipt this period
<input checked="" type="checkbox"/> Other (please specify) Candidate Committee		
Full Name Tate for Governor	04/10/2023	\$11,000.00
Mailing Address 4 River Bend Pl Ste 210		
City, State, Zip Code Flowood, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$16,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) Candidate Committee		
Full Name Tate for Governor	03/29/2023	\$2,050.00
Mailing Address 4 River Bend Pl Ste 210		
City, State, Zip Code Flowood, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$16,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)		
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) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) Candidate Committee		
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 Year-to-date	\$490.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Receipt this period
<input checked="" type="checkbox"/> Other (please specify) Candidate Committee		
Full Name Gene Newman Campaign	01/23/2023	\$250.00
Mailing Address 801 Country Place Dr		
City, State, Zip Code Pearl, MS 39208-6621		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$490.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)		
Full Name Traci Hale	01/12/2023	\$250.00
Mailing Address 2303 Westwind Dr		
City, State, Zip Code Nesbit, MS 38651-7326		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee \_\_\_\_\_

Reporting Period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS -- IN-KIND CONTRIBU

Ref No: CF202328945  
Date Filed: 5/11/2023  
Michael Watson  
Secretary of State

Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

(Mo., Day, Year)

Full Name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Estimated Amount  
of In-Kind  
Contribution\*

In-Kind Description:

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

Name of Candidate or Committee Mississippi Republican Party.

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Ref No: CF202328945

Date Filed: 5/11/2023

Michael Watson  
Secretary of State

## ITEMIZED DISBURSEMENTS

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

Name of Candidate or Committee

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## ITEMIZED DISBURSEMENTS

Full Name	Noah Nicaud	Date (Mo., Day, Year)	disbursement this period
Mailing Address	7529 Crooked Stick Dr.	04/25/2023	\$450.00
City, State, Zip Code	Diamondhead, MS 39525-3895		
Purpose of Disbursement (Optional) Data Entry		Aggregate Year-to-date	\$1,850.00
Full Name	Troy Brewer CPA Inc.	Date (Mo., Day, Year)	Amount of each disbursement 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 Disbursement (Optional) Compliance / Accounting		Aggregate Year-to-date	\$1,050.00
Full Name	Celeste Blanks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1512 Hwy 469 S	01/26/2023	\$450.00
City, State, Zip Code	Florence, MS 39073-9069		
Purpose of Disbursement (Optional) Building Maintenance and Repairs		Aggregate Year-to-date	\$450.00
Full Name	Hinds County Tax Collector	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 1727	02/01/2023	\$12,901.15
City, State, Zip Code	Jackson, MS 39215-1727		
Purpose of Disbursement (Optional) Property Tax		Aggregate Year-to-date	\$12,901.15
Full Name	Molly Ames	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	453 Pine Ridge Dr	01/26/2023	\$385.00
City, State, Zip Code	Madison, MS 39110-9704		
Purpose of Disbursement (Optional) Building Landscaping		Aggregate Year-to-date	\$385.00
Full Name	Hinds County Tax Collector	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 1727	02/01/2023	\$609.46
City, State, Zip Code	Jackson, MS 39215-1727		
Purpose of Disbursement (Optional) Property Tax		Aggregate Year-to-date	\$13,510.61

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## ITEMIZED DISBURSEMENTS

Full Name	James Peavy	Date (Mo., Day, Year)	di
Mailing Address	584 Boardwalk Blvd	01/11/2023	\$500.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursement (Optional) Campaign Worker		Aggregate Year-to-date	\$500.00
Full Name	Jackson-Alvarez Group	Date (Mo., Day, Year)	Amount of each disbursement 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 Disbursement (Optional) Consulting / Communications		Aggregate Year-to-date	\$11,000.00
Full Name	Pro-Life Mississippi	Date (Mo., Day, Year)	Amount of each disbursement 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 Disbursement (Optional) Donation		Aggregate Year-to-date	\$1,000.00
Full Name	Celeste Blanks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1512 Hwy 469 S	03/27/2023	\$250.00
City, State, Zip Code	Florence, MS 39073-9069		
Purpose of Disbursement (Optional) Building Maintenance and Repairs		Aggregate Year-to-date	\$950.00
Full Name	Covington Electric Service, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 720105	02/14/2023	\$1,016.00
City, State, Zip Code	Jackson, MS 39272-0105		
Purpose of Disbursement (Optional) 001-Building Repairs		Aggregate Year-to-date	\$1,016.00
Full Name	Budget Signs, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2358 Highway 80 W	03/20/2023	\$361.80
City, State, Zip Code	Jackson, MS 39204-2312		
Purpose of Disbursement (Optional) Sign Printing		Aggregate Year-to-date	\$361.80



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## ITEMIZED DISBURSEMENTS

Full Name	James Peavy	Date (Mo., Day, Year)	disbursement this period
Mailing Address	584 Boardwalk Blvd	02/16/2023	\$243.52
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursement (Optional) Mileage		Aggregate Year-to-date	\$1,243.52
Full Name	Mississippi Agriculture Museum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1150 Lakeland Dr	02/27/2023	\$535.00
City, State, Zip Code	Jackson, MS 39216-4728		
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$535.00
Full Name	Amplify	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	735 N. Congress St	02/14/2023	\$2,000.00
City, State, Zip Code	Jackson, MS 39202-3009		
Purpose of Disbursement (Optional) Digital Advertising		Aggregate Year-to-date	\$2,000.00
Full Name	Trace Howell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	25 Chatham Pl	01/13/2023	\$500.00
City, State, Zip Code	Clinton, MS 39056-9326		
Purpose of Disbursement (Optional) Data Entry		Aggregate Year-to-date	\$500.00
Full Name	James Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	584 Boardwalk Blvd	03/06/2023	\$500.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursement (Optional) Campaign Worker		Aggregate Year-to-date	\$1,743.52
Full Name	Daniel Ames	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	453 Pine Ridge Dr	01/26/2023	\$385.00
City, State, Zip Code	Madison, MS 39110-9704		
Purpose of Disbursement (Optional) Building Landscaping		Aggregate Year-to-date	\$385.00

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# ITEMIZED DISBURSEMENTS

Full Name	Noah Nicaud	Date (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 Disbursement (Optional) Data Entry		Aggregate Year-to-date	\$450.00
Full Name	Metro Mechanical	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 368	03/06/2023	\$907.75
City, State, Zip Code	Bolton, MS 39041-0368		
Purpose of Disbursement (Optional) Building Maintenance and Repairs		Aggregate Year-to-date	\$907.75
Full Name	Community Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 1869	04/25/2023	\$250.21
City, State, Zip Code	Brandon, MS 39043-1869		
Purpose of Disbursement (Optional) Bank Fees		Aggregate Year-to-date	\$250.21
Full Name	Align IT Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 14054	04/13/2023	\$4,918.31
City, State, Zip Code	Jackson, MS 39236-4054		
Purpose of Disbursement (Optional) Computer Expense		Aggregate Year-to-date	\$4,918.31
Full Name	Mississippi Republican Party.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	415 Yazoo St Ste 200	02/21/2023	\$18,542.52
City, State, Zip Code	Jackson, MS 39205		
Purpose of Disbursement (Optional) Joint Allocated Transfer		Aggregate Year-to-date	\$18,542.52
Full Name	James Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	584 Boardwalk Blvd	01/27/2023	\$500.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursement (Optional) Campaign Worker		Aggregate Year-to-date	\$1,000.00

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## ITEMIZED DISBURSEMENTS

Full Name	Jackson State University	Date (Mo., Day, Year)	disbursement this period
Mailing Address	1400 John R Lynch St	02/24/2023	\$1,500.00
City, State, Zip Code	Jackson, MS 39217-0002		
Purpose of Disbursement (Optional) Donation		Aggregate Year-to-date	\$1,500.00
Full Name	Jackson-Alvarez Group	Date (Mo., Day, Year)	Amount of each disbursement 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 Disbursement (Optional) Consulting / Communications		Aggregate Year-to-date	\$5,000.00
Full Name	A Complete Flag Source	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5295 I 55 N	01/26/2023	\$2,040.03
City, State, Zip Code	Jackson, MS 39206-4301		
Purpose of Disbursement (Optional) Flag Rental		Aggregate Year-to-date	\$2,040.03

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