Michael Watson SECRETARY OF STATE

Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMENTS

2023 Election

	AND THE RESIDENCE OF SECTION STATES OF SECTION STATES OF SECTION SECTI	RECEIVED	
Name of Candidate Tate for Governor			DATE STAMP ons Division at 4:44 pm, Oct 31, 2023
Address PO Box 24355	City	Zip Jackson 39225	
Telephone (Work) Treasurer KNITIN MODEWITT Office Sought	(Fax)		
Check here if above information is different from previo			
TYPE	OF REPORT		
May 10, 2023 Periodic Report (January 1, 2023, throug	h April 30, 2023)		landatory
June 9, 2023 Periodic Report (May 1, 2023, through Ma	ay 31, 2023)	M	andatory
July 10, 2023 Periodic Report (June 1, 2023, through July 10, 20	une 30, 2023)		landatory
August 1, 2023 Primary Pre-Election Report (July 1, 2	023, through July 29, 2023)	M	andatory
August 22, 2023 Primary Pre-Runoff Report (July 30, 2	2023, through August 19, 2023)	Runoff Candida	ites Only
October 10, 2023 Periodic Report (July 1, 2023, throug	h September 30, 2023)		landatory
* October 31, 2023 Pre-Election Report (October 1, 2023	3, through October 29, 2023)	М	landatory
November 21, 2023 Pre-Runoff Report (October 30, 20	23, through November 19, 2023)	Runoff Candida	tes Only
January 10, 2024 Periodic Report (October 1, 2023, thr	ough December 31, 2023)		andatory
Termination Report (Committee will no longer accept co campaign expenditures, has no outstanding campaign d zero cash on hand balance)	-1-4 -1-12 - 12	Required to termina obligations	te reporting

<u>IMPORTANT</u>

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline.

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

JAN. 1. 2023 CASH ON HAND BALANCE

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS 1			W	
TOTAL AMT OF DISBURSEMENTS				

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

	ACCUMULATED AFTER JANUARY 1, 2018
IAN 1 2022 CASH ON HAND BALANC	

JAN. 1, 2023 CASH ON HAND BALAN	CE			\$5,899,590.0	
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$1,143,399.73	\$3,519.00	\$1,146,918.73	\$6,251,151.95	
TOTAL AMT OF DISBURSEMENTS	\$4,121,077.10	\$6,247.19	\$4,127,324.29	\$10,978,957.79	
CASH ON HAND BALANCE				\$1,171,784.19	

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

Signature of Director or Treasurer

10/30/2023

Date

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

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.

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

^{1.} Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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Name	of	Candidate	or	Committee

Reporting Period 10/01/2023

__ through ____10/29/2023

Source: Corporation PAC Individual Loan		
Source: L' Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name DirecTV	10/23/2023	\$250.00
Mailing Address 2260 East Imperial Hwy		
City, State, Zip Code El Segundo, CA 90245-3501		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
	Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Dees	10/25/2023	\$1,000.00
Mailing Address 2110 Tribbett Rd		
City, State, Zip Code Leland, MS 38756-9680		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
	rear-to-date	· · · · · · · · · · · · · · · · · · ·
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required)	Date (Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$3,500.00 Amount of each receipt
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) Limited Partnership	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$3,500.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Limited Partnership Full Name Deviney Equipment/Rental & Supply	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$3,500.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Limited Partnership Full Name Deviney Equipment/Rental & Supply Mailing Address PO Box 7179 City, State Zip Code	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$3,500.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Manufactured Housing Association PAC Mailing Address P.O. Box 320369 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Limited Partnership Full Name Deviney Equipment/Rental & Supply Mailing Address PO Box 7179 City, State, Zip Code Jackson, MS 39282-7179	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$3,500.00 Amount of each receipt this period

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Name	of	Candidate	or	Committee

Reporting Period

10/01/2023

Tate for Governor

_____ through

10/29/2023

	·	Oldin Administration of the State of the Sta
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
and the second s	(, 2)	this period
Full Name Lampkin Butts	10/18/2023	\$1,000.00
Mailing Address 8 Laurawood Court		
City, State, Zip Code Laurel, MS 39443-5811		
Name of Employer (Required) Sanderson Farms		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Griffin Tanner	10/16/2023	\$5,000.00
Mailing Address 3841 Majestic Oaks Dr.		
City, State, Zip Code Oxford, MS 38655-8153		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate	\$5,000.00
PPC 2017 PMC 2017 PPAS 201	Year-to-date	40,000.00
Source: Corporation PAC ** Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Rimmer Covington Jr.	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Rimmer Covington Jr. Mailing Address 1215 East Beach Blvd City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
Tother (please specify) Full Name Rimmer Covington Jr. Mailing Address 1215 East Beach Blvd City, State, Zip Code Pass Christian, MS 39571-4704	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Rimmer Covington Jr. Mailing Address 1215 East Beach Blvd City, State, Zip Code Pass Christian, MS 39571-4704 Name of Employer (Required) C-REALOB, LLC Occupation (Required)	Date (Mo., Day, Year) 10/12/2023 Aggregate	Amount of each receipt this period \$5,000.00
Other (please specify) Full Name Rimmer Covington Jr. Mailing Address 1215 East Beach Blvd City, State, Zip Code Pass Christian, MS 39571-4704 Name of Employer (Required) C-REALOB, LLC Occupation (Required) Owner Source: ** Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/12/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Rimmer Covington Jr. Mailing Address 1215 East Beach Blvd City, State, Zip Code Pass Christian, MS 39571-4704 Name of Employer (Required) C-REALOB, LLC Occupation (Required) Owner Source: ** Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
City, State, Zip Code Pass Christian, MS 39571-4704 Name of Employer (Required) Coccupation (Required) Coccupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Dish	Date (Mo., Day, Year) 10/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Rimmer Covington Jr. Mailing Address 1215 East Beach Blvd City, State, Zip Code Pass Christian, MS 39571-4704 Name of Employer (Required) C-REALOB, LLC Occupation (Required) Owner Source: ② Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name Dish Mailing Address PO Box 6622	Date (Mo., Day, Year) 10/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Name of Candidate or Committee

Tate for Governor

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10/29/2023

Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony Jones	10/12/2023	\$1,000.00
Mailing Address 6320 Timber Oaks Dr.		
City, State, Zip Code Olive Branch, MS 38654-6934		
Name of Employer (Required) Century 21 #1, Realty Group, LLC		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cannon Cleary McGraw LLC	10/16/2023	\$5,000.00
Mailing Address 800 College Hill Road #5101		
City, State, Zip Code Oxford, MS 38655-2780		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	0.0000000000000000000000000000000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Wade Litton Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Wade Litton Mailing Address 110 É Wilson Avenue	(Mo., Day, Year)	receipt this period
Tull Name Wade Litton Mailing Address 110 E Wilson Avenue City, State, Zip Code Greenwood, MS 38930-2351	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Wade Litton Mailing Address 110 E Wilson Avenue City, State, Zip Code Greenwood, MS 38930-2351 Name of Employer (Required) Wade Incorporated Occupation (Required)	(Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Wade Litton Mailing Address 110 E Wilson Avenue City, State, Zip Code Greenwood, MS 38930-2351 Name of Employer (Required) Wade Incorporated Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Wade Litton Mailing Address 110 E Wilson Avenue City, State, Zip Code Greenwood, MS 38930-2351 Name of Employer (Required) Wade Incorporated Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Greenwood, MS 38930-2351 Name of Employer (Required) Wade Incorporated Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Breerwood	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Wade Litton Mailing Address 110 E Wilson Avenue City, State, Zip Code Greenwood, MS 38930-2351 Name of Employer (Required) Wade Incorporated Occupation (Required) CEO Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify) Full Name Adam Breerwood Mailing Address 712 West North St.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Candidate	or	Committee

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ITEMIZED RECEIPTS

10/29/2023

Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank W. Phillips	10/12/2023	\$300.00
Mailing Address 9164 Ashburn Lane		
City, State, Zip Code Gulfport, MS 39503-6125		
Name of Employer (Required) N/A	*	
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merit Health Madison	10/04/2023	\$2,775.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,775.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William V Cork	10/02/2023	\$260.00
Mailing Address 304 Ballentine St		
City, State, Zip Code Bay Saint Louis, MS 39520-3902		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Administration	Aggregate Year-to-date	\$510.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth E Russell	10/12/2023	\$5,000.00
Mailing Address 123 Post Oak		
City, State, Zip Code Oxford, MS 38655-2799		
Name of Employer (Required) Cite Armored Inc		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00

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Name of Candidate or Committee

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Tate for Governor

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Source: Corporation PAC Individual Loan **Dother (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Moran Campaign Fund	10/11/2023	\$5,000.00
Mailing Address 18516 Old Joe Moran Rd		
City, State, Zip Code Kiln, MS 39556-8219		
Name of Employer (Required)		4
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy R. Folkes	10/06/2023	\$200.00
Mailing Address 63 Herbert Trigg Rd		
City, State, Zip Code Seminary, MS 39479-4352		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$700.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William D. Dennis Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William D. Dennis Mailing Address P.O. Box 6181	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name William D. Dennis Mailing Address P.O. Box 6181 City, State, Zip Code Gulfport, MS 39506-6181	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name William D. Dennis Mailing Address P.O. Box 6181 City, State, Zip Code Gulfport, MS 39506-6181 Name of Employer (Required) Specialty Contractors & Associates, Inc. Occupation (Required)	(Mo., Day, Year) 10/12/2023 Aggregate	receipt this period \$2,000.00
Tother (please specify) Full Name William D. Dennis Mailing Address P.O. Box 6181 City, State, Zip Code Gulfport, MS 39506-6181 Name of Employer (Required) Specialty Contractors & Associates, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/12/2023 Aggregate Year-to-date Date	receipt this period \$2,000.00 \$4,000.00 Amount of each receipt
Other (please specify) Full Name William D. Dennis Mailing Address P.O. Box 6181 City, State, Zip Code Gulfport, MS 39506-6181 Name of Employer (Required) Specialty Contractors & Associates, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$4,000.00 Amount of each receipt this period
Tull Name William D. Dennis Mailing Address P.O. Box 6181 City, State, Zip Code Gulfport, MS 39506-6181 Name of Employer (Required) Specialty Contractors & Associates, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Deviney Brothers, Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$4,000.00 Amount of each receipt this period
Tull Name William D. Dennis Mailing Address P.O. Box 6181 City, State, Zip Code Gulfport, MS 39506-6181 Name of Employer (Required) Specialty Contractors & Associates, Inc. Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Deviney Brothers, Inc. Mailing Address PO Box 6717	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$4,000.00 Amount of each receipt this period

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or Committee	Tate for Governor		

Name of Candidate 10/01/2023 Reporting Period 10/29/2023 _ through _

	T	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anne Hall Brashier	10/24/2023	\$2,500.00
Mailing Address 179 Harper St.		
City, State, Zip Code Ridgeland, MS 39157-8675		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State of Mississippi	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brown's Main Street Pharmacy Inc.	10/11/2023	\$250.00
Mailing Address 1685 South Main St.		
City, State, Zip Code Greenville, MS 38701-7326		William Control of the Control of th
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$250.00
	Year-to-date	
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Mary Mahoney's, Inc. Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City State Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City, State, Zip Code Biloxi, MS 39533-0436	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City, State, Zip Code Biloxi, MS 39533-0436 Name of Employer (Required)	Date (Mo., Day, Year) 10/19/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City, State, Zip Code Biloxi, MS 39533-0436 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City, State, Zip Code Biloxi, MS 39533-0436 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City, State, Zip Code Biloxi, MS 39533-0436 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Merit Health River Region	Date (Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Mary Mahoney's, Inc. Mailing Address P.O. Box 436 City, State, Zip Code Biloxi, MS 39533-0436 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) □ LLC Full Name Merit Health River Region Mailing Address PO Box 5006	Date (Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate or Committee

Reporting Period

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10/01/2023 thr

_ through _

10/29/2023

Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Enova	10/23/2023	\$1,000.00
Mailing Address 175 W. Jackson Blvd STE 1000		
City, State, Zip Code Chicago, IL 60604-2863		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kirk Kinard	10/14/2023	\$5,000.00
Mailing Address 3824 MAJESTIC OAKS DR		
City, State, Zip Code Oxford, MS 38655-8143		
Name of Employer (Required) Willow Pain and Wellness, LLC		
Occupation (Required) Doctor	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	A CONTRACTOR OF THE PARTY OF TH	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Ronald Aguzzi Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City, State, Zip Code Cleveland, MS 38732-9565	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City, State, Zip Code Cleveland, MS 38732-9565 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 10/11/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City, State, Zip Code Cleveland, MS 38732-9565 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/11/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City, State, Zip Code Cleveland, MS 38732-9565 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tull Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City, State, Zip Code Cleveland, MS 38732-9565 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Terry W. Green	(Mo., Day, Year) 10/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
□ Other (please specify) Full Name Ronald Aguzzi Mailing Address 431 Yale Street Extension City, State, Zip Code Cleveland, MS 38732-9565 Name of Employer (Required) Self Occupation (Required) Farmer Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify) Full Name Terry W. Green Mailing Address 29 Windermere Ln	(Mo., Day, Year) 10/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry W. Green	10/12/2023	\$2,500.00
Mailing Address 29 Windermere Ln		
City, State, Zip Code Houston, TX 77063-1409		ANTO BELLEVIOLET CONTRACTOR OF THE STATE OF
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$22,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wiley Cooper	10/03/2023	\$7,500.00
Mailing Address 26 Spring St.		
City, State, Zip Code Mountain Brk, AL 35213-3020		
Name of Employer (Required) AmWins Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Chamblee	10/12/2023	\$500.00
Mailing Address PO Drawer 3859		
City, State, Zip Code Jackson, MS 39207-3859		
Name of Employer (Required) MS Petroleum Marketers & Convenience Stores As		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stan King	10/19/2023	\$1,000.00
Mailing Address 333 Brookhaven St		
City, State, Zip Code Brookhaven, MS 39601-3680		
Name of Employer (Required) Stan King GM Superstore		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Mississippi Forest Sustainability PAC	10/06/2023	\$10,000.00	
Mailing Address 6311 Ridgewood Rd Ste W405		marking and the second	
City, State, Zip Code Jackson, MS 39211-2035			
Name of Employer (Required)			
Occupation (Required)	Aggregate Year-to-date	\$10,000.00	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Anne Ceranti	10/17/2023	\$2,500.00	
Mailing Address PO Box 5339			
City, State, Zip Code Greenville, MS 38704-5339			
Name of Employer (Required) N/A			
Occupation (Required) Homemaker	Aggregate Year-to-date	\$2,500.00	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Michael A. Bradshaw	10/18/2023	\$2,000.00	
Mailing Address 327 Tatum Camp Rd			
City, State, Zip Code Purvis, MS 39475-3301			
Name of Employer (Required) M.A.A.J. Investments, LLC			
Occupation (Required) Manager One	Aggregate Year-to-date	\$2,000.00	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Todd A. Williams	10/01/2023	\$1,500.00	
Mailing Address 3889 Maple Ave STE 350			
City, State, Zip Code Dallas, TX 75219-3923			
Name of Employer (Required) N/A			
Occupation (Required) Retired	Aggregate Year-to-date	\$1,500.00	

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Source: Corporation PAC Individual Loan T Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merit Health Rankin	10/04/2023	\$2,775.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,775.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald A. White	10/25/2023	\$500.00
Mailing Address 211 Ridge Dr		
City, State, Zip Code Jackson, MS 39216-4112		
Name of Employer (Required) White Realty Inc		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bruce Deviney	10/25/2023	\$3,000.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required) Deviney Equipment/Rental & Supply		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Construction Company, Inc.	10/25/2023	\$1,000.00
Mailing Address PO Box 6717		-
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David B. Blackburn	10/02/2023	\$5,000.00
Mailing Address 114 Pin Oak Dr		
City, State, Zip Code Oxford, MS 38655-6052		
Name of Employer (Required) The Blackburn Group, LLC		
Occupation (Required) CEO	Aggregate Year-to-date	\$6,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merit Health Womens Hospital	10/04/2023	\$2,775.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,775.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name B. Bryan Jones III	10/03/2023	\$500.00
Mailing Address 134 Hidden Heights		
City, State, Zip Code Ridgeland, MS 39157-8626		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baker Donelson Mississippi PAC	10/18/2023	\$15,000.00
Mailing Address PO Box 14167		
City, State, Zip Code Jackson, MS 39236-4167		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00

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Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CR Fuels LLC	10/18/2023	\$1,000.00
Mailing Address PO Box 505		****
City, State, Zip Code Laurel, MS 39441-0505		
Name of Employer (Required)		**************************************
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Holman	10/10/2023	\$2,500.00
Mailing Address 408 Hancock St.		
City, State, Zip Code Bay Saint Louis, MS 39520-4314		
Name of Employer (Required) Ranchland Tractor & ATV, LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Douglas Moody	10/11/2023	\$1,000.00
Mailing Address 13200 Westminister Blvd		
City, State, Zip Code Gulfport, MS 39503-4386		
Name of Employer (Required) Insurance		
Occupation (Required) VP	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Douglas Moody	10/12/2023	\$1,000.00
Mailing Address 13200 Westminister Blvd		5
City, State, Zip Code Gulfport, MS 39503-4386		
Name of Employer (Required) Insurance		
Occupation (Required)	Aggregate Year-to-date	\$2,250.00

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Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name James Douglas Moody	10/12/2023	\$300.00
Mailing Address 13200 Westminister Blvd		
City, State, Zip Code Gulfport, MS 39503-4386		
Name of Employer (Required) Insurance		
Occupation (Required) VP	Aggregate Year-to-date	\$2,550.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alexander Joseph Kiamie III	10/16/2023	\$5,000.00
Mailing Address PO Box 1055		
City, State, Zip Code Oxford, MS 38655-1055		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	100000000000000000000000000000000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City, State, Zip Code Bentonville, AR 72716-6209	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City, State, Zip Code Bentonville, AR 72716-6209 Name of Employer (Required)	(Mo., Day, Year) 10/06/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City, State, Zip Code Bentonville, AR 72716-6209 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/06/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City, State, Zip Code Bentonville, AR 72716-6209 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLP	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
□ Other (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City, State, Zip Code Bentonville, AR 72716-6209 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan ② Other (please specify) LLP Full Name Address	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name WalMart Inc. PAC for Responsible Government Mailing Address 702 SW 8th St City, State, Zip Code Bentonville, AR 72716-6209 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLP Full Name Adams & Reese LLP Mailing Address 4500 One Shell Square	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Dean Jr.	10/06/2023	\$1,000.00
Mailing Address PO Box 272	10/00/2020	Ψ1,000.00
City, State, Zip Code Leland, MS 38756-0272		
Name of Employer (Required) Dean Land & Reality Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merit Health Wesley	10/04/2023	\$2,775.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$2,775.00
	Year-to-date	
Source: Corporation PAC ** Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address 1 Rockytop Lane	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address 1 Rockytop Lane City, State, Zip Code Clinton, TN 37716-4204 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address 1 Rockytop Lane City, State, Zip Code Clinton, TN 37716-4204 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address 1 Rockytop Lane City, State, Zip Code Clinton, TN 37716-4204 Name of Employer (Required) Self Occupation (Required) The Hollingsworth Companies Source: Corporation PAC Individual Loan Other (please specify) Full Name South Alabama PAC For Higher Education	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Joseph A. Hollingsworth Jr. Mailing Address 1 Rockytop Lane City, State, Zip Code Clinton, TN 37716-4204 Name of Employer (Required) Self Occupation (Required) The Hollingsworth Companies Source: Corporation PAC Individual Loan Other (please specify) Full Name South Alabama PAC For Higher Education Mailing Address 307 N University Blvd U1121	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin Hinton	10/02/2023	\$250.00
Mailing Address 2532 Parc Monceau Dr. E		-
City, State, Zip Code Tupelo, MS 38804-1051		
Name of Employer (Required) NMHS		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Marlowe	10/09/2023	\$1,000.00
Mailing Address 121 Waveland Ave		
City, State, Zip Code Waveland, MS 39576-3949		
Name of Employer (Required) JEM Mechanical Services		
Occupation (Required) Mechanical Contractor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name International Paper PAC	10/04/2023	\$2,000.00
Mailing Address 1101 Pennsylvania Avenue NW Suite 200		
City, State, Zip Code Washington, DC 20004-2514		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,500.00
Source: Corporation PAC Individual Loan Other (please specify)		\$4,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Rodgers Brashier	Year-to-date Date	Amount of each receipt
Source: Corporation PAC * Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Rodgers Brashier Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Rodgers Brashier Mailing Address 28 Eureka Plantation Road	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name John Rodgers Brashier Mailing Address 28 Eureka Plantation Road City, State, Zip Code Indianola, MS 38751-2387	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC ** Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott W. Pedigo	10/24/2023	\$200.00
Mailing Address 104 Glenwood Lane		
City, State, Zip Code Madison, MS 39110-6570		
Name of Employer (Required) Baker Donelson		
Occupation (Required) Attorney	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hopewell Farms LLC	10/09/2023	\$5,000.00
Mailing Address PO Box 7		
City, State, Zip Code Clinton, MS 39060-0007		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zemek	10/02/2023	\$150.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,650.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAR-CAL, Inc.	10/06/2023	\$1,000.00
Mailing Address 951 Cato Road		
City, State, Zip Code Mendenhall, MS 39114-4450		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Alias Jr.	10/27/2023	\$5,000.00
Mailing Address PO Box 1544		
City, State, Zip Code Oxford, MS 38655-1544		
Name of Employer (Required) Security Holdings, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John W. Shinn	10/06/2023	\$1,000.00
Mailing Address 1886 Courtney Ln		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) Saint Stanislaus		
Occupation (Required) Marketing Director	Aggregate	\$2,000.00
William Control of Con	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC The Individual Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825 Name of Employer (Required) Memorial Hospital Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/05/2023 Aggregate	receipt this period \$2,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825 Name of Employer (Required) Memorial Hospital Occupation (Required) Doctor Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/05/2023 Aggregate Year-to-date Date	receipt this period \$2,000.00 \$3,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825 Name of Employer (Required) Memorial Hospital Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$3,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825 Name of Employer (Required) Memorial Hospital Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify) Full Name Canfor Southern Pine	Date (Mo., Day, Year) 10/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$3,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825 Name of Employer (Required) Memorial Hospital Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify) Full Name Canfor Southern Pine Mailing Address 101 Dauphin St.	Date (Mo., Day, Year) 10/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$3,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Cother (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street City, State, Zip Code Magnolia, MS 39652-2825 Name of Employer (Required) Memorial Hospital Occupation (Required) Doctor Source: Corporation PAC Individual Loan Cother (please specify) Full Name Canfor Southern Pine Mailing Address 101 Dauphin St. City, State, Zip Code Mobile, AL 36602-3209	Date (Mo., Day, Year) 10/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$3,000.00 Amount of each receipt this period

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☐ Corporation Source: ☐ PAC **★** Individual Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Richard Kuebler 10/25/2023 \$1,000.00 **Mailing Address** 108 Bradford Green City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required) Self Occupation (Required) Aggregate Physician \$2,500.00 Year-to-date ☐ Corporation ☐ PAC ☐ Individual Source: Amount of each Loan Date receipt (Mo., Day, Year) LLC this period **Full Name** Sapphire Companies LLC 10/12/2023 \$5,000.00 **Mailing Address** PO Box 1909 City, State, Zip Code Biloxi, MS 39533-1909 Name of Employer (Required) Occupation (Required) Aggregate \$25,000.00 Year-to-date ☐ PAC Source: ☐ Corporation Individual ☐ Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Jason Shifflett 10/03/2023 \$5,000.00 **Mailing Address** PO Box 236 City, State, Zip Code Olive Branch, MS 38654-0236 Name of Employer (Required) Self Occupation (Required) Aggregate **Business** \$5,000.00 Year-to-date ☐ Corporation ☐ PAC ☐ Loan Amount of each Source: **▼** Individual Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name** Clarke Reed 10/11/2023 \$1,000.00 **Mailing Address** PO Box 894 City, State, Zip Code Greenville, MS 38702-0894 Name of Employer (Required) Reed & Joseph Occupation (Required) Aggregate Owner \$2,500.00 Year-to-date

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark King	10/04/2023	\$1,000.00
Mailing Address PO Box 521		
City, State, Zip Code Leland, MS 38756-0521		
Name of Employer (Required) Boone Funeral Home, Inc		The Art Amburial
Occupation (Required) Funeral Director	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W.C. Deviney Jr.	10/25/2023	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required) Deviney Construction Company, Inc.		
Occupation (Required) CEO	Aggregate Year-to-date	\$6,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name W.C. Deviney Jr.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Deviney Construction Company, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/25/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Deviney Construction Company, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Ag Asset Services, Inc.	(Mo., Day, Year) 10/25/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Deviney Construction Company, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Deviney Construction Company, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Ag Asset Services, Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Deviney Construction Company, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Ag Asset Services, Inc. Mailing Address PO Box 32	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name W.C. Deviney Jr. Mailing Address PO Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Deviney Construction Company, Inc. Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Ag Asset Services, Inc. Mailing Address PO Box 32 City, State, Zip Code Leland, MS 38756-0032	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Name of Candidate or Committee Tate for Governor

Reporting Period 10/01/2023 through 10/29/2023

		Andrew State of the Control of the C
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MGM Resorts International	10/05/2023	\$1,000.00
Mailing Address P.O. Box 77123		
City, State, Zip Code Las Vegas, NV 89177-7123		
Name of Employer (Required)		AND THE RESERVE OF THE PERSON
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marvin Cochran	10/17/2023	\$2,500.00
Mailing Address 200 Arthurs Ct.		
City, State, Zip Code Brandon, MS 39047-7349		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
	rear-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Susan Haslam Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Susan Haslam Mailing Address PO Box 10528 City State Zin Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Susan Haslam Mailing Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Full Name Susan Haslam Mailing Address PO Box 10528 City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) RIVR Media Occupation (Required)	Date (Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$5,000.00
City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) RIVR Media Occupation (Required) Film Director Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
City, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) RIVR Media Occupation (Required) Film Director Source: Corporation PAC Individual Loan ** Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Gity, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) RIVR Media Occupation (Required) Film Director Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name Friends of Jay McKnight	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Gity, State, Zip Code Knoxville, TN 37939-0528 Name of Employer (Required) RIVR Media Occupation (Required) Film Director Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name Friends of Jay McKnight Mailing Address 22160 Highway 53	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Name	of	Candidate	or	Committee

Reporting Period 10/01/2023 thr

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10/29/2023

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Windham	10/18/2023	\$1,500.00
Mailing Address PO Box 4132		
City, State, Zip Code Laurel, MS 39441-4132		
Name of Employer (Required) Robinson Tire Co		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian K. Johnson	10/05/2023	\$5,000.00
Mailing Address 113 Rosedowne Dr.		
City, State, Zip Code Madison, MS 39110-4757		
Name of Employer (Required) Trustmark National Bank		
Occupation (Required) Insurance Consultant	Aggregate Year-to-date	\$7,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark S. Bounds	10/17/2023	\$250.00
Mailing Address PO Box 1753		
Mailing Address PO Box 1753 City, State, Zip Code Madison, MS 39130-1753		
City, State, Zip Code Madison, MS 39130-1753		
City, State, Zip Code Madison, MS 39130-1753	Aggregate Year-to-date	\$500.00
City, State, Zip Code Madison, MS 39130-1753 Name of Employer (Required) Mark S. Bounds Realty Partners Occupation (Required)		\$500.00 Amount of each receipt this period
City, State, Zip Code Madison, MS 39130-1753 Name of Employer (Required) Mark S. Bounds Realty Partners Occupation (Required) Real Estate Broker Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
City, State, Zip Code Madison, MS 39130-1753 Name of Employer (Required) Mark S. Bounds Realty Partners Occupation (Required) Real Estate Broker Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Madison, MS 39130-1753 Name of Employer (Required) Mark S. Bounds Realty Partners Occupation (Required) Real Estate Broker Source: Corporation PAC Individual Loan Other (please specify) Full Name DVA Holding Company PAC Mailing Address PO Box 7434	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Madison, MS 39130-1753 Name of Employer (Required) Mark S. Bounds Realty Partners Occupation (Required) Real Estate Broker Source: Corporation PAC Individual Loan Other (please specify) Full Name DVA Holding Company PAC Mailing Address PO Box 7434	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	10/01/2023

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Source: Corporation PAC Individual Loan **Double Composition** **Double Corporation** **Double Corp	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RDC Holding LLC	10/18/2023	\$1,000.00
Mailing Address 79 Marais Ridge	10/10/2020	\$1,000.00
City, State, Zip Code Hattiesburg, MS 39402-7954	-	
Name of Employer (Required)		
Occupation (Required)		
Cocupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura Graham	10/12/2023	\$2,500.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required) Business		
Occupation (Required) Administration	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sara Whelan Morgan	10/18/2023	\$500.00
Full Name Sara Whelan Morgan Mailing Address 2204 Culleywood Rd	10/18/2023	\$500.00
Sara Whelan Morgan Mailing Address	10/18/2023	\$500.00
Mailing Address 2204 Culleywood Rd City State Zin Code	10/18/2023	\$500.00
Mailing Address 2204 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required)	Aggregate Year-to-date	\$500.00 \$500.00
Mailing Address 2204 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Self Employed Occupation (Required) Accountant Source: Corporation PAC Individual Loan Other (please specify)	Aggregate	
Mailing Address 2204 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Self Employed Occupation (Required) Accountant Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$500.00 Amount of each receipt
Mailing Address 2204 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Self Employed Occupation (Required) Accountant Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Address 2204 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Occupation (Required) Accountant Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Lumber Manufacturers Association	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Address 2204 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Self Employed Occupation (Required) Accountant Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Lumber Manufacturers Association Mailing Address PO Box 5241	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period

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Name	of	Candida	te or	Comm	ittee

10/29/2023

Reporting Period 10/01/2023

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rea Montjoy	10/12/2023	\$1,000.00
Mailing Address 355 Main St		
City, State, Zip Code Bay Saint Louis, MS 39520-4411		
Name of Employer (Required) SAS		
Occupation (Required) Administration	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merit Health River Oaks	10/04/2023	\$2,775.00
Mailing Address PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,775.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcia R. Swetman	10/09/2023	\$1,000.00
Mailing Address 1210 Beach Boulevard		
City, State, Zip Code Biloxi, MS 39530-3633		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert R. Kane	10/03/2023	\$1,000.00
Mailing Address 202 S Toulme Street		
City, State, Zip Code Bay St Louis, MS 39520-4444		
City, State, Zip Code Bay St Louis, MS 39520-4444 Name of Employer (Required) Self		

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Source: Corporation PAC Individual Loan **Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waverly Partners L.P.	10/06/2023	\$1,000.00
Mailing Address One Magnolia Dr.		
City, State, Zip Code West Point, MS 39773-9148		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hue Townsend	10/15/2023	\$1,000.00
Mailing Address 400 Lee Ave		
City, State, Zip Code Belzoni, MS 39038-3708		
Name of Employer (Required) Guaranty Bank And Trust		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	10 to	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name John W McPherson Jr. Mailing Address	(Mo., Day, Year)	receipt this period
Full Name John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690	(Mo., Day, Year)	receipt this period
Full Name John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Double Quick Inc Occupation (Required)	(Mo., Day, Year) 10/17/2023 Aggregate	receipt this period \$2,500.00
Tother (please specify) Full Name John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Double Quick Inc Occupation (Required) VP Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$0.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$0.00 Amount of each receipt this period
Gother (please specify) Full Name John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Double Quick Inc Occupation (Required) VP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ross Perot Jr.	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$0.00 Amount of each receipt this period
Gity, State Zip Code Other (please specify) Full Name John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Double Quick Inc Occupation (Required) VP Source: Corporation PAC Individual Loan Other (please specify) Full Name Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$0.00 Amount of each receipt this period
Gity, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Coccupation (Required) Cother (please specify) Full Name Ross Perot Jr. Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required)	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$0.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pace Auto Sales LLC	10/18/2023	\$1,000.00
Mailing Address 6812 Hwy 98W		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC The Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fredrick Aden Ballard	10/03/2023	\$250.00
Mailing Address 3392 Old Highway 61 S		
City, State, Zip Code Leland, MS 38756-9796		
Name of Employer (Required) N/A		
Occupation (Required) Retired farmer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Dete	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
		NAC OF THE STATE O
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify) Full Name Thomas G. Gresham	(Mo., Day, Year)	this period
Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street	(Mo., Day, Year)	this period
Thomas G. Gresham Mailing Address 105 E. Gresham Street City, State, Zip Code Indianola, MS 38751-2422	(Mo., Day, Year)	this period
Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc	(Mo., Day, Year) 10/17/2023 Aggregate	this period \$2,500.00
Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date	\$2,500.00 \$2,500.00 Amount of each receipt
□ Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify)	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
□ Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name John Archer	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
□ Other (please specify) Full Name Thomas G. Gresham Mailing Address 105 E Gresham Street City, State, Zip Code Indianola, MS 38751-2422 Name of Employer (Required) Double Quick Inc Occupation (Required) CEO Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name John Archer Mailing Address 357 West Reed Rd	(Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kentray Hairston	10/07/2023	\$500.00
Mailing Address 108 Seville Way		
City, State, Zip Code Madison, MS 39110-8170		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulf Coast Sands LLC	10/10/2023	\$2,500.00
Mailing Address 406 Hemphill St		
City, State, Zip Code Hattiesburg, MS 39401-3809		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC The Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William S. Ayres Jr.	10/17/2023	\$1,000.00
Mailing Address 755 S. Washington Ave.		
City, State, Zip Code Greenville, MS 38701-5832		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thompson Engineering Inc.	10/18/2023	\$1,000.00
Mailing Address 2970 Cottage Hill Road Suite 190		
City, State, Zip Code Mobile, AL 36606-4749		
Name of Employer (Required)		
Occupation (Required)		government and the second

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Lipscomb III	10/06/2023	\$1,000.00
Mailing Address PO Box 636		
City, State, Zip Code Greenville, MS 38702-0636		
Name of Employer (Required) Lipscomb Oil Company		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Yeffund, Over Carporate IMit	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BKS, Inc	10/25/2023	(\$1,000.00)
Mailing Address 7048 U.S. Hwy 49 N		
City, State, Zip Code Hattiesburg, MS 39402-9159		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BKS, Inc	10/13/2023	
	100.100.2020	\$1,000.00
Mailing Address 7048 U.S. Hwy 49 N	1 1 1 1 1 1 1 1	\$1,000.00
Mailing Address 7048 U.S. Hwy 49 N City, State, Zip Code Hattiesburg, MS 39402-9159	1011012020	\$1,000.00
City, State, Zip Code Hattiesburg, MS 39402-9159		\$1,000.00
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required)	Aggregate Year-to-date	\$2,000.00
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required) Occupation (Required) Source: Other (please specify)	Aggregate	
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$2,000.00 Amount of each receipt
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name W. W. Gresham III	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name W. W. Gresham III Mailing Address PO Box 690	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period
City, State, Zip Code Hattiesburg, MS 39402-9159 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name W. W. Gresham III Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period

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Reporting Period	10/01/2023

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Gatlin	10/19/2023	\$255.00
Mailing Address 1010 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8719		
Name of Employer (Required) Bankplus		
Occupation (Required) Banking	Aggregate Year-to-date	\$255.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Regan Kane	10/11/2023	\$250.00
Mailing Address 504 N Beach Blvd		
City, State, Zip Code Bay Saint Louis, MS 39520-4603		
Name of Employer (Required) John McDonald Realty		
Occupation (Required) Broker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC 🖭 Individual 🗆 Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Charles C. Blalack	(Mo., Day, Year) 10/03/2023	TO AND THE PARTY OF THE PARTY O
Full Name		this period
Full Name Charles C. Blalack		this period
Full Name Charles C. Blalack Mailing Address 10187 Waterside Dr City State Zip Code		this period
Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required)		this period
Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required) Kare-In-Home Occupation (Required)	10/03/2023 Aggregate	this period \$5,000.00
Full Name Charles C. Blalack Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required) Kare-In-Home Occupation (Required) CEO Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$5,000.00 \$5,000.00 Amount of each receipt
Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required) Kare-In-Home Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required) Kare-In-Home Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Gibson Steele IV Mailing Address 40 Riverside Rd	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required) Kare-In-Home Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Gibson Steele IV Mailing Address 40 Riverside Rd	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Mailing Address 10187 Waterside Dr City, State, Zip Code Gulfport, MS 39503 Name of Employer (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Gibson Steele IV Mailing Address 40 Riverside Rd City, State, Zip Code Hollandale, MS 38748-9743	Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC	(WO., Day, Tear)	this period
Full Name Seemann Composites, LLC	10/12/2023	\$3,000.00
Mailing Address PO Box 3449		
City, State, Zip Code Gulfport, MS 39505-3449		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$9,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kendall Marquar	10/12/2023	\$3,000.00
Mailing Address 5268 Pleasure St.		
City, State, Zip Code Bay Saint Louis, MS 39520-9588		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	The same of the sa	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Pat Fore III Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Pat Fore III Mailing Address 10868 Channelside Dr.	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Pat Fore III Mailing Address 10868 Channelside Dr. City, State, Zip Code Gulfport, MS 39503-6066	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Pat Fore III Mailing Address 10868 Channelside Dr. City, State, Zip Code Gulfport, MS 39503-6066 Name of Employer (Required) Design Precast & Pipe Occupation (Required)	(Mo., Day, Year) 10/12/2023 Aggregate	receipt this period \$5,000.00
Tull Name Pat Fore III Mailing Address 10868 Channelside Dr. City, State, Zip Code Gulfport, MS 39503-6066 Name of Employer (Required) Design Precast & Pipe Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/12/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Pat Fore III Mailing Address 10868 Channelside Dr. City, State, Zip Code Gulfport, MS 39503-6066 Name of Employer (Required) Design Precast & Pipe Occupation (Required) Executive Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tull Name Pat Fore III Mailing Address 10868 Channelside Dr. City, State, Zip Code Gulfport, MS 39503-6066 Name of Employer (Required) Design Precast & Pipe Occupation (Required) Executive Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Gloster Forest Products LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Pat Fore III Mailing Address 10868 Channelside Dr. City, State, Zip Code Gulfport, MS 39503-6066 Name of Employer (Required) Design Precast & Pipe Occupation (Required) Executive Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) LLC Full Name Gloster Forest Products LLC Mailing Address PO Box 5327	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gloster Forest Products LLC	10/06/2023	\$2,500.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan **Tother (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David McRae Campaign	10/20/2023	\$25,000.00
Mailing Address PO Box 24357		
City, State, Zip Code Jackson, MS 39225-4357		establica de la compania de la comp
Name of Employer (Required)		CONTROL OF THE CONTRO
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	222 (222-222	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City, State, Zip Code Montrose, AL 36559-0832	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City, State, Zip Code Montrose, AL 36559-0832 Name of Employer (Required) University of South AL Occupation (Required)	(Mo., Day, Year) 10/19/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City, State, Zip Code Montrose, AL 36559-0832 Name of Employer (Required) University of South AL Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City, State, Zip Code Montrose, AL 36559-0832 Name of Employer (Required) University of South AL Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City, State, Zip Code Montrose, AL 36559-0832 Name of Employer (Required) University of South AL Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Loren L. Monroe	(Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify) Full Name Josiah R. Bonner Jr. Mailing Address PO Box 832 City, State, Zip Code Montrose, AL 36559-0832 Name of Employer (Required) University of South AL Occupation (Required) President Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify) Full Name Loren L. Monroe Mailing Address 1513 Highwood Drive	(Mo., Day, Year) 10/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
10/25/2023	\$1,000.00

Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/12/2023	\$1,000.00
Aggregate	\$1,000.00
Year-to-date	\$1,000.00
Pear-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Date	Amount of each receipt
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year) 10/17/2023 Aggregate	Amount of each receipt this period \$250.00
Date (Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Date (Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Date (Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Date (Mo., Day, Year) 10/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
	Aggregate Year-to-date Date (Mo., Day, Year) 10/12/2023

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Source: Corporation PAC Individual Loan **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mandy For Mississippi	10/10/2023	\$2,946.37
Mailing Address 1300 Pleasant Dr		-
City, State, Zip Code Oxford, MS 38655-2964		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,946.37
Source: Corporation PAC Individual Loan Other (please specify) Political Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hancock County Republican Executive Committee	10/10/2023	\$250.00
Mailing Address 305 Reese St		
City, State, Zip Code Bay Saint Louis, MS 39520-2823		The state of the s
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Surya Gunasekara Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Surya Gunasekara Mailing Address 1300 Pleasant Dr.	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Oxford, MS 38655-2964 Other (please specify) Full Name Surya Gunasekara 1300 Pleasant Dr. Oxford, MS 38655-2964	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Oxford, MS 38655-2964 Name of Employer (Required) Other (please specify) Surya Gunasekara 1300 Pleasant Dr. Oxford, MS 38655-2964 Self	Date (Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$2,053.36
Other (please specify) Full Name Surya Gunasekara Mailing Address 1300 Pleasant Dr. City, State, Zip Code Oxford, MS 38655-2964 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$2,053.36 \$2,053.36 Amount of each receipt
Other (please specify) Full Name Surya Gunasekara Mailing Address 1300 Pleasant Dr. City, State, Zip Code Oxford, MS 38655-2964 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,053.36 \$2,053.36 Amount of each receipt this period
City, State, Zip Code Oxford, MS 38655-2964 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Sandra Maggio	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,053.36 \$2,053.36 Amount of each receipt this period
□ Other (please specify) Full Name Surya Gunasekara Mailing Address 1300 Pleasant Dr. City, State, Zip Code Oxford, MS 38655-2964 Name of Employer (Required) Self Occupation (Required) Attorney Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify) Full Name Sandra Maggio Mailing Address 2201 24th Ave	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,053.36 \$2,053.36 Amount of each receipt this period

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Source: Corporation PAC ** Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Davis	10/12/2023	\$1,000.00
Mailing Address 13156 Alpine Dr.		
City, State, Zip Code Biloxi, MS 39532-5540		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Administration DPS	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Yether Over corporate limit	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hooker Engineering Services	10/25/2023	(\$500.00)
Mailing Address 1000 Washington Ave		description and in the second
City, State, Zip Code Greenville, MS 38701-3730		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hooker Engineering Services	10/17/2023	\$1,500.00
Mailing Address 1000 Washington Ave		***************************************
City, State, Zip Code Greenville, MS 38701-3730		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan **Tother (please specify) Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert John Siragusa Trust	10/12/2023	\$1,000.00
Mailing Address 8515 Surf Drive Unit 1		Marie Control of the
City, State, Zip Code Panama City, FL 32408-8703		
Name of Employer (Required)		
Name of Employer (Required) Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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_	William Andrew William Co.	

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Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(, -2,,,	this period
Advanced Design And Construction LLC	10/06/2023	\$20,000.00
Mailing Address PO Box 1490		
City, State, Zip Code Magee, MS 39111-1490		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gwen Azar	10/09/2023	\$1,000.00
Mailing Address 2043 Audubon Place		
City, State, Zip Code Greenville, MS 38701		· ·
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC 🗈 Individual 🗆 Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	roman Mar row
Other (please specify) Full Name Michael Joe Cannon	(Mo., Day, Year) 10/14/2023	this period \$5,000.00
Full Namo	(*	this period
Full Name Michael Joe Cannon Mailing Address	(*	this period
Full Name Michael Joe Cannon Mailing Address 1009 Hayes Ave	(*	this period
Mailing Address 1009 Hayes Ave City, State, Zip Code Oxford, MS 38655-4617	(*	this period
Mailing Address 1009 Hayes Ave City, State, Zip Code Oxford, MS 38655-4617 Name of Employer (Required) Cannon Motors Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	10/14/2023 Aggregate	this period \$5,000.00
Mailing Address 1009 Hayes Ave City, State, Zip Code Oxford, MS 38655-4617 Name of Employer (Required) Cannon Motors Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Greenville HEM-ONC PC	Aggregate Year-to-date Date	\$5,000.00 \$7,000.00 Amount of each receipt
Mailing Address 1009 Hayes Ave City, State, Zip Code Oxford, MS 38655-4617 Name of Employer (Required) Cannon Motors Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Greenville HEM-ONC PC Mailing Address 1556 Bellewood Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$7,000.00 Amount of each receipt this period
Full Name Michael Joe Cannon Mailing Address 1009 Hayes Ave City, State, Zip Code Oxford, MS 38655-4617 Name of Employer (Required) Cannon Motors Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Greenville HEM-ONC PC	Aggregate Year-to-date Date (Mo., Day, Year)	\$7,000.00 Amount of each receipt this period
Mailing Address 1009 Hayes Ave City, State, Zip Code Oxford, MS 38655-4617 Name of Employer (Required) Cannon Motors Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Greenville HEM-ONC PC Mailing Address 1556 Bellewood Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$7,000.00 Amount of each receipt this period

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Source: Corporation PAC ** Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Richard Adkerson	10/02/2023	\$25,000.00
Richard Adkerson	10/02/2023	Ψ25,000.00 ————————————————————————————————
Mailing Address 333 N Central Ave		
City, State, Zip Code Phoenix, AZ 85004-2189		
Name of Employer (Required) Freeport-McMoRan Copper & Gold, Inc.		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$25,000.00
Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly Smith III	10/10/2023	\$250.00
Mailing Address 1729 Pinewood Drive		
City, State, Zip Code Greenville, MS 38701-7641		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ralph Owens	10/12/2023	\$250.00
Mailing Address Po Box 100		
City, State, Zip Code Metcalfe, MS 38760-0100		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Demetrio Q Batol	10/19/2023	\$250.00
Mailing Address 3 Windsor Place		
City, State, Zip Code Long Beach, MS 39560-3326		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Area Group I.C.		\$500.00
Ares GroupLEC	10/18/2023	\$500.00
Mailing Address 54 Montclaire		
City, State, Zip Code Hattiesburg, MS 39402-8164		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Hollis	10/17/2023	\$1,000.00
Mailing Address 301 Holland St. PO Box 240		
City, State, Zip Code Anguilla, MS 38721-0240		
Name of Employer (Required) Hollis Farms		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Build Mississippi PAC	10/24/2023	\$20,000.00
Mailing Address 4209 Lakeland Dr # 214		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$60,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Build Mississippi PAC	10/11/2023	\$10,000.00
Mailing Address 4209 Lakeland Dr # 214		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$40,000.00

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Source: Corporation PAC ** Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Drew Bryant	10/18/2023	\$1,005.00
Mailing Address 4276 Lakeland Dr		
City, State, Zip Code Flowood, MS 39232-8804		
Name of Employer (Required) JFM Incorporated		
Occupation (Required) President	Aggregate Year-to-date	\$1,005.00
Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn A. Mueller	10/11/2023	\$255.00
Mailing Address 15384 5th St		
City, State, Zip Code Gulfport, MS 39503-3184		
Name of Employer (Required) RPM Pizza		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$255.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence C. Long	10/10/2023	\$250.00
Mailing Address 65 Holly Ridge Rd		
City, State, Zip Code Indianola, MS 38751-9691		
Name of Employer (Required) Saint Rest Planting Co.		
Occupation (Required) Partner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Clayton	10/15/2023	\$500.00
Mailing Address 103 E Gresham Street		
City, State, Zip Code Indianola, MS 38751-2422		
Name of Employer (Required) Planters Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC 🖹 Individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name Richard Noble	10/10/2023	\$250.00
Mailing Address 104 Seymour Dr.		
City, State, Zip Code Indianola, MS 38751-2616		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard H McNeel	10/25/2023	\$1,005.00
Mailing Address 2566 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6624		
Name of Employer (Required) JBHM Architects, P.A.		
Occupation (Required) Principal Architect	Aggregate Year-to-date	\$2,005.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Oliver	10/18/2023	\$1,005.00
Mailing Address 41 Canebrake Blvd		
City, State, Zip Code Hattiesburg, MS 39402-8710		
Name of Employer (Required) Greenbrier Properties		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,005.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Alexander	10/16/2023	\$1,000.00
Mailing Address PO Box 507		
City, State, Zip Code Bay Springs, MS 39422-0507		
Name of Employer (Required) Alexander Hardware Company		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,,,,	this period
Full Name Jason Chiniche	10/16/2023	\$1,000.00
Mailing Address 725 Old Spanish Trail		
City, State, Zip Code Bay Saint Louis, MS 39520-2507		
Name of Employer (Required) James J. Chiniche P.A. Inc.		
Occupation (Required) Engineer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Power Company State PAC	10/19/2023	\$15,000.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$30,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	100000000000000000000000000000000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buck Hobbs	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S City, State, Zip Code Byhalia, MS 38611-8343	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S City, State, Zip Code Byhalia, MS 38611-8343 Name of Employer (Required) Forestry Occupation (Required)	(Mo., Day, Year) 10/06/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S City, State, Zip Code Byhalia, MS 38611-8343 Name of Employer (Required) Forestry Occupation (Required) Forestry Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/06/2023 Aggregate Year-to-date Date	\$1,000.00 Amount of each receipt
Other (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S City, State, Zip Code Byhalia, MS 38611-8343 Name of Employer (Required) Forestry Occupation (Required) Forestry Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 10/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S City, State, Zip Code Byhalia, MS 38611-8343 Name of Employer (Required) Forestry Occupation (Required) Forestry Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify) Full Name David R. Leard	(Mo., Day, Year) 10/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Buck Hobbs Mailing Address 2479 Highway 309 S City, State, Zip Code Byhalia, MS 38611-8343 Name of Employer (Required) Forestry Occupation (Required) Forestry Source: □ Corporation □ PAC ♣ Individual □ Loan □ Other (please specify) Full Name David R. Leard Mailing Address 108 West Market St.	(Mo., Day, Year) 10/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mac Properties Holdings LLC	10/12/2023	\$1,000.00
Mailing Address 840 Osprey Cove		
City, State, Zip Code Biloxi, MS 39532-4648		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Evergreen Industries, Inc.	10/25/2023	(\$1,500.00)
Mailing Address PO Box 526		
City, State, Zip Code Liberty, MS 39645-0526		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Evergreen Industries, Inc.	10/20/2023	\$2,500.00
Mailing Address PO Box 526		
City, State, Zip Code Liberty, MS 39645-0526		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Chiropractors PAC	10/25/2023	\$1,000.00
Mailing Address 4294 Lakeland Dr Ste 100		
City, State, Zip Code Flowood, MS 39232-9510		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$6,000.00

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lowndes Farm Supply	10/23/2023	\$500.00
Mailing Address 69 Co-Op Road		
City, State, Zip Code Columbus, MS 39705-8145		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nell Frisbie	10/11/2023	\$100.00
Mailing Address 24 Chapel Hill Rd		
City, State, Zip Code Bay Saint Louis, MS 39520-4607		
Name of Employer (Required) Coldwell Banker Alfonso Realty		
Occupation (Required) Realtor	Aggregate Year-to-date	\$455.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Capitol Advocacy Group, PAC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Capitol Advocacy Group, PAC Mailing Address PO Box 217	(Mo., Day, Year)	receipt this period
City, State, Zip Code Other (please specify) Capitol Advocacy Group, PAC Mailing Address PO Box 217 City, State, Zip Code Jackson, MS 39205-0217	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Capitol Advocacy Group, PAC Mailing Address PO Box 217 City, State, Zip Code Jackson, MS 39205-0217 Name of Employer (Required)	(Mo., Day, Year) 10/16/2023 Aggregate	receipt this period \$2,500.00
Capitol Advocacy Group, PAC Mailing Address PO Box 217 City, State, Zip Code Jackson, MS 39205-0217 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/16/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Capitol Advocacy Group, PAC Mailing Address PO Box 217 City, State, Zip Code Jackson, MS 39205-0217 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Capitol Advocacy Group, PAC Mailing Address PO Box 217 City, State, Zip Code Jackson, MS 39205-0217 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Magnolia Utility Services, LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Gity, State, Zip Code Jackson, MS 39205-0217 Source: Corporation PAC Individual Loan Tother (please specify) Mailing Address PO Box 217 City, State, Zip Code Jackson, MS 39205-0217 Name of Employer (Required) Cocupation (Required) Tother (please specify) LLC Full Name Magnolia Utility Services, LLC Mailing Address PO Box 6717	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Duhe	10/11/2023	\$1,000.00
Mailing Address 1600 18th Ave		\$1,000.00
City, State, Zip Code Gulfport, MS 39501-2130		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Management & Training Corp PAC	10/26/2023	\$5,000.00
Mailing Address PO Box 10		
City, State, Zip Code Centerville, UT 84014-0010		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC ** Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradley Hathaway Sr.	10/17/2023	\$250.00
Mailing Address PO Box 1856		
City, State, Zip Code Greenville, MS 38702-1856		
Name of Employer (Required) Camphell Delong LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna Roberts	10/11/2023	\$5,000.00
Mailing Address 503 N Lamar Boulevard		
City, State, Zip Code Oxford, MS 38655-3205		
Name of Employer (Required) Retired		
1.001.00		
Occupation (Required) Retired	Aggregate Year-to-date	\$7,500.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Bailey Group Inc.	10/12/2023	\$1,000.00
Mailing Address 234 Davis Ave.	10/12/2023	\$1,000.00
City, State, Zip Code Pass Christian, MS 39571-4506		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Tallet Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Aimee Dunn	10/16/2023	\$1,000.00
Mailing Address 9347 County Road 142		
City, State, Zip Code Itta Bena, MS 38941-2761		
Name of Employer (Required) Sims Realty & Development		
Occupation (Required) Realtor	Aggregate Year-to-date	\$1,000.00
	The second secon	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1995/9980/90	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name David Allen Mailing Address	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Indianola, MS 38751-2520	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required)	(Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan	(Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
□ Other (please specify) Full Name David Allen Mailing Address 100 Arbor Lane City, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: □ Corporation ▼ PAC □ Individual □ Loan □ Other (please specify) Full Name Mississippi Manufacturers Association PAC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Gity, State, Zip Code Indianola, MS 38751-2520 Name of Employer (Required) Consolidated Catfish Producers Occupation (Required) US Catfish Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eluse Roberts	10/12/2023	\$1,000.00
Mailing Address PO Box 3333		
City, State, Zip Code Gulfport, MS 39505-3333		
Name of Employer (Required) Self		
Occupation (Required) E&B Enterprise LLC	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan T Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merit Health Central	10/04/2023	\$2,775.00
Mailing Address PO Box 5006		Majorita de la companya de la compan
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,775.00
	rear-to-date	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Michael Gilbow Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Michael Gilbow Mailing Address 1209 Bayou Dr.	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Michael Gilbow Mailing Address 1209 Bayou Dr. City, State, Zip Code Indianola, MS 38751-2901 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Michael Gilbow Mailing Address 1209 Bayou Dr. City, State, Zip Code Indianola, MS 38751-2901 Name of Employer (Required) NSMC Pharmacy Occupation (Required)	Date (Mo., Day, Year) 10/10/2023 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Indianola, MS 38751-2901 Name of Employer (Required) Pharmacist Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Michael Gilbow Mailing Address 1209 Bayou Dr. City, State, Zip Code Indianola, MS 38751-2901 Name of Employer (Required) NSMC Pharmacy Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Michael Gilbow Mailing Address 1209 Bayou Dr. City, State, Zip Code Indianola, MS 38751-2901 Name of Employer (Required) NSMC Pharmacy Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name Kent Nicaud	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Michael Gilbow Mailing Address 1209 Bayou Dr. City, State, Zip Code Indianola, MS 38751-2901 Name of Employer (Required) NSMC Pharmacy Occupation (Required) Pharmacist Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify) Full Name Kent Nicaud Mailing Address 849 E Scenic Dr	Date (Mo., Day, Year) 10/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Kenneth Austin	10/06/2023	\$500.00
Mailing Address 126 Fleitas Ave		
City, State, Zip Code Pass Christian, MS 39571-4507		
Name of Employer (Required) Coast Realty		
Occupation (Required) Realtor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Jacobs Financial Group LLC	10/12/2023	\$1,000.00
Mailing Address 1956 Pass Road		
City, State, Zip Code Biloxi, MS 39531-4100		***************************************
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Cities (piease specify)	1	this period
Full Name Mississippians for Self-Insurance PAC	10/15/2023	\$1,000.00
Full Name	10/15/2023	
Full Name Mississippians for Self-Insurance PAC	10/15/2023	
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City State Zin Code	10/15/2023	
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561	Aggregate Year-to-date	
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required)	Aggregate	\$1,000.00
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$1,000.00 \$1,000.00 Amount of each receipt
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William Van Devender	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Mississippians for Self-Insurance PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William Van Devender Mailing Address PO Box 5327	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
10/11/2023	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/13/2023	\$5,000.00
Aggregate Year-to-date	\$7,500.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/24/2023	\$5,000.00
	5-4-5-0-0-0-11 months of the second of the s
	na _n aranjan ili carati a
	William Control
Aggregate Year-to-date	\$5,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/22/2023	\$1,000.00
Aggregate Year-to-date	\$1,000.00
	(Mo., Day, Year) 10/11/2023 Aggregate Year-to-date Aggregate Year-to-date Aggregate Year-to-date Date (Mo., Day, Year) 10/24/2023 Aggregate Year-to-date

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Source: Corporation PAC Individual I Loan		
Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name GuidePoint LLC		this period
Mailing Address 1037 Lake Village Cir STE A	10/07/2023	\$10,000.00
City, State, Zip Code		
Brandon, MS 39047-6725		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
Source: Corporation PAC ** Individual Loan Other (please specify) Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Paige Plash	10/13/2023	\$1,000.00
Mailing Address 57 McGregor Ave South		
City, State, Zip Code Mobile, AL 36608-1823		
Name of Employer (Required) Encore Rehab		
Occupation (Required)	Aggragata	
Physical Therapist	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John W McCurdy II	10/15/2023	\$5,000.00
Mailing Address PO Box 2038		Ψ0,000.00
Oxford, MS 38655-8038		
Name of Employer (Required) Self		
Occupation (Required) Construction	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Merit Health Biloxi	10/04/2023	\$2,775.00
PO Box 5006		
ity, State, Zip Code Antioch, TN 37011-5006		
ame of Employer (Required)		
ccupation (Required)	Aggregate Year-to-date	\$2,775.00

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West of the second seco		
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name John Fairbanks		this period
Mailing Address	10/12/2023	\$100.00
107 Front St. STE 2134 City, State, Zip Code		
Vidalia, LA 71373-2834 Name of Employer (Required)		
Self		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Fairbanks	10/12/2023	\$100.00
Mailing Address 107 Front St. STE 2134		one constitute and the
City, State, Zip Code Vidalia, LA 71373-2834		
Name of Employer (Required) Self		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$600.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elevance Health PAC	10/18/2023	\$25,000.00
Mailing Address 1001 Pennsylvania Ave NW Ste 710		
City, State, Zip Code Washington, DC 20004-2513		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Tall Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F. Bridgforth II	10/18/2023	\$250.00
Mailing Address 2817 Fox Road		
City, State, Zip Code Vaughan, MS 39179-9786		
lame of Employer (Required) Bridgforth Farms		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

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Source: Corporation PAC ** Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(Mo., Day, Year)	this period
A. Wettlin Treppendahl Jr. Mailing Address	10/20/2023	\$500.00
PO Box 1215		
City, State, Zip Code Woodville, MS 39669-1215		
Name of Employer (Required) Treppendahl Super Foods		
Occupation (Required) Owner	Aggregate	
Owner	Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gainwell Holding Corp PAC	10/20/2023	
Mailing Address 355 Ledgelawn Dr	10/20/2020	\$5,000.00
City, State, Zin Code		
Conway, AR 72034-9501		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
	Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
James D Tharpe	10/10/2023	\$100.00
Mailing Address 609 Rolling Oaks Dr.		\$100.00
Grenada, MS 38901-9285		
lame of Employer (Required) N/A		
occupation (Required)		
Retired	Aggregate Year-to-date	\$450.00
Source: Corporation PAC 🖈 Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
ull Name James A. Haslam III	10/10/2023	\$5,000.00
PO Box 10528		——————————————————————————————————————
ity, State, Zip Code Knoxville, TN 37939-0528	+	
ame of Employer (Required) Pilot Oil		
ccupation (Required) Owner	Aggregate	\$5,000.00
	Year-to-date	φ5,000.00

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Source: Corporation PAC T Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Terry Murrell		this period
Mailing Address	10/10/2023	\$250.00
PO Box 5 City, State, Zip Code		
Avon, MS 38723-0005		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate	
	Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Brannon	10/10/2023	\$255.00
Mailing Address 145 Sea Oaks Blvd		Ψ233.00
City. State. Zin Code		
Long Beach, MS 39560-5842 Name of Employer (Required)		
NOARC		
Occupation (Required) President	Aggregate Year-to-date	\$755.00
Source: Corporation PAC Individual Loan	D-4	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Full Name James Robertson Jr.	10/12/2022	this period
Mailing Address 65 Holly Ridge Road	10/13/2023	\$250.00
City, State Zin Code		
Indianoia, MS 38751-9691		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mark Cumbest	10/24/2023	\$800.00
lailing Address 17725 MS-63		
ity, State, Zip Code Moss Point, MS 39562		
ame of Employer (Required) Cumbest Realty Inc.		
ccupation (Required) Owner	Aggregate	\$2,500,00
	Year-to-date	\$2,500.00

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Source: Corporation PAC Individual Loan		
Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clark PAC	10/24/2023	\$5,000.00
Mailing Address 300 Oakland Flatrock Rd	13.2.1.2020	Ψ5,000.00
City, State, Zip Code Oakland, KY 42159-9766		
Name of Employer (Required)		
Occupation (Required)		
	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Bacon	10/07/2023	\$250.00
Mailing Address 2295 Sunset Blvd		
City, State, Zip Code Slidell, LA 70461-5605		
Name of Employer (Required) Mossy of Picayune		
Occupation (Required) Auto Dealer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Salloum	10/24/2023	\$500.00
Mailing Address PO Box 460		
City, State, Zip Code Gulfport, MS 39502-0460		
Name of Employer (Required) Franke & Salloum LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Peyton Self III	10/14/2023	\$2,500.00
Mailing Address PO Box 367		
City, State, Zip Code Marks, MS 38646-0367		
lame of Employer (Required) Citizens Bank & Trust Co		
Occupation (Required) Banker	Aggregate Year-to-date	\$2,500.00

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Date Day, Year) Amount of each receipt this period \$2,000.00
this period
\$2,000.00
1
regate to-date \$5,000.00
Amount of each receipt this period
8/2023 \$500,000.00
regate \$1,000,000.00
ate Amount of each receipt this period
/2023 \$250.00
1100 10
egate o-date \$250.00
Amount of each receipt this period
2023 \$5,000.00
egate \$5,000.00

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Name	of	Candidate	or	Committee
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Source: Corporation PAC ** Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sara Garcia	10/11/2023	\$250.00
Mailing Address 7418 Turnberry Ct.	PEDA - 2002-2009-2009	
City, State, Zip Code Diamondhead, MS 39525-4298		
Name of Employer (Required) Self		
Occupation (Required)	Aggragata	
Business	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Stevens	10/17/2023	\$500.00
Mailing Address 888 Blvd of the Arts Unit 306		
City, State, Zip Code Sarasota, FL 34236-4828		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John D Calhoun	10/18/2023	\$2,000.00
Mailing Address 126 Amite Street		
City, State, Zip Code Jackson, MS 39201-2101		Or her all land
Jackson, N/S 39201-2101		
Name of Employer (Required)	Aggregate Year-to-date	\$2,000.00
Name of Employer (Required) IMS Engineers Occupation (Required)		\$2,000.00 Amount of each receipt this period
Name of Employer (Required) IMS Engineers Occupation (Required) CEO Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Name of Employer (Required) Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Pate (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) IMS Engineers Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name William Nowell Mailing Address	Pate (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name William Nowell Mailing Address 406 Norman Circle	Pate (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name William Nowell Mailing Address 406 Norman Circle City, State, Zip Code Cleveland, MS 38732-8714 Name of Employer (Required)	Pate (Mo., Day, Year)	Amount of each receipt this period

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Reporting Period	10/01/2023

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	133 04-9	
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Baker Services		this period
Mailing Address PO Box 6717	10/25/2023	\$1,000.00
City, State Zin Code		
Jackson, MS 39282-6717 Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Ivison	10/05/2023	\$5,000.00
Mailing Address 2631 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6743		
Name of Employer (Required) Retired		
Occupation (Required)		
Retired	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Rosamond	10/13/2023	\$2,005.00
Mailing Address 4 Miller Pkwy Apt 9103		+2,000.00
City, State, Zip Code Jackson, MS 39211-1839		
Name of Employer (Required) State of MS		
Occupation (Required)		
Attorney	Aggregate Year-to-date	\$2,005.00
Source: Corporation PAC 🗷 Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
J. Rick Carter Sr.	10/12/2023	\$2,500.00
PO Box 1600		
Gulfport, MS 39502-1600		
lame of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$20,000.00
	· our to-date	200

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Other (please specify)			
Mailing Address PO Box 379 City, State, Zip Code Point Clear, AL 36564-0379 Name of Employer (Required) N/A Occupation (Required) Other (please specify) Individual Loan Date (Mo., Day, Year) Mailing Address 133 Carroll Ave City, State, Zip Code Bay Saint Louis, MS 39520-4503 Name of Employer (Required) Vealth Management Occupation (Required) SVP Aggregate Year-to-date \$256 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Mailing Address 133 Carroll Ave City, State, Zip Code Bay Saint Louis, MS 39520-4503 Name of Employer (Required) Vealth Management Occupation (Required) SVP Aggregate Year-to-date \$256 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Aggregate Year-to-date \$2.50 Amount of ear receipt This period PAC Individual Loan Date (Mo., Day, Year) Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Aggregate Year-to-date Year-to			
Mailing Address PO Box 379 City, State, Zip Code Point Clear, AL 36564-0379 Name of Employer (Required) N/A Occupation (Required) Retired Aggregate Year-to-date S50 Source: Corporation PAC Individual Loan Date Receipt This period Full Name of Employer (Required) Wealth Management Occupation (Required) SVP Aggregate Year-to-date S25 Source: Corporation PAC Individual Loan Date Receipt This period Full Name Katye Howard 10/18/2023 \$2.50 Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker S2.50 Amount of ear receipt This period PAG S2.50 Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker S2.50 Source: Corporation PAC Individual Loan Date Receipt This period This period This period PAG S2.50	Il Name Judith Bonner	10/16/2022	
City, State, Zip Code Point Clear, AL 36564-0379 Name of Employer (Required) N/A Coccupation (Required) Retired Retired Retired Retired Retired Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Full Name John Baxter John Bax	iling Address PO Box 379	10/10/2023	\$500.00
Name of Employer (Required) Occupation (Required) Retired Receipt this period Receipt this period Receipt this period Retired	v. State. Zin Code		
Occupation (Required) Retired Retired Source: Corporation PAC Individual Loan Date (Mo., Day, Year) PAC Individual Loan PAC Individual Loan Date (Mo., Day, Year)	me of Employer (Required)		
Retired Year-to-date \$50 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name John Baxter 10/12/2023 \$25 Mailing Address 133 Carroll Ave City, State, Zip Code Bay Saint Louis, MS 39520-4503 Name of Employer (Required) Wealth Management City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) N/A Oc	00004400		
Other (please specify) Teceipt (Mo., Day, Year) This period (Mo., Day, Year) This per	Retired		\$500.00
Mailing Address 133 Carroll Ave City, State, Zip Code Bay Saint Louis, MS 39520-4503 Name of Employer (Required) Wealth Management Occupation (Required) SVP Year-to-date \$25 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) this period Full Name Katye Howard 10/18/2023 \$2,50 Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Aggregate Year-to-date \$2,50 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate Year-to-date \$2,50 Corporation (Required) Homemaker Aggregate Year-to-date	Other (please specify)		Amount of each receipt this period
City, State, Zip Code Bay Saint Louis, MS 39520-4503 Name of Employer (Required) Wealth Management Occupation (Required) SVP Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Katye Howard 10/18/2023 \$2,50 Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Aggregate Year-to-date \$2,50 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Occupation (Required) Homemaker Aggregate Year-to-date \$2,50 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Lors (W. Cleate	John Baxter	10/12/2023	\$250.00
Name of Employer (Required) Occupation (Required) SVP Aggregate Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name Katye Howard City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Aggregate Year-to-date Amount of ear receipt this period Amount of ear receipt this period Aggregate Year-to-date \$2,50 Aggregate Year-to-date \$2,50 Aggregate Year-to-date \$2,50 Amount of ear receipt this period Aggregate Year-to-date Amount of ear receipt this period Full Name Date (Mo., Day, Year) Amount of ear receipt this period	133 Carroll Ave		
Occupation (Required) SVP Aggregate Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name Katye Howard Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker NAM Aggregate Year-to-date Aggregate Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name Aggregate Year-to-date Amount of each receipt Amount of each receipt Corporation PAC Individual Loan Other (please specify) Full Name Local W. Classes	Bay Saint Louis, MS 39520-4503		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Katye Howard 10/18/2023 \$2,50 Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker PAC Individual Loan Date (Mo., Day, Year) Full Name Aggregate (Mo., Day, Year) Aggregate \$2,50 Amount of each receipt this period PAC Individual Loan Date (Mo., Day, Year) Full Name Local W. Clerke	ne of Employer (Required) Wealth Management		
City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Date (Mo., Day, Year) this period	Sunation (Paguirod)		
Mailing Address 20 Pine Villa City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Lore W Clark	SVP		\$250.00
City, State, Zip Code Ellisville, MS 39437-8782 Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Date (Mo., Day, Year) Full Name Lore W. Clark	SVP urce: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date	Amount of each receipt
Name of Employer (Required) N/A Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Lorn W Clark	SVP Urce: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt
Occupation (Required) Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Lorn W. Clark	SVP Urce: Corporation PAC Individual Loan Other (please specify) I Name Katye Howard	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Homemaker Source: Corporation PAC Individual Loan Other (please specify) Full Name Loro W. Clark Homemaker S2,50 Aggregate Year-to-date S2,50 Amount of each receipt this period	SVP Urce: Corporation PAC Individual Loan Other (please specify) I Name Katye Howard ling Address 20 Pine Villa	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Date (Mo., Day, Year) Full Name	SVP Urce: Corporation PAC Individual Loan Other (please specify) I Name Katye Howard ling Address 20 Pine Villa 7, State, Zip Code Ellisville, MS 39437-8782	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	SVP Urce: Corporation PAC Individual Loan Other (please specify) I Name Katye Howard ling Address 20 Pine Villa 7, State, Zip Code Ellisville, MS 39437-8782 The of Employer (Required) N/A Supation (Required)	Par-to-date Date (Mo., Day, Year) 10/18/2023 Aggregate	Amount of each receipt this period
10/11/2023 \$5,00	SVP Urce: Corporation PAC Individual Loan Other (please specify) I Name Katye Howard ling Address 20 Pine Villa State, Zip Code Ellisville, MS 39437-8782 The of Employer (Required) Homemaker Urce: Corporation PAC Individual Loan Other (please specify)	Par-to-date Date (Mo., Day, Year) 10/18/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Mailing Address PO Box 789	SVP Urce: Corporation PAC Individual Loan Other (please specify) I Name Katye Howard ling Address 20 Pine Villa State, Zip Code Ellisville, MS 39437-8782 The of Employer (Required) Homemaker Urce: Corporation PAC Individual Loan Other (please specify)	Par-to-date Date (Mo., Day, Year) 10/18/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
City, State, Zip Code Amory, MS 38821-0789	SVP Corporation	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Name of Employer (Required) Larry Clark Chevrolet-Cadillac, Inc.	SVP Corporation	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Occupation (Required) Owner Aggregate Year-to-date \$5,000	SVP Corporation	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Arthur Fokakis	101101000	this period
Mailing Address	10/12/2023	\$50.00
City. State. Zin Code		
Hattlesburg, MS 39402-2350		
Name of Employer (Required) Retired		
Occupation (Required) Physician	Aggregate Year-to-date	\$300.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Weyerhaeuser NR Company	10/25/2023	\$1,000.00
Mailing Address 220 Occidental Ave S		
City, State, Zip Code Seattle, WA 98104-3120		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George L. Vanlandingham	10/17/2023	\$2,500.00
Mailing Address 44 Brown Rd.		
City, State, Zip Code Leland, MS 38756-9489		A STATE OF THE STA
Name of Employer (Required) Self Employed		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Tollindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Robert Donnell III	10/18/2023	\$1,000.00
Mailing Address 8 Town Center Sq		The second secon
City, State, Zip Code Hattiesburg, MS 39402		-
lame of Employer (Required) Self		
Occupation (Required) CPA	Aggregate Year-to-date	\$2,000.00

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Source: Corporation PAC Individual Loan		
Source: L Corporation L PAC L Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Robert John Siragusa	10/12/2023	this period
Mailing Address 8515 Surf Drive Unit 1	10/12/2020	\$1,000.00
City, State, Zip Code Panama City, FL 32408-8703	-	
Name of Employer (Required)		
Occupation (Required)		
Business	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vicksburg Forest Products LLC	10/13/2023	\$1,000.00
Mailing Address PO Box 5327		7.,,000.00
City, State, Zip Code Jackson, MS 39296-5327	55	
Name of Employer (Required)	+	
Occupation (Required)	Aggregate Year-to-date	\$6,000.00
Source: Corporation PAC Individual Loan **T Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vicksburg Forest Products LLC	10/06/2023	\$2,500.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		7.17
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC T Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Jay Trapani	10/11/2023	\$250.00
Mailing Address 219 N Beach Blvd	 	
City, State, Zip Code Waveland, MS 39576-4204		
Name of Employer (Required) City of Waveland		MARKET CONTRACTOR OF THE STATE
Occupation (Required) Mayor	Aggregate Year-to-date	\$250.00

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о П. Б. —		
Source: Corporation PAC Individual Loan **Double Tourner (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name Merit Health Natchez	(moi, buy, rear)	this period
Mailing Address	10/04/2023	\$2,775.00
PO Box 5006		
City, State, Zip Code Antioch, TN 37011-5006		
Name of Employer (Required)		
Occupation (Required)	A	
	Aggregate Year-to-date	\$2,775.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David B. Hall	10/06/2023	\$500.00
Mailing Address PO Box 3727		4000.00
City, State, Zip Code Meridian, MS 39303-3727		
Name of Employer (Required)		
Hall Timberlands		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Luke Chamblee	10/02/2023	\$5,055.00
Mailing Address 3837 Majestic Oaks Dr.		
City, State, Zip Code Oxford, MS 38655-8153	-	
Name of Employer (Required) Self		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$6,110.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Scott Huskey	10/26/2023	\$500.00
Mailing Address 620 Muirwood Cr.		
Ridgeland, MS 39157-3624	+	
ame of Employer (Required) Brandon		
Ccupation (Required) Teacher	Aggregate Year-to-date	\$700.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo. Day Year)	Amount of each receipt
Full Name	(Mo., Day, Year)	this period
Steve Downing	10/16/2023	\$5,000.00
Mailing Address 309 Fazio Dr.		
City, State, Zip Code Oxford, MS 38655-2326		
Name of Employer (Required) Providence Assisted Living		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Denchfield	10/24/2023	\$1,000.00
Mailing Address 8910 Mohawk Lane		
City, State, Zip Code Bethesda, MD 20817-3520		
Name of Employer (Required) Williams & Connolly		
Occupation (Required) Associate	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Douglas Simmons III	10/15/2023	\$2,500.00
Mailing Address PO Box 65		
City, State, Zip Code Arcola, MS 38722-0065		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kristi Thomas	10/20/2023	\$500.00
Mailing Address 725 Danforth Dr.		
City, State, Zip Code Madison, MS 39110-6300		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$500.00

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Reporting Period through	
ITEMIZED RECEIPTS IN-KIND CONTRIBUT	ΓIONS
Source: Corporation PAC Individual Loan	Date
Other (please specify)	(Mo., Day, Year)
Full Name	
Mailing Address	
City, State, Zip Code	Estimated Amount of In-Kind
Name of Employer (Required)	Contribution*
Occupation (Required)	
In-Kind Description:	
	ii ii

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

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Full Name		DOI TOLIVILIA 13	Aggregate Total Runnin
	Hudson Hohn	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	13904 Florida St.	10/17/2023	\$30.00
City, State, Zip Code	Vancleave, MS 39565-6421	,	
Purpose of Disbursen Payroll Expense	nent (Optional)	Aggregate Year-to-date	\$240.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each
Mailing Address	P.O. Box 1036	10/10/2023	disbursment this period \$192.63
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$84,723.15
Full Name	Grand Centennial Hotel	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 E Beach Blvd	10/12/2023	\$109.88
City, State, Zip Code	Gulfport, MS 39507-1200		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$109.88
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/13/2023	\$249,156.93
City, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disburseme Media Buy	ent (Optional)	Aggregate Year-to-date	\$7,110,615.44
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	705 Melvin Ave #105	10/04/2023	\$10,000.00
ity, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disburseme Consulting	nt (Optional)	Aggregate Year-to-date	\$5,468,304.00
ull Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	P.O. Box 320925	10/05/2023	\$262.50
ty, State, Zip Code	Flowood, MS 39232-0925		
irpose of Disbursemer Design Services	nt (Optional)	Aggregate	\$3,630.60

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Full Name		DOMOLIVILIA 13	Aggregate Total Running
U 10 0.050000.01	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/26/2023	\$893,832.92
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media Buy	nent (Optional)	Aggregate Year-to-date	\$8,728,105.36
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	10/26/2023	\$74.90
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburser Printing Services	nent (Optional)	Aggregate Year-to-date	\$92,289.97
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/27/2023	\$19,996.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$8,748,101.36
Full Name	Houston Harkins	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	8787 Sundown Lane	10/04/2023	\$90.00
City, State, Zip Code	Gulfport, MS 39503-5641		
Purpose of Disburseme Payroll Expense	ent (Optional)	Aggregate Year-to-date	\$90.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	705 Melvin Ave #105	10/11/2023	\$570,965.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Media Buy	ent (Optional)	Aggregate Year-to-date	\$6,861,458.51
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	705 Melvin Ave #105	10/27/2023	\$74,000.00
ity, State, Zip Code	Annapolis, MD 21401-1534		
urpose of Disburseme Research	nt (Optional)	Aggregate Year-to-date	\$8,822,101.36

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Full Name		POURSEINIEN 18	Aggregate Total Running
	Wendi Barrett	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	10/04/2023	\$210.00
City, State, Zip Code	Biloxi, MS 39532-9292		Ψ210.00
Purpose of Disbursem	ent (Optional)		
Payroll Expense		Aggregate Year-to-date	\$210.00
Full Name Mailing Address	The Ups Store	Date (Mo., Day, Year)	Amount of each disbursment this period
City, State, Zip Code	4209 Lakeland Dr.	10/25/2023	\$27.36
	Flowood, MS 39232-9212		
Purpose of Disbursement Postage	ent (Optional)	Aggregate Year-to-date	\$306.83
Full Name	Hilton Garden Inn Tupelo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	363 E Main St	10/02/2023	\$157.91
City, State, Zip Code	Tupelo, MS 38804-4025		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$393.99
Full Name	John Peyton Kyle	Date (Mo., Day, Year)	Amount of each
Mailing Address	2110 Legends Drive	10/04/2023	disbursment this period \$193.88
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disburseme		Aggregate	
Expense reimbursen	nent	Year-to-date	\$8,651.48
Full Name	Dennis Tynes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	15601 Ridge Court	10/04/2023	\$375.00
City, State, Zip Code	Biloxi, MS 39532-4395		
Purpose of Disbursement Payroll Expense	nt (Optional)	Aggregate Year-to-date	\$375.00
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/06/2023	\$97,502.93
	Annapolis, MD 21401-1534		
urpose of Disbursemer Media Buy	nt (Optional)	Aggregate Year-to-date	\$6,269,795.93

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Full Name			Aggregate Total Running
	The Ups Store	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4209 Lakeland Dr.	10/06/2023	\$64.26
City, State, Zip Code	Flowood, MS 39232-9212		
Purpose of Disburser Postage	nent (Optional)	Aggregate Year-to-date	\$172.93
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	10/04/2023	\$1,661.39
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$80,154.27
Full Name	Houston Harkins	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	8787 Sundown Lane	10/17/2023	\$120.00
City, State, Zip Code	Gulfport, MS 39503-5641		
Purpose of Disbursem Payroll Expense	nent (Optional)	Aggregate Year-to-date	\$210.00
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	10/17/2023	\$5,625.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$32,233.00
Full Name	Jackson Harkins	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	8787 Sundown Lane	10/17/2023	\$105.00
City, State, Zip Code	Gulfport, MS 39503-5641		
Purpose of Disbursem Payroll Expense	ent (Optional)	Aggregate Year-to-date	\$247.50
full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/04/2023	\$657,684.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursement Media Buy	ent (Optional)	Aggregate Year-to-date	\$6,125,988.00

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Full Name			Aggregate Total Runnin
	Cooper Restaurant	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	118 N Royal St.	10/20/2023	\$472.56
City, State, Zip Code	Mobile, AL 36602-3603		
Purpose of Disburser Event Expense	ment (Optional)	Aggregate	\$472.56
Full Name		Year-to-date	
Mallian Add	Erica Morgan	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 102	10/11/2023	\$5.63
City, State, Zip Code	Saltillo, MS 38866-0102		
Purpose of Disbursen Reimbursement	nent (Optional)	Aggregate Year-to-date	\$917.81
Full Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	10/01/2023	\$5,000.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disburserr Consulting Services		Aggregate Year-to-date	\$39,723.02
Full Name	Brantley Muse	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	297 Barnes Road	10/18/2023	\$90.00
City, State, Zip Code	Florence, MS 39073-8065		
Purpose of Disbursem Payroll Expense	ent (Optional)	Aggregate Year-to-date	\$232.50
Full Name	Mr. Jackie's	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 E Beach Blvd	10/16/2023	\$291.00
City, State, Zip Code	Gulfport, MS 39507-1200		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$291.00
Full Name	Scott County Federation of Republican Women	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	400 Fairchilds Road	10/09/2023	\$250.00
City, State, Zip Code	Morton, MS 39117-8529		
Purpose of Disburseme Advertising, Event S		Aggregate	\$250.00

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Full Name	Baylor Barrett	Date	Aggregate Total Running Amount of each
Mailing Address	- sylve Danou	(Mo., Day, Year)	disbursment this period
	12301 Tiffany Lane	10/04/2023	\$90.00
City, State, Zip Code	Biloxi, MS 39532-9292		ψ90.00
Purpose of Disburser	nent (Optional)	Aggragate	
Payroll Expense		Aggregate Year-to-date	\$90.00
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address City, State, Zip Code	P.O. Box 60	10/02/2023	\$2,050.00
	Jackson, MS 39205-0060		
Purpose of Disbursen Rent for office space		Aggregate Year-to-date	\$27,400.00
Full Name Mailing Address	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
	705 Melvin Ave #105	10/27/2023	\$9,458.50
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Production	ent (Optional)	Aggregate Year-to-date	\$8,831,559.86
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	10/11/2023	\$1,812.05
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburseme	ent (Optional)	Aggregate	
Printing Services		Year-to-date	\$86,535.20
Full Name	Hotel Indigo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	10/02/2023	\$173.63
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$674.08
ull Name	Hudson Hohn	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	13904 Florida St.	10/04/2023	\$210.00
City, State, Zip Code	Vancleave, MS 39565-6421		
urpose of Disburseme Payroll Expense	nt (Optional)	Aggregate Year-to-date	\$210.00

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Full Name		COLIVICIATO	Aggregate Total Running
ruii Name	The Ups Store	Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursment this period
	4209 Lakeland Dr.	10/06/2023	\$12.05
City, State, Zip Code	Flowood, MS 39232-9212		
Purpose of Disbursem	ent (Optional)	Aggregate	
Postage		Year-to-date	\$184.98
Full Name Mailing Address	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
	705 Melvin Ave #105	10/27/2023	\$33,580.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Production	ent (Optional)	Aggregate Year-to-date	\$8,865,139.86
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/27/2023	\$500,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Media Buy	ent (Optional)	Aggregate Year-to-date	\$9,365,139.86
ull Name	Klaudi-ann Carlisle	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	10750 Road 733	10/04/2023	\$210.00
City, State, Zip Code	Philadelphia, MS 39350-5647		
urpose of Disburseme Payroll Expense	nt (Optional)	Aggregate Year-to-date	\$210.00
uli Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	1600 Amphitheater Parkway Mountain View	10/02/2023	\$60.00
ity, State, Zip Code	Mountain View, CA 94043		
urpose of Disburseme Email and Data Serv		Aggregate Year-to-date	\$542.00
ull Name	Dennis Tynes	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	15601 Ridge Court	10/17/2023	\$30.00
ty, State, Zip Code	Biloxi, MS 39532-4395		
rpose of Disbursemer Payroll Expense	nt (Optional)	Aggregate Year-to-date	\$405.00

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Full Name	Willow Blu Florist	Date	Aggregate Total Running Amount of each
Mailing Address	1204 11	(Mo., Day, Year)	disbursment this period
City, State, Zip Code	1201 Hwy 49 S STE 16	10/02/2023	\$219.12
	Richland, MS 39218		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate	
Full Name		Year-to-date	\$296.12
Mailing Address	Brantley Muse	Date (Mo., Day, Year)	Amount of each disbursment this period
587)	297 Barnes Road	10/04/2023	\$142.50
City, State, Zip Code	Florence, MS 39073-8065		
Purpose of Disbursem Payroll Expense	ent (Optional)	Aggregate Year-to-date	\$142.50
Full Name	Sheraton Flowood Refuge Hotel and Conference Center	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2200 Refuge Blvd	10/26/2023	\$7,000.00
City, State, Zip Code	Flowood, MS 39232-2203		
Purpose of Disburseme	ent (Optional)	Aggregate	The state of the s
Event Expense		Year-to-date	\$7,000.00
	Grand Centennial Hotel	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 E Beach Blvd	10/16/2023	\$152.66
City, State, Zip Code	Gulfport, MS 39507-1200		
Purpose of Disburseme Travel Expense	nt (Optional)	Aggregate Year-to-date	\$262.54
ull Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	P.O. Box 519	10/16/2023	\$1,089.52
ity, State, Zip Code	Meadville, MS 39653-0519		
urpose of Disburseme Wireless Services, IT		Aggregate Year-to-date	\$20,422.32
ull Name	Blaise Meadow	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	7000 Ocean Springs Road	10/17/2023	\$322.50
ity, State, Zip Code	Ocean Springs, MS 39564-8226		
rpose of Disbursemer	nt (Optional)	Aggregate	

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Full Name			Aggregate Total Runnin
Maille A.	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3825 Redbud Road	10/05/2023	\$78,522.73
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburser Consulting Service	The state of the s	Aggregate	\$78,522.73
Full Name		Year-to-date	
Mailing Address	Baylor Barrett	Date (Mo., Day, Year)	Amount of each disbursment this period
D#97 1199295	12301 Tiffany Lane	10/17/2023	\$255.00
City, State, Zip Code	Biloxi, MS 39532-9292		
Purpose of Disbursen Payroll Expense	nent (Optional)	Aggregate Year-to-date	\$345.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	10/03/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem	ent (Optional)	Aggregate	
Storage Fees		Year-to-date	\$6,020.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/17/2023	\$22,680.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Production	ent (Optional)	Aggregate Year-to-date	\$7,133,295.44
Full Name	All Signs	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 6265	10/25/2023	\$405.69
City, State, Zip Code	Gulfport, MS 39506-6265		
Purpose of Disburseme Printed Materials	ent (Optional)	Aggregate Year-to-date	\$405.69
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	705 Melvin Ave #105	10/27/2023	\$35,866.59
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Post Production	ent (Optional)	Aggregate	\$9,401,006.45

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Full Name		JI CLIVILIA I S	Aggregate Total Running
	Clay's Print Shop Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1513 24 Ave.	10/26/2023	\$770.40
City, State, Zip Code	Gulfport, MS 39501-2070		
Purpose of Disburser	nent (Optional)	A	
Printing Services		Aggregate Year-to-date	\$770.40
Full Name	River Hills	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3600 Ridgewood Road	10/03/2023	\$4,513.69
City, State, Zip Code	Jackson, MS 39211-6448		
Purpose of Disbursen Event Expenses	nent (Optional)	Aggregate Year-to-date	\$4,513.69
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	10/11/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,500.00
Full Name	Harrison County MS Republican Club	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 4317	10/17/2023	\$300.00
City, State, Zip Code	Biloxi, MS 39535-4317		
Purpose of Disbursem Advertising, Sponso		Aggregate Year-to-date	\$300.00
Full Name	Erica Morgan	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	PO Box 102	10/23/2023	\$53.13
City, State, Zip Code	Saltillo, MS 38866-0102		
Purpose of Disburseme Reimbursement and		Aggregate Year-to-date	\$1,142.34
ull Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	P.O. Box 1036	10/04/2023	\$4,376.25
ity, State, Zip Code	Madison, MS 39130-1036		
urpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$84,530.52

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Full Name			Aggregate Total Running
	The Ups Store	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4209 Lakeland Dr.	10/19/2023	\$67.13
City, State, Zip Code	Flowood, MS 39232-9212		
Purpose of Disbursem Postage	ent (Optional)	Aggregate	\$252.11
Full Name		Year-to-date Date	
	Lincoln Road Package Store	(Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2800 Lincoln Road	10/25/2023	\$993.85
City, State, Zip Code	Hattiesburg, MS 39402-3135		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$993.85
Full Name	Blake Chambers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	128 Westbrier Road	10/17/2023	\$225.00
City, State, Zip Code	Saltillo, MS 38866-6508		
Purpose of Disburseme Payroll Expense	ent (Optional)	Aggregate Year-to-date	\$465.00
Full Name	The Ups Store	Date	Amount of each
Mailing Address	4209 Lakeland Dr.	(Mo., Day, Year)	disbursment this period \$27.36
City, State, Zip Code	Flowood, MS 39232-9212	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ψ21.00
Purpose of Disburseme Postage	ent (Optional)	Aggregate	\$279.47
Full Name	Rankin County Republican Women	Year-to-date Date	Amount of each
Mailing Address	PO Box 320369	(Mo., Day, Year)	disbursment this period \$500.00
City, State, Zip Code	Flowood, MS 39232-0369		
Purpose of Disburseme Event Expense	nt (Optional)	Aggregate Year-to-date	\$500.00
full Name	Brayden Ray Barrett	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	12301 Tiffany Lane	10/18/2023	\$165.00
City, State, Zip Code	Biloxi, MS 39532		
	nt (Optional)		

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FU Na.		TOLIVILIAIS	Aggregate Total Running
Full Name	Ryan Clanton	Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursment this period
1	PO Box 463	10/04/2023	\$5,037.50
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursemen	t (Optional)	Aggregate	
	Expense Reimbursements	Year-to-date	\$17,653.45
Full Name Mailing Address	London Adams	Date (Mo., Day, Year)	Amount of each disbursment this period
	4309 Biglin Bayou Dr.	10/17/2023	\$360.00
	Diberville, MS 39540-4601		
Purpose of Disbursemen Payroll Expense	t (Optional)	Aggregate Year-to-date	\$360.00
	Blake Chambers	Date (Mo., Day, Year)	Amount of each disbursment this period
	128 Westbrier Road	10/04/2023	\$240.00
	Saltillo, MS 38866-6508		
Purpose of Disbursement Payroll Expense	(Optional)	Aggregate Year-to-date	\$240.00
	Hederman Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
	3825 Redbud Road	10/05/2023	\$27,973.99
	ackson, MS 39211-6712		
Purpose of Disbursement Consulting Services	(Optional)	Aggregate Year-to-date	\$106,496.72
	.owes	Date (Mo., Day, Year)	Amount of each disbursment this period
	20 Ridge Way	10/17/2023	\$234.97
	lowood, MS 39232-3302		
urpose of Disbursement Sign Supplies	(Optional)	Aggregate Year-to-date	\$1,344.80
	he Vine Bistro	Date (Mo., Day, Year)	Amount of each disbursment this period
	22 Howard St.	10/19/2023	\$1,350.00
	reenwood, MS 38930-4334		-10.40
urpose of Disbursement (Event Expenses	Optional)	Aggregate Year-to-date	\$1,350.00

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Full Name			Aggregate Total Running
	Brayden Ray Barrett	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	10/04/2023	\$225.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disburser	ment (Optional)	Aggregate	
Payroll Expense		Year-to-date	\$225.00
Full Name Mailing Address	Erica Morgan	Date (Mo., Day, Year)	Amount of each disbursment this period
	PO Box 102	10/11/2023	\$171.40
City, State, Zip Code	Saltillo, MS 38866-0102		
Purpose of Disbursement (Optional) Reimbursement and event expenses		Aggregate Year-to-date	\$1,089.21
Full Name	ABC Signs & Shirts	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5851 Larue Steiner Road	10/04/2023	\$3,622.50
City, State, Zip Code	Theodore, AL 36582		
Purpose of Disbursem Printed Materials	nent (Optional)	Aggregate Year-to-date	\$51,702.50
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Circle	10/09/2023	\$28.78
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursement (Optional) Expense reimbursement		Aggregate Year-to-date	\$721.52
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	P.O. Box 519	10/11/2023	\$117.36
City, State, Zip Code	Meadville, MS 39653-0519		
urpose of Disbursement (Optional) Wireless Services		Aggregate Year-to-date	\$19,332.80
ull Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	PO Box 9891	10/27/2023	\$3,844.00
ity, State, Zip Code	Arlington, VA 22219-1891		
urpose of Disburseme Processing Fees	ent (Optional)	Aggregate Year-to-date	\$24,291.30

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Full Name			Aggregate Total Running
	Stephens Printing, LLC	(Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	10/02/2023	\$891.31
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$20,283.16
Full Name	Amazon	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	410 Terry Ave N.	10/23/2023	\$14.93
City, State, Zip Code	Seattle, WA 98109-5210		
Purpose of Disbursem Office Supplies	ent (Optional)	Aggregate Year-to-date	\$249.65
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	10/18/2023	\$5,679.87
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$92,215.07
Full Name	Mailchimp	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	675 Pnce de Leon Ave	10/10/2023	\$70.09
City, State, Zip Code	Atlanta, GA 30308-1884		
urpose of Disburseme Email Services	ent (Optional)	Aggregate Year-to-date	\$266.98
ull Name	Jackson Harkins	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	8787 Sundown Lane	10/04/2023	\$142.50
ity, State, Zip Code	Gulfport, MS 39503-5641		
urpose of Disburseme Payroll Expense	ent (Optional)	Aggregate Year-to-date	\$142.50
ull Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
ailing Address	705 Melvin Ave #105	10/10/2023	\$20,697.58
ity, State, Zip Code	Annapolis, MD 21401-1534		
u <mark>rpose of Disbursem</mark> e Media Buy	ent (Optional)	Aggregate	\$6,290,493.51

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Tate for Governor

10/01/2023 Reporting Period

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10/29/2023

Full Name	Stophone Bright - 110	Date	Aggregate Total Runnin Amount of each
Mailing Address	Stephens Printing, LLC	(Mo., Day, Year)	disbursment this period
Maning Address	642 Hwy 469 S	10/19/2023	\$699.78
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$20,982.94
Full Name	Kelli Miller	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	950 Anniston Ave	10/04/2023	\$2,000.00
City, State, Zip Code	Gulfport, MS 39507-2731		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$12,000.00
Full Name	Charles A Lindsay	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1656	10/24/2023	\$3,204.51
City, State, Zip Code	Brandon, MS 39043-1656		
Purpose of Disbursement (Optional) Reimbursement for expenses		Aggregate Year-to-date	\$3,204.51
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/04/2023	\$46,305.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursema Research	ent (Optional)	Aggregate Year-to-date	\$6,172,293.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	10/18/2023	\$700,977.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Media Buy	ent (Optional)	Aggregate Year-to-date	\$7,834,272.44
Full Name	ABC Signs & Shirts	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	5851 Larue Steiner Road	10/10/2023	\$1,550.00
City, State, Zip Code	Theodore, AL 36582		
Purpose of Disburseme Printed Materials	ent (Optional)	Aggregate Year-to-date	\$53,252.50