2019 ELECTION CYCLE



Delbert Hosemann
SECRETARY OF STATE

DUN 0 7 2019

Carpatigrammance
Secretary of State

Name of Candidate homois kind	
	Chyrzip Hattiesburg/39401
Telephone (Work) 601- 583-0859(Home) 601-549-3338	(Fax)
Contact Name Tom King Emall Address + King	acomdotins gor
Office Sought Sauthern Dietrict Trong, Political Party (If any)	epublican
Commissioner	
Check here if above is different from previous report	
TYPE OF REPORT	
May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019)	Mandatory
June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019)	Mandatory
July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019)	,Mandatory
August 28, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17,	2019)Runoff Candidates Only
October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019)	Mandatory
October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 201	9)Mandatory
November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16	(, 2019)Runoff Candidates Only
January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019	)Mandatory
Termination Report (Committee will no longer accept contributions, make camp expenditures, has no outstanding campaign debt obligation hand balance)	Required to terminate reporting obligations

## IMPORTANT

- (1) All candidates for office 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 candidate 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, annual 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 carned thereon in the form of interest or dividends.

(5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports 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, 2019 CASH ON HAND BALAN	CE		N	<b>S</b>
TOTAL AMT OF CONTRIBUTIONS	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF DISBURSEMENTS	\$	. <b>\$</b>	,s	S ANNAGONOS DE LA SECUL
CASH ON HAND BALANCE		name na se	9970   997090 (9 (9 ) 3	<b>S</b>
REPORTED CONTRIBUTIONS ACCU		RSEMENTS FROM ( FTER JANUARY 1,		TRIBUTIONS
JAN. 1, 2019 CASH ON HAND BALAN	CE	a		s 20, 650.°

JAN. 1, 2019 CASH ON HAND BALANCE	ଖୋ	E MAN SMALL (SEE )	s 20, 650.
TOTAL AMT OF CONTRIBUTIONS \$ \$2.50	Non-Itemized (=)	This Period	Calendar Year-to-Date s 61,385,00
TOTAL AMT OF DISBURSEMENTS \$ 2.2.2			
CASH ON HAND BALANCE	y company on home		\$ 57,422,0

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 Candidate

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

Penalties: A candidate who falls to file, or falls to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of cartification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson. MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email Campaign Finance@sos.ms.gov. Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Page	of	<b>1</b> 7

## Reporting period 1 MAY 1, 2017 through 1 MAY 31, 12 0 (9) ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name	5118119	\$ 500,00
4 6 7 00 00 00 00		
Malling Address		\$
1.0.BX (647	<u></u>	¥ 1
City, State, Zip Code		
	<u> </u>	\$
Name of Employer (Required)		\$
CL Peur		
Occupation (Required)	Aggregate	\$ 500,00
PRes,	year-to-date	1 3 8816
B. Source: Corporation PAC Individual Loan	<b>-</b> .	Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
		· · · · · · · · · · · · · · · · · · ·
Full name	5/13/19	\$ 350,00
C. A. Guice 111		( S/ O / OE)
Mailing Address		\$
107 millson DR.	<del>' '  </del>	a 1
City, State, Zip Code		
		\$
Haltealing, ms, 39402		25 M
Name of Employer (Required)		\$
		* N
Occupation (Required)	Aggregate	\$ 750
	year-to-date	\$ 250,00
C Source IT Corporation F PAC   Individual   Loan F	year-to-date	450,00
C. Source Corporation PAC Individual Loan	Date	Amount of each
Mark and the second state of the second state		Amount of each receipt
Other (please specify)	Date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)  Full name  Neel-Schaffer  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Neel-Schaffer  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Neel-Schaffer  Mailing Address  P. O. BX. 226 25	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Neel - Schaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Neel-Schaffer  Mailing Address  P.O. Bx. 226 25  City, State, Zip Code  Quehan, Ma, 39225, 2025	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  NCCI - SChaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Acchan, MA, 39225. 2025  Name of Employer (Regulard)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Neel-Schaffer  Mailing Address  P.O. Bx. 226 25  City, State, Zip Code  Queckan, Ma, 39225.225  Name of Employer (Required)  Neel-Schaffer	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  NCCI - SChaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Acchan, MA, 39225. 2025  Name of Employer (Regulard)	(Mo., Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \frac{1}{\text{, GOD}} \]  \$ \[ \frac{1}{\text{s}} \]
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Other (please specify)  Full name  NCCI - Schaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Queckan MD. 39225. 2025  Name of Employer (Required)  NCCI - Schaffer  Occupation (Required)	(Mo., Date (Mo., Day, Year)  S/S/S/S/S  S/S/S/S  Aggregate year-to-date  Date	Amount of each receipt this period  \$ //, ccco / \$
Other (please specify)  Full name  NCCI - SChaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Acchan, MA, 39225. 2025  Name of Employer (Required)  NCCI - Schaffer  Occupation (Required)  D. Source: Corporation PAC Individual Loan	(Mo., Date (Mo., Day, Year)  S/2//9  //// /// /// Aggregate year-to-date	Amount of each receipt this period  \$ \[ \langle  \coo  \coo  \square \]  \$ \[ \langle  \coo  \coo  \square  \quare  \square  \quare  \qua
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Other (please specify)  Full name  NCCI - SChaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Acchan, MA. 39225. 2025  Name of Employer (Required)  NCCI - Schaffer  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	(Mo., Date (Mo., Day, Year)  S/S/S/S/S  S/S/S/S  Aggregate year-to-date  Date	Amount of each receipt this period  \$ \[ \langle \coo_i \c
Other (please specify)  Full name  NECI - Schaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Queckan MA, 39225. 2025  Name of Employer (Required)  Neci - Schaffer  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS. POWCY STATE PAC	(Mo., Date (Mo., Day, Year)  S/S/S/S/S/S  /S/S/S/S/S  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ // COO, COO  \$    Amount of each receipt this period
Other (please specify)  Full name  NCCI - Schaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Queckan, Ma., 39225. 2025  Name of Employer (Required)  NCCI - Schaffer  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS. POWCY STATE PAC  Mailing Address	(Mo., Date (Mo., Day, Year)  S/S/S/S/S/S  /S/S/S/S/S  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \] \( \coo_i \)
Other (please specify)  Full name  Neel - Schaffer  Mailing Address  P. D. Bx. 226 25  City, State, Zip Code    Jackson, Ma, 39225. 2025   Name of Employer (Regulred)   Neel - Schaffer   Occupation (Regulred)  D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)  Full name  MS. Power STATE PAC  Mailing Address  V. D. Bx. Horg	(Mo., Date (Mo., Day, Year)  S/S/S/S/S/S  /S/S/S/S/S  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \] \( \omega_{000} \), \( \omega_{000} \)  \$ \[ \] \( \omega_{000} \), \( \omega_{000
Other (please specify)  Full name  NECI - Schaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Quechan MD. 39225. 2025  Name of Employer (Required)  Neci - Schaffer  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS. Power STATE PAC  Mailing Address  V.O. BX. HOZG  City, State, Zip Code	(Mo., Date (Mo., Day, Year)  S/S/S/S/S/S  /S/S/S/S/S  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Other (please specify)  Full name  NECI - Schaffer  Mailing Address  P.O. BX. 226 25  City, State, Zip Code  Acehan MA. 39225. 2025  Name of Employer (Required)  Neci - Schaffer  Occupation (Required)  Other (please specify)  Full name  MS. Power STATE PAC  Mailing Address  V.O. BX. HOZG  City, State, Zip Code  Suffer  Name of Employer (Required)	(Mo., Date (Mo., Day, Year)  S/S/S/S/S/S  /S/S/S/S/S  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \langle \coop \coop \]  \$ \[ \langle \coop

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Name of Candidate	or Com	mittee [	FRICA	d5	₽ <del>(</del> 1	70m		<u>Zing</u>
Reporting period	MAY	مان ا	MA731	through	gh 🔙	MA	13	厂.
		ITE	EMIZ	EL	F	REC	EII	PTS

A Source: Corporation   PAC   Individual   Loan   Date   Mo., Day, Year)   Receipt   Relating Address   Mo., Day, Year)   Relating Mo., Da		. •	
Full name  (1) O. Jonet Walker  (1) O. Jonet Walker  (2) O. Comboda Valud,  (3) State, 210 Code  (4) Affestory, Mo, 39 Ho2  Name of Employer (Required)  Occupation: Heaviers)  Occupation: Heaviers)  Occupation: Heaviers)  Other (please specify)  Full name  Other (please specify)  Full name  Occupation: Heaviers)  Occupa			receipt
Malling Address  (10 C), State. Zip Code  (No. 1), 20 C. Canadharda V3 cland, (1), 11 \$ Chy, 20 Chy, 2	Full name	8,119	
City, State, Zip Code  Concention (Resulted)  City State, Zip Code  Concention (Resulted)		18.1. (17.	1 (1 600)
The state of the s			
City, State, Zip Code	(20 W. Carelmote Blod,	<u>'</u> '	• 1
Half firstory, M. 39402   Smare of Employer (Required)   Date   Aggregate   Aggregate   Aggregate   Amount of each receipt   Amount of each	City, State, Zip Code		
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Down JAKer ASS A.  Securation Required:  PAC Individual Loan  Other (please specify)  B. Source:   Corporation   PAC   Individual   Loan    Other (please specify)  Melling Address  P.O. B. K. H. 9  Clay State, Zip Code  PALE AND			
Decupation Required PRCS,  B. Source:   Corporation   PAC   Individual   Loan   Other (please specify)		1 1 1 1	9 ]
B. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)		Aggregate	11/
B. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)		year-to-date	11/000,0
Other (please specify)  Other (please specify)  Full name  In Can (15 Shipholding  Mailing Address  P.D. & Ly 9  City, State, 2ip Code  Charagoula Marias  Other (please specify)  Date  (Mo., Day, Year)  (Mo., Day, Year)  **Simon of Employer (Required)  Ma Maya V  C. Source (Mo., Day, Year)  Charagoula Marias  Other (please specify)  Full name  Individual Loan  Other (please specify)  Full name  Occupation (Required)  Aggregate  (Mo., Day, Year)  Amount of each receipt this period  Full name  Individual Loan  Occupation (Required)  Occupation (Re		Bass	Amount of each
Full name  In Galls Shipholding  Mailing Address  P.D. BK (49  City, State, Zip Code  Paragraph PAC Individual Loan  Cocupation (Required)  Comparison (Comparison (C			
Meilling Address  P.D. & ( 14 9  City, State, Zip Code  Passangula, Mar. 39568  Name of Employer (Required)  Other (please specify)  Pull name  Occupation (Resulted)  Name of Employer (Required)  Occupation (Resulted)  Occupation (Resulted)  Amount of each receipt this period  Full name  Occupation (Resulted)  Occupation (Resulted)  Occupation (Resulted)  Other (please specify)  Full name  Occupation (Resulted)  Occupation (Resulted	Other (please specify)	(MD., DBY, 1841)	this period
Mailling Address  P.D. & H. 9  City, State, Zip Code  Paramoula Man 39568  Name of Employer (Required)  Other (please specify)  Full name  Name of Employer (Required)  And Maja V  Mailling Address  I STH Hum. 98 EAST  City, State, Zip Code  Cocupation (Required)  Amount of each receipt this period  Full name  Name of Employer (Required)  Occupation (Required)  D. Source:  Corporation PAC Individual Loan  Occupation (Required)  D. Source:  Corporation PAC Individual Loan  Other (please specify)  SIZIM \$  ISTO, Walling Address  I STH Hum. 98 EAST  City, State, Zip Code  Columnation (Required)  D. Source:  Corporation PAC Individual Loan  Other (please specify)  SCOUNDATION (Required)  PAC Individual Loan  Other (please specify)  SCOUNDATION (Required)  Full name  Cocupation (Required)  Full name  Cocupation (Required)  And ST Year  Amount of each receipt this period  Full name  Cocupation (Required)  Full name  Cocupation (Required)  And ST Year  Amount of each receipt this period  Full name  Cocupation (Required)  Full name  And ST Year  Amount of each receipt this period  Full name  Cocupation (Required)  And ST Year  Amount of each receipt this period  Full name  And ST Year  Amount of each receipt this period  Full name  And ST Year  Amount of each receipt this period  Full name  And ST Year  Amount of each receipt this period  Full name  And ST Year  Amount of each receipt this period  Full name  And ST Year  Amount of each receipt this period  I J J J J J J J J J J J J J J J J J J		F 17 179	\$ [1 : 5
Melling Address  P.D. G. ( 149  City. State, Zip Code  Passage and Mark 39562  Name of Employer (Required)  The Calls Mark 1964  Cocumation (Required)  Other (please specify)  Malling Address  1 574 Hours 98 EAST  City. State, Zip Code  Cocumation (Required)  Dete (Mo., Day, Year)  Malling Address  1 574 Hours 98 EAST  City. State, Zip Code  Cocumation (Required)  Dete (Mo., Day, Year)  Aggregate year-to-date  Full name  1 574 Hours 98 EAST  City. State, Zip Code  Cocumation (Required)  Dete (Mo., Day, Year)  Aggregate year-to-date  Full name  1 574 Hours 98 EAST  City. State, Zip Code  Cocumation (Required)  Dete (Mo., Day, Year)  Aggregate year-to-date  Full name  1 574 Hours 98 EAST  City. State, Zip Code  Cocumation (Required)  Dete (Mo., Day, Year)  Amount of each receipt this period  Full name  Cocumation (Required)  Dete (Mo., Day, Year)  Amount of each receipt this period  Full name  Cocumation (Required)  Dete (Mo., Day, Year)  Amount of each receipt this period  Full name  Cocumation (Required)  Aggregate \$ 7, 000, 12  Aggregate \$ 7, 00	In Galls Sheaberline	13.11.5.11.11	111,000,0
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City, State, Zip Code  Pase a bula, Man, 39568  Name of Employer (Required)  MANAGE  C. Source   Corporation   PAC   Individual   Loan    Malling Address    STA   Hwy, 98 EAST  City, State, Zip Code  Other (please specify)    Same of Employer (Required)  Other (please specify)    Same of Employer (Required)		1 1-1-1-1	•
Rame of Employer (Required)  Aggregate year-to-date Manager C. Source Corporation PAC Individual Loan  City, State, Zip Code  Collegion (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  City, State, Zip Code  Collegion (Required)  Cocupation (R			
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Cocupation (Required)  MANAGE  C. Source [V Carporation   PAC   Individual   Loan    Other (please specify)  Mailing Address  I 57 4 Huy 98 EAST  City, State, Zip Code  Cocupation [Required]  Date  (Mo., Day, Year)  Mailing Address  I 57 4 Huy 98 EAST  City, State, Zip Code  Cocupation (Required)  Data  (Mo., Day, Year)  Adgregate  year-to-date  Adgregate  year-to-date  \$ 1, 000, 10  \$ 1 1 1 1 \$ 1 1 1 1 1 1 1 1 1 1 1 1 1	raseagoula, MS1 34368		
Aggregate year-to-date  Anount of each receipt this period  Full name  Other (please specify)  Mailing Address  ISTY Hury 98 EAST  City, State, Zip Code  Coupstion (Required)  Other (please specify)  Amount of each receipt this period  Full name  ISTY Hury 98 EAST  City, State, Zip Code  Columbra, Ma, 39429 8 (86  Columbra, Ma, 39429 8 (86)  City, State, Zip Code  City, Stat	Name of Employer (Required)	<u>                                   </u>	\$
C. Source   Corporation   PAC   individual   Loan    Other (please specify)   Date   receipt   this period    Full name   Dun Chn   Engineering   PAC    Mailling Address   Individual   Loan    Date   (Mo., Day, Year)    Full name   Si Ji Ji g s   ICBO, Individual    Full name   Si Employer (Regulated)    Occupation (Resulated)   Date    Full name   Corporation   PAC   Individual   Loan    Other (please specify)   Si C    Mailling Address   Corporation   PAC   Individual   Loan    Other (please specify)   Si C    Mailling Address   Corporation   PAC   Individual   Loan    Other (please specify)   Si C    Mailling Address   Corporation   PAC   Individual   Loan    Other (please specify)   Si C    Mailling Address   Corporation   PAC   Individual   Loan    Other (please specify)   Si C    Mailling Address   Corporation   PAC   Individual   Corporation   Si Ji Ji Ji    Mailling Address   Corporation   PAC   Individual   Corporation    Mailling Address   Corporation   PAC   Individual   Corporation   Corporation    Mailling Address   Corporation   PAC   Individual   Corporation   Corporatio	1 In Galle - 19 ANTIC	Aggregate	
C. Source   Carporation   PAC   Individual   Loan    Other (please specify)   Date (Mo., Day, Year)    Full name   S.   J.   [9] \$   [.650],    Mailing Address   J.   J.   \$    City, State, Zip Code   J.   J.   \$    Cocupation (Required)   Aggregate year-to-date   S.   J.   J.   J.    Occupation (Required)   Data    Other (please specify)   B.C.   Molling Address    Full name   Data   Amount of each receipt this period    Full name   Data   J.   J.   J.   J.   J.    City, State, Zip Code   J.   J.   J.   J.   J.   J.    City, State, Zip Code   J.   J.   J.   J.   J.    City, State, Zip Code   J.   J.   J.   J.   J.    City, State, Zip Code   J.   J.   J.   J.   J.    City, State, Zip Code   J.   J.   J.    City, State, Zip Code   J.   J.   J.   J.    City, State, Zip Code   J.   J.   J.    City, State, Zip Code   J.   J.   J.    Cacupation (Required)   Aggregate   S.   J.   J.    Cacupation (Required)   Aggregate   S.   J.    Cacupation (Required)   J.   J.   S.    Cacupation (Required)   Aggregate   S.   J.    Cacupation			\$ 1,000,0
Other (please specify)  Full name  I STY H Way, 98 EAST  City, State, Zip Code  Calumbra, Ma, 39429~8(86  Calumbra, Ma, 39429~8(86  Calumbra, Ma, 39429~8(86)  I I I I I I I I I I I I I I I I I I I	C. Saura D. Garagattan C. BACC Individual C. Lean C.	7001 10 0010	
Other (please specify)  Full name  Den Carnelling Address  STY Hury, 98 East  City, State, Zip Code  Coupation (Required)  Other (please specify)  Full name  Full name  Coupation (Required)  Coupation (Required)  Coupation (Required)  PAC Individual Loan  Data  (Mo., Day, Year)  Aggregate year-to-date  (Mo., Day, Year)  Full name  SI 4179  Society  Mailing Address  Co2 ANCher DR,  City, State, Zip Code  Picarune, Ma, 394444  Sity, State, Zip Code  Picarune, Ma, 394444  Sity, State, Zip Code  Picarune, Ma, 394444  Cocupation (Required)  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Sity	C. Source   Corporation   PAC   Individual   Loan		
Full name  DUNG AN ENGINEEVING PA  Mailing Address  1574 Hury 98 EAST  City, State, Zip Code  Columbra, Ma, 39429~8(86)  Name of Employer (Required)  Description (Required)  Concupation (Required)  Concupation (Required)  Description (Mo, Day, Year)  Full name  Concupation (Required)  Full name  Description (Mo, Day, Year)  Mailing Address  Co21 ANGLEY DR  City, State, Zip Code  Picarune, Ma, 39444  City, State, Zip Code  Picarune, Ma, 394444  City, State, Zip Code  Picarune, Ma, 394444  City, State, Zip Code  Picarune, Ma, 394444  Coccupation (Required)  Aggregate  Aggregate  Aggregate  Aggregate	Other (please specify)	(Mo., Day, Year)	
Mailing Address    574 Hwy 98 EAST   City, State, Zip Code   Columbia Mailing Address   1   1   \$   \$	W	<u> </u>	
Malling Address  ISTY Hury 98 EAST  City, State, Zip Code  Coundria, Ma, 19429~8186  Name of Employer (Required)  Occupation (Required)  Description (Required)  Other (please specify) BBC  Mulling Address  Code And Andrews  Mulling Address  Code And Andrews  Mulling Address  Code Picarune, Ma, 194464  Name of Employer (Required)  Aggregate  Picarune, Ma, 194464  Name of Employer (Required)  Aggregate	Full name	121131119	\$ 11,000,0
City, State, Zip Code  Culumbra, Ms., 39429~8(86  Coupation (Regulard)  Coupation (Regulard)  Coupation (Regulard)  Coupation (Regulard)  Cother (please specify)  Full name  City, State, Zip Code  PAC   Individual   Loan    Cother (please specify)  Cother (please specify)  City, State, Zip Code  Picarune, Ma, 39464  Name of Employer (Required)  Name of Employer (Required)  City, State, Zip Code  Picarune, Ma, 39464  Name of Employer (Required)  City, State, Zip Code  Picarune, Ma, 39464  Aggregate \$ Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  City, State, Zip Code  Picarune, Ma, 39464  Aggregate \$ Cocupation (Required)	Mallon Address		
City, State, Zip Code  Columbia, Ma, 39429~8(86    I   I   \$			\$
Columbia, Ms, 39429~8(86  Name of Employer (Required)  Cocupation (Required)  Description (Required)  Corporation   PAC   Individual   Loan   Data   Amount of each receipt   This period   This perio	Clare State 7 in Code	<del> </del>	
Name of Employer (Required)    Aggregate year-to-date   Amount of each receipt this period	C A 11 0 29400 NIST	11-11-11-	\$
Description (Required)  Description   PAC   Individual   Loan    Other (please specify)   BC   Data    Other (please specify)   BC   Mo., Day, Year)    Full name   S1 4 7 9 \$ 500.00  Mailling Address   G02   ANG Lev DR,    City. State. Zip Code   City State. Zip Code    Picarune   Mo., Day CRedited    Name of Employer (Required)    Data   Amount of each receipt this period    S1 4 7 9 \$ 500.00    S 5 00.00   S 5 00.00   Aggregate   S 7 00.00   Aggregate   S	[ Columbia, Ms, 37729-8106	<del>                                     </del>	
D. Source: Corporation PAC individual Loan  Other (please specify) BBC  Full name    Date (Mo., Day, Year)   Corporation PAC   Corporation	Name of Employer (Required)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
D. Source: Corporation PAC individual Loan  Other (please specify) BBC  Full name    Date (Mo., Day, Year)   Corporation PAC   Corporation		Autothiometro	
Date Other (please specify)  Full name    Date	Occupation (Required)		\$ 1,000,5
Other (please specify) 38C (Mo., Day, Year) receipt this period  Full name    150 key Creek Publishin, 88C   51 41 79 \$ 500.00  Melling Address   6021 ANG key DR,   31241 79 \$ 500, 00  City. State. Zip Code   7 Carune, Ma, 39464   11   1   \$    Name of Employer (Required)   11   \$    Occupation (Required)   Aggregate \$	B. C. Conservation C. BACC. Individual C. Loon	3401-10-0010	A - aural of a cala
Other (please specify) 38C (Mo., Day, Year) this period  Full name    So hey Creek Publishin, 88C   S1 41 79 \$ 500.10  Melling Address   Sob, 1241 79 \$ 500, 10  City. State. Zip Code   City. State.	17		receipt
Full name    Baker Creek Publishin, 88c   51 41 79 \$ 500.00   Mailing Address   Baker Dr.   Baker   Ba	Other (please specify) 3 5 C	(Mo., Day, Year)	
Malling Address  Milling Address  Gity. State. Zip Code  Picarune, Ma, 39466  Name of Employer (Required)  Jim Luice  Occupation (Required)  Aggregate  Aggregate  Aggregate	Parties of the same of the sam		
Mailing Address  Go 21 ANG Ler DR,  City. State. Zip Code  Picarune, Mai, 39466  Name of Employer (Required)  Jim Luice  Occupation (Required)  Aggregate  Aggregate  Signature  Aggregate	Dalan Chark P. Mark Bass	<u>    51   41   19</u>	1 \$ 50000
City. State. Zip Code  Picarune, Man 39466  Name of Employer (Required)  Jim Luite  Occupation (Required)  Aggregate  \$ 1	Mailling Address	128 G. G.	100.
City. State. ZID Code  Picarune, Mai, 39466  Name of Employer (Required)  Jim Luite  Occupation (Required)  Aggregate  \$ 1		12/124/11	\$ 5 000. 1
Picarune, Mai, 39466  Name of Employer (Required)  Tim Luice  Aggregate  Aggregate  Sim		<del></del>	
Name of Employer (Required)  Jim Luice  Aggregate  Aggregate  Signature  Aggregate			\$
Occupation (Required) Aggregate \$ 1		<del>       </del>	
Occupation (Required) Aggregate \$ 1	Jan Luke	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
	Occupation (Required)	Agpregate	\$ 1
	rres,		11.4.0.000.4.

Page 3 of 3

Name of Candidate	or Committe	oo Prie	nd3 0	P7	ρm	<u> </u>	وره
Reporting period	MAXI	2019	through	mory	31	3 ల	19
• • • • • • • • • • • • • • • • • • • •		CEMI				Company of the last of the las	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name	5176179	\$ E - NL		
P.O. BX1 6560		\$		
10 Urc L, Mar 39 HH1 ~ 6560	[二/二/二	\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate yearto-date	\$ 500,00		
B. Source: Corporation PAC Individual Loan Other (please specify)	Data (Mo., Day, Year)	Amount of each receipt this period		
Full name	5,21,79	\$ 250,00		
Mailing Address	ロバロバロ	\$		
City, State, Zip Code Hatties burg MD, 39402		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate yearto-date	\$ 250,00		
C. Source Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Ms. Ex Port Railroad Co,	H12419	\$ 1,000,0		
Mailing Address 4519 M = Immi Ave,	「「「	\$		
Mora Points, Ms, 39563		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 1,000,00		
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name	515179	\$ 2.50.0		
Malling Address 1200 NELMA St.		\$ [		
City. State. Zip Code Hatties burg, Ms, 39402		\$		
Name of Employer (Regulred)	□/□/□	\$		
Occupation (Required)	Aggregate year-to-date	\$		

	Page	l			
Name of Candidate or Committee FRIENDS	om Kin	1			
Reporting period MAY 1, 2019 through MAY 31, 2019					
Name of Candidate or Committee FRiends of Tom King  Reporting period MAY 1, 2019 through MAY 31, 2019  ITEMIZED DISBURSEMENTS					
Disbursements from contributions accumulated Prior to January 1,					
Southern NumaPhata & Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period			
Mailing Address 1510 H Jan Ave, North	513119	\$ 1,475.00			
City, State, Zip Code  Becise in the Ah . 35010	_'_'	S			
Bessener, AL. 35020 Purpose of Disbursement (Optional)  Advartise ment	Aggregate Year-to-date	5 1,475,00			
B. Full name  Southan NAMEPLATE - Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period			
Malling Address 15-10 H Warted	516119	\$ 769.00			
Malling Address  1510 H Ave, North  City, State, Zip Code  Bessemen, AL, 35020  Purpose of Diabursement (Optional)		S			
Purpose of Diabursement (Optional)  Aburtise Ment	Aggregate Year-to-date	\$ 769,00			
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period			
Mailing Address	_/_/_	\$			
City, State, Zip Code	_/_/_	s			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s			
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period			
Mailing Address	_'_'_	5			
City, State, Zip Gode	_'_'_	S			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s			
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period			
Melling Address	_'_'_	\$			
City, State, Zip Code	_'_'_	s			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$			
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period			
Malling Address		S			
City, State, Zip Code		s			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s			