

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2018 Annual Report

RECEIVED

JAN 31 2019

Secretary of State
Capitol Office

Name of Candidate Robert D. Foster
 Address 1437 Notting Hill Cove West City/Zip Hernando, MS 38632
 Telephone (Work) 901-359-2540 (Home) _____ (Fax) _____
 Contact Name Robert Foster Email Address robert@foster4ms.com
 Office Sought District 28 House Seat Political Party (if any) Republican

☐ Check here if above information is different from previous report

TYPE OF REPORT

- ☒ January 31, 2019 Annual Report (January 1, 2018 through December 31, 2018) **Mandatory**
- ☒ Termination Report (Candidate will no longer accept contributions, make expenditures, has no outstanding campaign debt and a zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Absent a termination report, Annual Reports are mandatory for all prior candidates and candidates who have raised or spent in excess of \$200.00 in furtherance of a campaign. Even if no contributions or expenditures have been made, the candidate must submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) 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 23-15-821, 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.
- (3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) 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. Reports may be mailed, hand delivered, faxed or emailed. Candidates for State, State District and Legislative Office file with the Secretary of State's Office. Candidates for county and county-district office file with the circuit clerk's office. Candidates for municipal or municipal-district office file with the municipal clerk's office.

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

JAN. 1, 2018 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS¹	\$	\$	\$	
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	
CASH ON HAND BALANCE				\$

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

JAN. 1, 2018 CASH ON HAND BALANCE				\$2,007.33
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$16,000.00	\$3,685.77	\$19,685.77	
TOTAL AMT OF DISBURSEMENTS	\$7,496.52	\$1,899.20	\$9,395.72	
CASH ON HAND BALANCE				\$12,297.38

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

Date

1-30-19

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

Penalties: A candidate who fails to file, or fails 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 certification. 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 timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

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

Name of Candidate or Committee Robert D. Foster

Reporting period January 1, 2018 through December 31, 2018

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BNSF Railway Company		6 / 22 / 18	\$ 250.00
Mailing Address 2500 Lou Menk Dr., AOB-3		___ / ___ / ___	\$
City, State, Zip Code Fort Worth, TX 76131		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Corporate Relations Management		8 / 10 / 18	\$ 250.00
Mailing Address P.O. Box 4385		9 / 10 / 18	\$ 250.00
City, State, Zip Code Brandon, MS 39047		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Will Leatherman		8 / 12 / 18	\$ 250.00
Mailing Address P.O. Box 30725		___ / ___ / ___	\$
City, State, Zip Code Greenville, NC 27833		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lewis K. McKee, Jr.		8 / 13 / 18	\$ 250.00
Mailing Address 58 Wychewood		___ / ___ / ___	\$
City, State, Zip Code Memphis, TN 38117		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Robert D. Foster

Reporting period January 1, 2018 through December 31, 2018

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tower Loan of Mississippi, LLC	8/17/18	\$ 500.00
Mailing Address P.O. Box 320001	___/___/___	\$
City, State, Zip Code Flowood, MS 39232	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Diane A. Hawks	12/21/18	\$ 250.00
Mailing Address 930 Memphis Street	___/___/___	\$
City, State, Zip Code Hernando, MS 38632	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Truck PAC	9/7/18	\$ 250.00
Mailing Address 825 North President Street	___/___/___	\$
City, State, Zip Code Jackson, MS 39202	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comm. for Clean Environ./Fair Taxation PAC	9/10/18	\$ 250.00
Mailing Address 3000 N. State Street	___/___/___	\$
City, State, Zip Code Jackson, MS 39216	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Robert D. Foster

Reporting period January 1, 2018 through December 31, 2018

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capitol Advocacy Group PAC		9/10/18	\$250.00
Mailing Address P.O. Box 217		___/___/___	\$
City, State, Zip Code Jackson, MS 39205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$250.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eaves Law Firm, LLC		9/10/18	\$500.00
Mailing Address 101 North State Street		___/___/___	\$
City, State, Zip Code Jackson, MS 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Center for Advanced Medicine		9/10/18	\$500.00
Mailing Address 7731 Old Canton Rd., Suite B		___/___/___	\$
City, State, Zip Code Madison, MS 39110		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Swisher International, Inc.		9/11/18	\$250.00
Mailing Address P.O. Box 2230		___/___/___	\$
City, State, Zip Code Jacksonville, FL 32203		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$250.00

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A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Realtors PAC		9/17/18	\$500.00
Mailing Address P.O. Box 32100		___/___/___	\$
City, State, Zip Code Flowood, MS 39232		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kelly Cress		10/1/18	\$250.00
Mailing Address 502 Heatherstone Court		___/___/___	\$
City, State, Zip Code Ridgeland, MS 39157		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$250.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Al Williams Bail Bond Company		12/6/18	\$1000.00
Mailing Address 3402 Industrial Drive West		___/___/___	\$
City, State, Zip Code Hernando, MS 38632		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$1000.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Yalobusha Rental Properties, LLC		12/11/18	\$250.00
Mailing Address 1000 Poplar		___/___/___	\$
City, State, Zip Code Greenwood, MS 38930		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$250.00

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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Oliver		12/13/18	\$ 1000.00
Mailing Address 3187 Robertson Gin Road		___/___/___	\$
City, State, Zip Code Hernando, MS		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Josh Pounders		12/17/18	\$ 2000.00
Mailing Address 1923 Fogg Road		___/___/___	\$
City, State, Zip Code Nesbit, MS 38651		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2000.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gene and Janie Norwood		12/19/18	\$ 500.00
Mailing Address 135 Parkway Street		___/___/___	\$
City, State, Zip Code Hernando, MS 38632		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Corey Clark		12/20/18	\$ 1000.00
Mailing Address 60080 Fowlkes Road		___/___/___	\$
City, State, Zip Code Hernando, MS 38632		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cal Wilkins		___ / ___ / ___	\$ 5000.00
Mailing Address 230 Highway 51 South		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 5000.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Donnie and Mandi Abernathy		___ / ___ / ___	\$ 500.00
Mailing Address 3295 Marcia Louise Drive		___ / ___ / ___	\$
City, State, Zip Code Southaven, MS 386872		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Robert D. Foster

Reporting period January 1, 2018 through December 31, 2018

ITEMIZED DISBURSEMENTS

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

A. Full name Jamie Johnston	Date (Mo., Day, Year) 12/2/18	Amount of each disbursement this period \$ 200.00
Mailing Address 1955 Manor Place Dr.	12/6/18	\$ 200.00
City, State, Zip Code Hernando, MS 38632		
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$ 400.00
B. Full name Buon Cibo Restaurant	Date (Mo., Day, Year) 12/13/18	Amount of each disbursement this period \$ 1051.89
Mailing Address 2631 McIngvale Road, Suite 129	12/13/18	\$ 1051.89
City, State, Zip Code Hernando, MS 38632	___/___/___	\$
Purpose of Disbursement (Optional) Fundraising Expense	Aggregate Year-to-date	\$ 1051.89
C. Full name One Memphis Street	Date (Mo., Day, Year) 12/6/18	Amount of each disbursement this period \$ 850.00
Mailing Address 2467 Memphis Street	12/6/18	\$ 850.00
City, State, Zip Code Hernando, MS 38632	___/___/___	\$
Purpose of Disbursement (Optional) Fundraising Expense	Aggregate Year-to-date	\$ 850.00
D. Full name Amazon	Date (Mo., Day, Year) 12/7/18	Amount of each disbursement this period \$ 192.00
Mailing Address	12/7/18	\$ 192.00
City, State, Zip Code	12/10/18	\$ 11.99
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$ 203.99
E. Full name FaceBook	Date (Mo., Day, Year) 12/13/18	Amount of each disbursement this period \$ 500.00
Mailing Address	12/13/18	\$ 500.00
City, State, Zip Code	12/24/18	\$ 1000.00
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$
F. Full name Community Foundation of Northwest Mississippi	Date (Mo., Day, Year) 2/26/18	Amount of each disbursement this period \$ 500.00
Mailing Address 315 Loshier Street, Suite 100	2/26/18	\$ 500.00
City, State, Zip Code Hernando, MS 38632	___/___/___	\$
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$ 500.00

Name of Candidate or Committee Robert D. Foster

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ITEMIZED DISBURSEMENTS

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

A. Full name Mississippi Republican Party	Date (Mo., Day, Year) 8 / 30 / 18	Amount of each disbursement this period \$ 240.00
Mailing Address 415 Yazoo Street		
City, State, Zip Code Jackson, MS 39201		
Purpose of Disbursement (Optional) Dues Expense	Aggregate Year-to-date	\$ 240.00
B. Full name Freelancer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 6 / 18	\$ 398.08
City, State, Zip Code	12 / 7 / 18	\$ 30.99
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$
C. Full name Freelancer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 17 / 18	\$ 3.37
City, State, Zip Code	12 / 17 / 18	\$ 12.58
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$
D. Full name Freelancer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 17 / 18	\$ 40.20
City, State, Zip Code	12 / 17 / 18	\$ 102.60
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$
E. Full name Freelancer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 17 / 18	\$ 204.90
City, State, Zip Code	12 / 17 / 18	\$ 307.20
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$ 1099.92
F. Full name Twitter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 4 / 18	\$ 6.00
City, State, Zip Code	12 / 11 / 18	\$ 43.64
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$

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Reporting period January 1, 2018 through December 31, 2018

ITEMIZED DISBURSEMENTS

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

A. Full name Twitter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/8/18	\$ 60.00
City, State, Zip Code	12/20/18	\$ 160.00
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$
B. Full name Twitter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/24/18	\$ 264.16
City, State, Zip Code	12/24/18	\$ 425.07
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$
C. Full name Twitter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/26/18	\$ 256.28
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional) Advertising Expense	Aggregate Year-to-date	\$ 1,215.15
D. Full name FaceBook	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/02/18	\$ 175.65
City, State, Zip Code	01/02/18	\$ 259.92
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1935.57
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$