

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election

RECEIVED

MAY 10 2019

Campaign Finance
MS Secretary of State

Name of Candidate BUTCH LEE
 Address 129 RICHMOND DRIVE City/Zip BRANDON, MS 39042
 Telephone (Work) 601.825.5021 (Home) 601.825.9274 (Fax) _____
 Contact Name BUTCH LEE Email Address BLEE169@ATT.NET
 Office Sought Central MS Highway Comm Political Party (if any) REPUBLICAN

☐ 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 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) **Mandatory**
 _____ July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) **Mandatory**
 _____ August 20, 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, 2019) **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 campaign expenditures, has no outstanding campaign debt obligation and zero cash on 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 earned 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~~ 2019**

JAN. 1, 2019 CASH ON HAND BALANCE				\$ 0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$0	\$0	\$0	\$0
TOTAL AMT OF DISBURSEMENTS	\$0	\$0	\$0	\$0
CASH ON HAND BALANCE				\$0

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED ~~AFTER JANUARY 1, 2018~~ 2019**

JAN. 1, 2019 CASH ON HAND BALANCE				\$ 0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$65,014	\$13,531	\$78,545	\$78,545
TOTAL AMT OF DISBURSEMENTS	\$16,775	\$325	\$17,100	\$17,100
CASH ON HAND BALANCE				\$61,445

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

5/10/19

Date

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 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 CampaignFinance@sos.ms.gov.
Candidates for county and/or county district office file this Report with their respective 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.

Name of Candidate or Committee BUTCH LEE CAMPAIGN
 Reporting period JANUARY 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

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 <u>DICK HALL</u>	<u>4/22/19</u>	\$ 500
Mailing Address <u>P. O. BOX 55942</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39296</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MDOT</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>COMMISSIONER</u>	Aggregate year-to-date	\$ 500
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 <u>MMHA-PAC</u>	<u>4/22/19</u>	\$ 1000
Mailing Address <u>P. O. BOX 320369</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000
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 <u>JOE McGEE CONSTRUCTION CO., INC.</u>	<u>4/22/19</u>	\$ 1000
Mailing Address <u>P.O. BOX 340</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>LAKE, MS 39092</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000
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 <u>CRC PROPERTIES, LLC</u>	<u>4/22/19</u>	\$ 500
Mailing Address <u>P. O. BOX 54246</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39228</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019 through APRIL 30, 2019

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 APAC		4 / 25 / 19	\$ 1000
Mailing Address P. O. BOX 24508		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 30225		___ / ___ / ___	\$
Name of Employer (Required) FORDICE CONSTRUCTION CO		___ / ___ / ___	\$
Occupation (Required) GENERAL CONTRACTOR		Aggregate year-to-date	\$ 1000
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 KEY, LLC		4 / 22 / 19	\$ 5000
Mailing Address P. O. BOX 590		___ / ___ / ___	\$
City, State, Zip Code MADISON, MS 39130		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 5000
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 CHARLES T. OZIER		4 / 26 / 19	\$ 250
Mailing Address 111 SUNCREST PLACE		___ / ___ / ___	\$
City, State, Zip Code BRANDON, MS 39047		___ / ___ / ___	\$
Name of Employer (Required) RETIRED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
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 HUFFMAN & COMPANY		4 / 25 / 19	\$ 250
Mailing Address P. O. BOX 321330		___ / ___ / ___	\$
City, State, Zip Code FLOWOOD, MS 39232		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019**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 ERGON STATE PAC		<u>4/22/19</u>	\$ 1000
Mailing Address P. O. BOX 1639		___/___/___	\$
City, State, Zip Code JACKSON, MS 39215		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 BAYOU CONCRETE LLC		<u>4/22/19</u>	\$ 1000
Mailing Address 1052 HIGHLAND COLONY PARKWAY, STE 210		___/___/___	\$
City, State, Zip Code RIDGELAND, MS 39157		___/___/___	\$
Name of Employer (Required) MMC MATERIALS INC		___/___/___	\$
Occupation (Required) PRESIDENT		Aggregate year-to-date	\$ 1000
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 TOM UNDERWOOD		<u>4/22/19</u>	\$ 2500
Mailing Address 3999 DOGWOOD DRIVE		___/___/___	\$
City, State, Zip Code JACKSON, MS 39211		___/___/___	\$
Name of Employer (Required) URC PROPERTIES		___/___/___	\$
Occupation (Required) PRESIDENT		Aggregate year-to-date	\$ 2500
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 THE BLAINE COMPANIES		<u>4/22/19</u>	\$ 1000
Mailing Address P. O. BOX 1208		___/___/___	\$
City, State, Zip Code MOUNT OLIVE, MS 39119		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019

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 VOLKERT INC		4 / 22 / 19	\$ 1000
Mailing Address P. O. BOX 7434		___ / ___ / ___	\$
City, State, Zip Code MOBILE, AL 36670		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 GARVER LLC		4 / 22 / 19	\$ 2500
Mailing Address 6360 I-55 N, SUITE 340		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39211		___ / ___ / ___	\$
Name of Employer (Required) GARVER LLC		___ / ___ / ___	\$
Occupation (Required) PROJECT MANAGERS		Aggregate year-to-date	\$ 2500
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 PICKERING INC PAC		4 / 22 / 19	\$ 1000
Mailing Address 6775 LENOX CENTER COURT, SUITE 300		___ / ___ / ___	\$
City, State, Zip Code MEMPHIS, TN 38115		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 NEEL SCHAFER		4 / 22 / 19	\$ 1000
Mailing Address P. O. BOX 22625		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39225		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019

ITEMIZED RECEIPTS

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 BILL COOK		4 / 22 / 19	\$ 500
Mailing Address 194 LORWAN LANE		__ / __ / __	\$
City, State, Zip Code MADISON, MS 39110		__ / __ / __	\$
Name of Employer (Required) COOK COMMERCIAL PROPERTIES		__ / __ / __	\$
Occupation (Required) BROKER		Aggregate year-to-date	\$ 500
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 MISSISSIPPI LOGOS, INC		4 / 17 / 19	\$ 1000
Mailing Address 113 VILLAGE BLVD, SUITE C		__ / __ / __	\$
City, State, Zip Code MADISON, MS 39110		__ / __ / __	\$
Name of Employer (Required) MISSISSIPPI LOGOS		__ / __ / __	\$
Occupation (Required) SALES		Aggregate year-to-date	\$ 1000
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 CLAW FORESTRY SERVICES, LLC		4 / 22 / 19	\$ 1000
Mailing Address P. O. BOX 5327		__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39296		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 DUNN ROADBUILDERS, LLC		4 / 22 / 19	\$ 250
Mailing Address P. O. BOX 6560		__ / __ / __	\$
City, State, Zip Code LAUREL, MS 39441		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019

ITEMIZED RECEIPTS

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 SAM AGNEW		4 / 11 / 19	\$ 500
Mailing Address 242 GRANDVIEW COURT		__ / __ / __	\$
City, State, Zip Code BATON ROUGE, LA 70810		__ / __ / __	\$
Name of Employer (Required) ETEC		__ / __ / __	\$
Occupation (Required) ENVIROMENTAL SALES		Aggregate year-to-date	\$ 500
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 STEVE EDDS		4 / 19 / 19	\$ 1500
Mailing Address 120 HERONS LANDING		__ / __ / __	\$
City, State, Zip Code RIDGELAND, MS 39157		__ / __ / __	\$
Name of Employer (Required) BUTLER SNOW		__ / __ / __	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 1500
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 NUCOR STEEL RECYCLERS PAC		4 / 22 / 19	\$ 250
Mailing Address 3630 FOURTH STREET		__ / __ / __	\$
City, State, Zip Code FLOWOOD, MS 39232		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
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 CYNTHIA WARNER		4 / 22 / 19	\$ 500
Mailing Address 145 AUTUMN WOODS DRIVE		__ / __ / __	\$
City, State, Zip Code MADISON, MS 39110		__ / __ / __	\$
Name of Employer (Required) AMERICAN FIELD SERVICE		__ / __ / __	\$
Occupation (Required) PRESIDENT		Aggregate year-to-date	\$ 500

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019 through APRIL 30, 2019

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 BCS INVESTMENT GROUP		4 / 22 / 19	\$ 1000
Mailing Address P.O. BOX 6020		___ / ___ / ___	\$
City, State, Zip Code RIDGELAND, MS 39158		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 SUNBELT SEALING, INC		4 / 22 / 19	\$ 1000
Mailing Address P.O. BOX 3770		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39207		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 TOM RICE		4 / 22 / 19	\$ 1000
Mailing Address 5304 GENERAL FORREST COURT		___ / ___ / ___	\$
City, State, Zip Code NASHVILLE, TN 37215		___ / ___ / ___	\$
Name of Employer (Required) SWEEPING CORPORATION OF AMERICA		___ / ___ / ___	\$
Occupation (Required) SALES		Aggregate year-to-date	\$ 1000
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 BURNS COOLEY DENNIS, INC		4 / 22 / 19	\$ 500
Mailing Address P.O. BOX 12828		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39236		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019**ITEMIZED RECEIPTS**

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 ELMORE ELMORE LLC		3 / 25 / 19	\$ 1000
Mailing Address P.O. BOX 2482		___ / ___ / ___	\$
City, State, Zip Code MADISON, MS 39130		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 KEITH TURNER		4 / 4 / 19	\$ 1000
Mailing Address 2 EASTMONT PLACE		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39211		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 TOM COOK		4 / 5 / 19	\$ 1000
Mailing Address 107 NORTHSORE POINT		___ / ___ / ___	\$
City, State, Zip Code MADISON, MS 39110		___ / ___ / ___	\$
Name of Employer (Required) COPELAND, COOK, TAYLOR & BUSH		___ / ___ / ___	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 1000
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 GRANTS FERRY PARKWAY		4 / 5 / 19	\$ 1000
Mailing Address P.O. BOX 6020		___ / ___ / ___	\$
City, State, Zip Code RIDGELAND, MS 39158		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019

ITEMIZED RECEIPTS

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 RICHARD WHITE		4 / 10 / 19	\$ 300
Mailing Address 12462 SPRINGRIDGE ROAD		__ / __ / __	\$
City, State, Zip Code TERRY, MS 39170		__ / __ / __	\$
Name of Employer (Required) CITY OF BYRAM		__ / __ / __	\$
Occupation (Required) MAYOR		Aggregate year-to-date	\$ 300
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 ROBERT WHITEHEAD		4 / 5 / 19	\$ 2500
Mailing Address 103 W EASTHAVEN CIRCLE		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) RETIRED		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 2500
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 LU COKER		4 / 13 / 19	\$ 500
Mailing Address 650 BURNHAM ROAD		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) CITY OF BRANDON		__ / __ / __	\$
Occupation (Required) ALDERMAN		Aggregate year-to-date	\$ 500
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 ENHANCED ENVIRONMENTAL & EMERGENCYS		4 / 22 / 19	\$ 1000
Mailing Address P.O. BOX 7		__ / __ / __	\$
City, State, Zip Code CLINTON, MS 39060		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019

through

APRIL 30, 2019

ITEMIZED RECEIPTS

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 BILLY ORR		4 / 5 / 19	\$ 250
Mailing Address 108 DEBORAH DRIVE		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) RETIRED		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
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 IRL DEAN RHODES		4 / 5 / 19	\$ 500
Mailing Address 107 AIRLINE TERRACE		__ / __ / __	\$
City, State, Zip Code PEARL, MS 39208		__ / __ / __	\$
Name of Employer (Required) RETIRED		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
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 BILLY SIMS		4 / 5 / 19	\$ 250
Mailing Address 100 BELLE VISTA DRIVE		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) FARM BUREAU		__ / __ / __	\$
Occupation (Required) REGIONAL DIRECTOR		Aggregate year-to-date	\$ 250
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 GARY TUCKER		4 / 5 / 19	\$ 250
Mailing Address 166 HALL ROAD		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250

Name of Candidate or Committee BUTCH LEE CAMPAIGN
 Reporting period JANUARY 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

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 WAYNE GASSON	<u>4 / 5 / 19</u>	\$ 250
Mailing Address 203 COUNTRYWOODS COURT	___ / ___ / ___	\$
City, State, Zip Code BRANDON, MS 39042	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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 MARCUS MARTIN	<u>4 / 5 / 19</u>	\$ 500
Mailing Address P.O. BOX 89	___ / ___ / ___	\$
City, State, Zip Code BRANDON, MS 39042	___ / ___ / ___	\$
Name of Employer (Required) MARTIN LAW FIRM	___ / ___ / ___	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 500
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 RONNIE GRANTHAM	<u>4 / 5 / 19</u>	\$ 300
Mailing Address 126 LANOAH LANE	___ / ___ / ___	\$
City, State, Zip Code BRANDON, MS 39042	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300
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 MATTHEW MILLER	<u>4 / 5 / 19</u>	\$ 1500
Mailing Address 283 CONCORD ROAD	___ / ___ / ___	\$
City, State, Zip Code PELAHATCHIE, MS 39145	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1500

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

Reporting period JANUARY 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

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 ASHLEY FARM TRUCKING LLC		4 / 4 / 19	\$ 1000
Mailing Address 265 MAGNOLIA DRIVE		__ / __ / __	\$
City, State, Zip Code RALEIGH, MS 39153		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 MARK BAKER		4 / 5 / 19	\$ 500
Mailing Address 244 DOMINION PARKWAY		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) BAKER LAW FIRM		__ / __ / __	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 500
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 NOEL DANIELS		4 / 5 / 19	\$ 400
Mailing Address 121 EASTHAVEN DRIVE		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) NOEL DANIELS AUTO GROUP		__ / __ / __	\$
Occupation (Required) OWNER		Aggregate year-to-date	\$ 400
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 VAUGHAN GALLOWAY		4 / 5 / 19	\$ 300
Mailing Address 1014 DESTINY COVE		__ / __ / __	\$
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$
Name of Employer (Required) RETIRED		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 300

Name of Candidate or Committee

BUTCH LEE CAMPAIGN

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ITEMIZED RECEIPTS

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 LARRY CROSS		2 / 25 / 19	\$ 1000
Mailing Address 380 HARRELL ROAD		__ / __ / __	\$
City, State, Zip Code PELAHATCHIE, MS 39145		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
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 ALBERT RAY LEE, III		2 / 12 / 19	\$ 3000
Mailing Address 129 RICHMOND DRIVE		2 / 15 / 19	\$ 1000
City, State, Zip Code BRANDON, MS 39042		2 / 25 / 19	\$ 2514
Name of Employer (Required) CITY OF BRANDON		4 / 29 / 19	\$ 9000
Occupation (Required) MAYOR		Aggregate year-to-date	\$ 15,514
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 GAY AUSTIN		2 / 25 / 19	\$ 500
Mailing Address 405 MARION AVENUE		__ / __ / __	\$
City, State, Zip Code McCOMB, MS 39648		__ / __ / __	\$
Name of Employer (Required) RETIRED		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
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 ELLIOT LAW FIRM		3 / 8 / 19	\$ 1000
Mailing Address 127 OAKRIDGE TRAIL		__ / __ / __	\$
City, State, Zip Code FLOWOOD, MS 39232		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee

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ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) IN-KIND		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CLEAR POINT STRATEGIES		4 / 5 / 19	\$ 534
Mailing Address P.O. BOX 55942		__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39296		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 534
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) IN-KIND		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MMHA		4 / 22 / 19	\$ 589
Mailing Address 1001 AIRPORT ROAD		__ / __ / __	\$
City, State, Zip Code FLOWOOD, MS 39232		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 589
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) IN-KIND		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BUTCH LEE		4 / 22 / 19	\$ 1000
Mailing Address 129 RICHMOND DRIVE		__ / __ / __	\$ 1000
City, State, Zip Code BRANDON, MS 39042		__ / __ / __	\$ 1000
Name of Employer (Required)		__ / __ / __	\$ 820
Occupation (Required)		Aggregate year-to-date	\$ 3820
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 HUNTER FORDICE		4 / 22 / 19	\$ 500
Mailing Address P.O. BOX 1101		__ / __ / __	\$
City, State, Zip Code VICKSBURG, MS 39181		__ / __ / __	\$
Name of Employer (Required) FORDICE CONSTRUCTION CO.		__ / __ / __	\$
Occupation (Required) GENERAL CONTRACTOR		Aggregate year-to-date	\$ 500

Name of Candidate or Committee

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ITEMIZED RECEIPTS

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 BARKSDALE		4/29/19	\$ 1000
Mailing Address 800 WOODLANDS PKWY, STE 118		___/___/___	\$
City, State, Zip Code MADISON, MS 39130		___/___/___	\$
Name of Employer (Required) BARKSDALE MANAGEMENT GROUP		___/___/___	\$
Occupation (Required) PRINCIPLE		Aggregate year-to-date	\$ 1000
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 RICHARDSON CUSTOM HOMES LLC		4/3/19	\$ 150
Mailing Address P.O. BO 1593		4/8/19	\$ 100
City, State, Zip Code BRANDON, MS 39042		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" 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 checked="" 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 BUTCH LEE CAMPAIGN
 Reporting period JANUARY 1, 2019 through APRIL 30, 2019

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, ²⁰¹⁹2018

A. Full name CLEAR POINT STRATEGIES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 55942	___/___/___	\$ 1000
City, State, Zip Code JACKSON, MS 39296	___/___/___	\$ 1000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2000
B. Full name JAMES E WARREN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 LUCKNEY ROAD	___/___/___	\$ 2500
City, State, Zip Code BRANDON, MS	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2500
C. Full name MISSISSIPPI REPUBLICAN PARTY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 415 YAZOO STREET	___/___/___	\$ 500
City, State, Zip Code JACKSON, MS 39042	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500
D. Full name UNITED REPUBLICAN FUND	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 415 YAZOO STREET	___/___/___	\$ 240
City, State, Zip Code JACKSON, MS 39042	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 240
E. Full name A2Z PRINTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV ROAD	___/___/___	\$ 135
City, State, Zip Code JACKSON, MS 39204	___/___/___	\$ 108
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 243
F. Full name A2Z PRINTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV ROAD	___/___/___	\$ 91
City, State, Zip Code JACKSON, MS 39204	___/___/___	\$ 363
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 454

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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 TECHSOURCE SOLUTIONS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 359 TOWNE CENTER BLVD, STE 602	___ / ___ / ___	\$ 300
City, State, Zip Code RIDGELAND, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300
B. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1252 W GOVERNMENT ST	___ / ___ / ___	\$ 550
City, State, Zip Code BRANDON, MS 39042	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 550
C. Full name MAJORITY STRATEGIES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 12854 KENAN DRIVE, SUITE 145	___ / ___ / ___	\$ 1179
City, State, Zip Code JACKSONVILLE, FL 32258	___ / ___ / ___	\$ 999
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2178
D. Full name OLDE TOWNE GRILLE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address WEST GOVERNMENT STREET	___ / ___ / ___	\$ 900
City, State, Zip Code BRANDON, MS 39042	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 900
E. Full name ASAP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2801 LAYFAIR DRIVE	___ / ___ / ___	\$ 380
City, State, Zip Code FLOWOOD, MS 39232	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 380
F. Full name BROVO! RESTAURANT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address HIGHLAND VILLAGE, SUITE 244	___ / ___ / ___	\$ 2500
City, State, Zip Code JACKSON, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2500