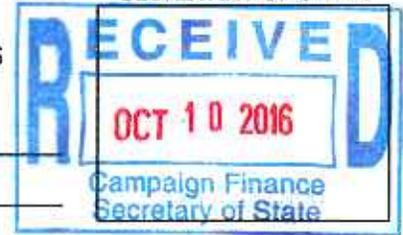


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Election



Name of Committee Committee to Re-Elect Jim Kitchens
 Address Post Office Box 768, Crystal Springs, MS 39059 County Copiah
 Telephone 601-487-1616 Fax 601-500-5391
 Treasurer John W. Kitchens Email Address john@kitchensforjustice.com

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2016 Periodic Report (January 1, 2016, through April 30, 2016)Mandatory
 - June 10, 2016 Periodic Report (May 1, 2016, through May 31, 2016).....Mandatory
 - July 8, 2016 Periodic Report (June 1, 2016, through June 30, 2016)..... Mandatory
 - October 10, 2016 Periodic Report (July 1, 2016, through September 30, 2016).....Mandatory
 - November 1, 2016 Pre-Election Report (October 1, 2016, through October 29, 2016).....Mandatory
- All General and Special Election Candidates and Political Committees
- November 22, 2016 Pre-Runoff Report (October 30, 2016, through November 19, 2016).....Runoff Candidates Only
- All Candidates and Political Committees in a Runoff Election
- January 10, 2017 Periodic Report (October 1, 2016, through December 31, 2016).....Mandatory
 - Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$275,875.00	+	\$14,998.00	\$ 290,873.00	\$ 466,638.00
Total amount of disbursements	\$320,612.74	+	\$0.00	\$ 320,612.74	\$ 420,705.75
Total amount of cash on hand				\$ 45,932.25	

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

John W. Kitchens
Signature of Director or Treasurer

10/10/16
Date

Authority: Refer to Miss. Code Ann. §23-15-001 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1 Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545 2 Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard D. Hailey</u>	<u>07</u> / <u>01</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>8624 Bay Colony Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Indianapolis, IN 46234</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Ramey & Hailey</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Philip W. Thomas</u>	<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 24464</u>	<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39225</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Philip W. Thomas PA</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>700.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dick Molpus</u>	<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>1,500.00</u>
Mailing Address <u>Post Office Box 59</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Philadelphia, MS 39350</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>The Molpus Company</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Real Estate</u>	Aggregate year-to-date	\$ <u>1,500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald L. Taylor</u>	<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>5115 Meadow Pointe Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Southaven, MS 38672</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Rance N. Ulmer		<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address Post Office Box 1		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Bay Springs, MS 39422		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Ulmer Law Office		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Don O. Gleason, Sr.		<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 221 Woodland Hills Drive		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Oxford, MS 38655		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James W. Henley		<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address Post Office Box 509		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Hazlehurst, MS 39083		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Henley, Lotterhos & Henley		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Darryl M. Gibbs		<u>07</u> / <u>06</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address 120 North Congress Street, Suite 200		<u>09</u> / <u>29</u> / <u>16</u>	\$ <u>2,500.00</u>
City, State, Zip Code Jackson, MS 39201		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Chhabra & Gibbs, PA		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Michael C. Moore		<u>07</u> / <u>11</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Box 321048		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Flowood, MS 39232		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Mike Moore Law Firm, LLC		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jonathan Compretta		<u>07</u> / <u>11</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 1715 Devine Street		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39202		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Mike Moore Law Firm, LLC		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ronnie Musgrove		<u>07</u> / <u>13</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Box 2527		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Madison, MS 39130		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Musgrove, & Smith, PLLC		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Rebecca L. Wiqqs		<u>07</u> / <u>13</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 917 Arlington Street		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39202		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Watkins & Eaquer		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kelley M. Berry		<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Drawer 768		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Hazlehurst, MS 39083		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Berry & Munn		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ben F. Galloway III		<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Drawer 420		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Gulfport, MS 39502		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Owen, Galloway, & Myers, PLLC		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Betsy Greene		<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 520 North Walnut		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Bloomington, IN 47404		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Greene & Schultz		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Elise B. Munn		<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Box 768		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Hazlehurst, MS 39083		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Berry & Munn		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fred Schultz</u>	<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>520 North Walnut</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Bloomington, IN 47404</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Greene & Schultz</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Britt Singletary</u>	<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 1229</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Biloxi, MS 39533</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Singletary & Thrash</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie Bozeman</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>Post Office Box 1038</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self-Employed</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ <u>1,200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gregory S. Cusimano</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>153 South 9th Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gadsden, AL 35901</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Cusimano, Roberts & Mills, LLC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. Ayers Haxton</u>	<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>37 Ayers Road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>R. A. Haxton Construction Company</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George W. Healy IV</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>1323 28th Avenue Suite A</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport, MS 39501</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>George W. Healey IV & Associates</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carroll Ingram</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 15039</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39404</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Ingram & Associates, PLLC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ingram & Associates, PLLC</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 15039</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39404</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Ingram & Associates</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorneys-at-Law</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Paul Koerber		07 / 20 / 16	\$ 500.00
Mailing Address Post Office Box 184		/ /	\$
City, State, Zip Code Biloxi, MS 39533		/ /	\$
Name of Employer (Required) Koerber Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jennifer Ingram Johnson		07 / 20 / 16	\$ 500.00
Mailing Address 107 Cherokee Court		/ /	\$
City, State, Zip Code Hattiesburg, MS 39401		/ /	\$
Name of Employer (Required) Ingram, PLLC		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ingram, PLLC		07 / 19 / 16	\$ 500.00
Mailing Address Post Office Box 15039		/ /	\$
City, State, Zip Code Hattiesburg, MS 39404		/ /	\$
Name of Employer (Required) Ingram, PLLC		/ /	\$
Occupation (Required) Attorney's at Law		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William T. May		07 / 20 / 16	\$ 250.00
Mailing Address Post Office Box 2009		/ /	\$
City, State, Zip Code Meridian, MS 39302		/ /	\$
Name of Employer (Required) Barry Thaqgard May & Bailey, LLP		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert F. Wilkins</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>475 East Capitol Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Robert F. Wilkins Law Firm, PLLC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edward Williamson</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>1,500.00</u>
Mailing Address <u>Post Office Box 588</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Philadelphia, MS 39350</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Edward A. Williamson Law Office</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sharon Arkin</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>1720 Winchuck River Road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Brookings, OR 97415</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>The Arkin Law Firm</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brehm T. Bell</u>	<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>544 Main Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Bay St. Louis, MS 39520</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Bozeman</u>	<u>07</u> / <u>21</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>12095 MOnicello Road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hazlehurst, MS 39083</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Bozeman Chevron</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Businessman</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wynn E. Clark</u>	<u>07</u> / <u>21</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2510 16th Street</u>	<u>09</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Gulfport, MS 39501</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>750.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George Marx</u>	<u>07</u> / <u>21</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>1071 Highway 472</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hazlehurst, MS 39083</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Copiah Bank</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Bank President</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Regina Morris</u>	<u>07</u> / <u>21</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>600 North Beach Blvd</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Bay St. Louis, MS 39520</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gregory Bosseler</u>	<u>07</u> / <u>22</u> / <u>16</u>	\$ <u>4,500.00</u>
Mailing Address <u>202 Cedarwood Circle</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Morgan & Morgan</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>4,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jon Haber</u>	<u>07</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>4914 43rd Street NW</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Washington, DC 20016</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Cascade Strategy</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Businessman</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dennis Hennen</u>	<u>07</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 2135</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Monroe, LA 71207</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Hennen Law Firm</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gerald Kucia</u>	<u>07</u> / <u>22</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>302 Monterey Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Morgan & Morgan</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas F. Fay</u>	<u>07</u> / <u>24</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>777 Sixth NW, Suite 410</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Washington, DC 20001</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Fay Law Group</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Vail</u>	<u>07</u> / <u>24</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>777 6th Street NW, Suite 410</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Washington, DC 20001</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>John Vail Law, PLLC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kathleen Nastri</u>	<u>07</u> / <u>24</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>4474 Whitney Avenue</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hamden, CT 06518</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Koskoff, Koskoff & Bieder, PC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Julie Kane</u>	<u>07</u> / <u>24</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>650 Sabal Palm Road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Miami, FL 33137</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Colson Hicks Eidson</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Gerson Smoger		<u>07</u> / <u>24</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 7080 Norfolk Road		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Berkeley, CA 94705		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Smoger & Associates		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Lisa Blue Baron		<u>07</u> / <u>24</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 5950 Deloache Avenue		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Dallas, TX 75225		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>3,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Lisa P. Dallas		<u>07</u> / <u>25</u> / <u>16</u>	\$ <u>1,500.00</u>
Mailing Address 130 Sundown Cove		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Madison, MS 39110		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Homemaker		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Homemaker		Aggregate year-to-date	\$ <u>1,500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Luke Dove		<u>07</u> / <u>25</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 4140 Dandridge Drive		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Jackson, MS 39211		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Dove & Chill		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James J. Wilson, Jr.</u>	<u>07</u> / <u>26</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>23086 Highway 51 South</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Crystal Springs, MS 39059</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Wilson's Meat House, Inc.</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Businessman</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brandi D. Gatewood</u>	<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address <u>2309 Pointe of View</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Javier Herrera</u>	<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>2727 Sonata Park</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>San Antonio, TX 78230</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Herrera Law Firm</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jorge Herrera</u>	<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>111 Soledad Street, Suite 1900</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>San Antonio, TX 78205</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Herrera Law Firm</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Penfield	07 / 28 / 16	\$ 250.00
Mailing Address 2127 Manchester Avenue	/ /	\$
City, State, Zip Code Cardiff by the Sea, CA 92007	/ /	\$
Name of Employer (Required) Casey Gerry	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bruce H. Stern	07 / 28 / 16	\$ 250.00
Mailing Address 14 Tara Way	/ /	\$
City, State, Zip Code Pennington, NJ 08534	/ /	\$
Name of Employer (Required) Stark & Stark	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tobias Millrood	07 / 28 / 16	\$ 250.00
Mailing Address 1716 Martins Lane	/ /	\$
City, State, Zip Code Gladwyne, PA 19035	/ /	\$
Name of Employer (Required) Poquist Braslow Millrood	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name O. Fayrell Furr	07 / 28 / 16	\$ 600.00
Mailing Address Post Office Box 2909	/ /	\$
City, State, Zip Code Myrtle Beach, SC 29578	/ /	\$
Name of Employer (Required) Furr & Henshaw	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 600.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Gary M. Paul		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 4227 Morietta Avenue		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Sherman Oaks, CA 91427		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Waters Kraus Paul		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Larry A. Tawwater		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address 14001 Quail Springs Parkway		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Oklahoma City, OK 73134		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Tawwater Law Firm		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Wayne Willoughby		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 25 Hooks Lane, Suite 304		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Baltimore, MD 21208		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Pamela Mullis		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 2907 Wheat Street		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Columbia, SC 29205		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Mullis Law Firm		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Shane F. Langston		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>3,500.00</u>
Mailing Address 1161 La Mirada Court		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code Southlake, TX 76092		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Self		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Foley Lamy & Jefferson		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 2285 Saint Charles Avenue Suite 1110		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code New Orleans, LA 70130		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Self		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Frank Gallucci		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 55 Public Square Suite 2222		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code Cleveland, OH 44113		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Plevin & Gallucci		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Sandra T. Herman		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 625 St. Charles Avenue Penthouse D		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code New Orleans, LA 70130		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Homemaker		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) Homemaker		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Morqan & Morqan</u>	<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>302 Monterey Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorneys-at-Law</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Morqan</u>	<u>07</u> / <u>19</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address <u>20 North Orange Avenue, Suite 1600</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Orlando, FL 32801</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Morqan & Morqan</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A. Scott Cumbest</u>	<u>08</u> / <u>01</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Drawer 1287</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Pascagoula, MS 39568</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Cumbest, Cumbest, Hunter & McCormick</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leigh-Ann Tabor</u>	<u>08</u> / <u>01</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>308 East Pearl Street, Suite 201</u>	<u>08</u> / <u>16</u> / <u>16</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Tabor Law Firm, PA</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William L. Deas		08 / 01 / 16	\$ 5,000.00
Mailing Address 2659 Lake Circle		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39211		□ / □ / □	\$
Name of Employer (Required) Liston & Deas, PLLC		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William Liston III		08 / 01 / 16	\$ 5,000.00
Mailing Address 3838 Redbud Road		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39211		□ / □ / □	\$
Name of Employer (Required) Liston & Deas, PLLC		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Charles Siegel		07 / 29 / 16	\$ 500.00
Mailing Address 7426 Kenshire		□ / □ / □	\$
City, State, Zip Code Dallas, TX 75230		□ / □ / □	\$
Name of Employer (Required) Waters Kraus & Paul		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Frank Verderame		08 / 01 / 16	\$ 250.00
Mailing Address 5327 North 26th Street		□ / □ / □	\$
City, State, Zip Code Phoenix, AZ 85016		□ / □ / □	\$
Name of Employer (Required) Plattner Verderame, PC		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Jonathan Tabor	08 / 01 / 16	\$ 1,000.00
Mailing Address 308 East Pearl Street, Suite 201	8 / 16 / 16	\$ 1,000.00
City, State, Zip Code Jackson, MS 39201	/ /	\$
Name of Employer (Required) Tabor Law Firm, P.A.	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 2,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name James Ashley Oqden	08 / 04 / 16	\$ 5,000.00
Mailing Address 500 East Capitol Street, Suite 3	/ /	\$
City, State, Zip Code Jackson, MS 39201	/ /	\$
Name of Employer (Required) Oqden & Associates, PLLC	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 5,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Chris Weldy	08 / 04 / 16	\$ 1,000.00
Mailing Address 461 East Ridgway Street	/ /	\$
City, State, Zip Code Jackson, MS 39206	/ /	\$
Name of Employer (Required) Weldy Law Firm, PLLC	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name S. Everett Pepper	08 / 06 / 16	\$ 1,000.00
Mailing Address 571 Highway 51	/ /	\$
City, State, Zip Code Ridgeland, MS 39157	/ /	\$
Name of Employer (Required) Pepper & Odum, PC	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stephan Peskin</u>	<u>08</u> / <u>05</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>20 Versey Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>New York, NY 10007</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Tolmage Peskin Harris & Falick</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie T. Abston</u>	<u>08</u> / <u>08</u> / <u>16</u>	\$ <u>350.00</u>
Mailing Address <u>Post Office Box 320727</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 369232</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Willie T. Abston, LLC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>350.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baron & Budd, PC</u>	<u>08</u> / <u>08</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>3102 Oak Lawn Avenue, Suite 1100</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Dallas, TX 75219</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Baron & Budd, PC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorneys at Law</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Vicki R. Slater</u>	<u>08</u> / <u>08</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address <u>121 Fenwick Circle</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Benjamin Taylor</u>	<u>08</u> / <u>08</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>961 Main Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Southaven, MS 38671</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Taylor, Jones, Taylor</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John D. Giddens</u>	<u>08</u> / <u>11</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 22546</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39225</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wayne R. Dickey</u>	<u>08</u> / <u>11</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>2125 John E. Lewis Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Dickey Steel, Inc.</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Businessman</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David O. McCormick</u>	<u>08</u> / <u>12</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address <u>Post Office Box 865</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Pascaoula, MS 39568</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lance L. Stevens</u>	<u>08</u> / <u>15</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>104 Keystone Place</u>	<u>09</u> / <u>06</u> / <u>16</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Brandon, MS 39042</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Stevens & Ward</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John G. Clark</u>	<u>08</u> / <u>15</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Drawer 1268</u>	<u>09</u> / <u>14</u> / <u>16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stevens & Ward, P.A.</u>	<u>08</u> / <u>15</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>1855 Lakeland Drive, Suite Q-200</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys at Laws</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul T. Benton</u>	<u>08</u> / <u>16</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address <u>Post Office Box 1341</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Biloxi, MS 39533</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Purdie & Metz</u>	<u>08</u> / <u>17</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office BOx 2659</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorneys at Law</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Christopher Smith</u>	<u>08</u> / <u>17</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>2209 23rd Avenue</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport, MS 39501</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Smith & Holder</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Scott</u>	<u>08</u> / <u>17</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address <u>Post Office Box 346</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hernando, MS 38632</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Smith, Phillips, Mitchell, Scott & Nowak, LLP</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roxanne Conlin</u>	<u>08</u> / <u>18</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address <u>2900 Southern Hills Circle</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Des Moines, IA 50321</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Roxanne Conlin & Associates</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robert W. Sneed</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 2251</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kevin Hamilton</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>2100 45th CT</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian, MS 39305</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Hamilton Law Firm, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Davis Crump, PC</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>2601 14th Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39501</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys at Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>The Hamilton Law Firm, PLLC</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office B0x 1511</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian, MS 39302</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys at Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Benjamin Seth Thompson</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>141 Memory Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Maggio Thompson</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Jason Ruiz</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2060 Beach Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Biloxi, MS 39531</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Morris Bart, LTD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Debbie Minor</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>113 Sharpe Road</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>University of Mississippi Medical Center</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Pharmacy</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Dorsey R. Carson, Jr.</u>		<u>08</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>2037 London Avenue</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Carson Law Group</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Pyramid Industries, Inc.</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>1720 23rd Avenue</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39501</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Pyramid Industries, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Real Estate</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Glenn L. White</u>		<u>08</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 672</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Petal, MS 39465</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Sierra Club</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 4335</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Environmental Organization</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Dyer, Dyer, Jones and Daniels, PA</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Drawer 560</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Greenville, MS 38701</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys at Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Richard A. Courtney</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 23126</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Frascogna Courtney, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>David L. Sullivan</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office B0x 4413</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Laurel, MS 39441</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Warren S. Thompson</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>101 Marilyn Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired Educator</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robert Greenlee</u>		<u>08</u> / <u>22</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>175 Commonwealth Avenue</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Christopher Winter		<u>08</u> / <u>23</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address Post Office Box 1388		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Clarksdale, MS 38614		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Merkel & Cocke		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John H. Cocke		<u>08</u> / <u>23</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address 30 Delta Avenue		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Clarksdale, MS 38614		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Merkel & Cocke		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Christie E. Ogden		<u>08</u> / <u>23</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 1700 Sheffield Drive		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Jackson, MS 39211		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Don Evans, PLLC		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jan Sojourner		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 8 Pear Orchard Park		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Jackson, MS 39211		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Jackson Academy		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Coach		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Bobbye Sojourner		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 5 Spring Hollow Drive		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Crystal Springs, MS 39059		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Wayne Sojourner		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 2126 Sandy Yarn Road		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Crystal Springs, MS 39059		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Sojourner Timber Co., Inc.		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Timber Buisness		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Richard M. Rawdon, Jr.		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address Post Office Box 1481		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Georgetown, KY 40324		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John G. Corlew		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address 2124 Eastover Drive		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39211		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Corlew, Munford, & Smith		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>2,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gerald Blessey</u>	<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 4648</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Biloxi, MS 39535</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charlie Baqlan</u>	<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 1289</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Batesville, MS 38606</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Charlie Baqlan and Associates</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fred M. Harrell</u>	<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 1825</u>	<u>09</u> / <u>06</u> / <u>16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Brandon, MS 39043</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Harrell & Rester</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sherra Lane</u>	<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>225.00</u>
Mailing Address <u>1042 Old River Road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Waynesboro, MS 39367</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>225.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert E. Tyler		08 / 26 / 16	\$ 500.00
Mailing Address Post Office Box 268		□ / □ / □	\$
City, State, Zip Code Brookhaven, MS 39601		□ / □ / □	\$
Name of Employer (Required) R. E. Tyler Funeral Home		□ / □ / □	\$
Occupation (Required) Businessman		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Michael E. Maher		08 / 30 / 16	\$ 1,000.00
Mailing Address 616 Seminole Drive		□ / □ / □	\$
City, State, Zip Code Winter Park, FL 32789		□ / □ / □	\$
Name of Employer (Required) Maher Law Firm		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Russell Budd		08 / 08 / 16	\$ 4,000.00
Mailing Address 3102 Oak Lawn Avenue, Suite 1100		□ / □ / □	\$
City, State, Zip Code Dallas, TX 75219		□ / □ / □	\$
Name of Employer (Required) Baron & Budd, PC		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 4,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ross Barnett, Jr.		08 / 24 / 16	\$ 200.00
Mailing Address 501 South State Street		08 / 31 / 16	\$ 200.00
City, State, Zip Code Jackson, MS 39201		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 400.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>City Drugs of Crystal Springs, Inc.</u>		<u>08</u> / <u>24</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>113 Bobo Driveq</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Crystal Springs, MS 39059</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Drug Store</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Joseph A. Kieronski, Jr.</u>		<u>08</u> / <u>24</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>2818 14th Place</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian, MS 39305</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self, Jacob, & Kieronski, LLP</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Merkel and Cocke, PA</u>		<u>08</u> / <u>24</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 1388</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Cleveland, MS 38614</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys at Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Cynthia H. Speetjens</u>		<u>08</u> / <u>24</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>2088 Main Street, Suite A</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert H. Oswald		08 / 25 / 16	\$ 1,500.00
Mailing Address Post Office Box 1428		□ / □ / □	\$ _____
City, State, Zip Code Pascagoula, MS 39568		□ / □ / □	\$ _____
Name of Employer (Required) Oswald & Reed		□ / □ / □	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William T. Reed		08 / 25 / 16	\$ 1,500.00
Mailing Address Post Office Box 1428		□ / □ / □	\$ _____
City, State, Zip Code Pascagoula, MS 39568		□ / □ / □	\$ _____
Name of Employer (Required) Oswald & Reed		□ / □ / □	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Charles M. Merkel III		08 / 26 / 16	\$ 1,000.00
Mailing Address 915 Friars Point Road		□ / □ / □	\$ _____
City, State, Zip Code Clarksdale, MS 38614		□ / □ / □	\$ _____
Name of Employer (Required) Merkel & Cocke		□ / □ / □	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Martin Bradley Mills		08 / 26 / 16	\$ 500.00
Mailing Address 282 West Government Street		□ / □ / □	\$ _____
City, State, Zip Code Brandon, MS 39042		□ / □ / □	\$ _____
Name of Employer (Required) Mills Law Firm, PLLC		□ / □ / □	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James Bartimus		08 / 29 / 16	\$ 1,000.00
Mailing Address 11150 Overbrook Road, Suite 200		□ / □ / □	\$
City, State, Zip Code Leawood, KS 66211		□ / □ / □	\$
Name of Employer (Required) Bartimus, Frickleton, & Robertson, PC		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ralph M. Cloar, Jr.		08 / 29 / 16	\$ 500.00
Mailing Address 42 Nob View Circle		□ / □ / □	\$
City, State, Zip Code Little Rock, AR 77205		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name George F. Hollowell, Jr., PA		08 / 29 / 16	\$ 1,000.00
Mailing Address Post Office Box 1407		□ / □ / □	\$
City, State, Zip Code Greenville, MS 38702		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney-at-Law		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Clyde H. Gunn III		08 / 29 / 16	\$ 1,000.00
Mailing Address Post Office Drawer 1916		□ / □ / □	\$
City, State, Zip Code Biloxi, MS 39533		□ / □ / □	\$
Name of Employer (Required) Corbun Gunn & Van Cleave		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Joseph P. Moschetta		08 / 29 / 16	\$ 1,000.00
Mailing Address 5 Redstone Lane		□ / □ / □	\$
City, State, Zip Code Washington, PA 15301		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert Sachs		08 / 29 / 16	\$ 250.00
Mailing Address 2300 One Commerce Square, 2005 Market Street		□ / □ / □	\$
City, State, Zip Code Philadelphia, PA 19103		□ / □ / □	\$
Name of Employer (Required) Shraeger, Spivey, & Sachs		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Townsend, McWilliams, & Holladay, LLP		08 / 29 / 16	\$ 1,000.00
Mailing Address Post Office Box 288		□ / □ / □	\$
City, State, Zip Code Drew, MS 38737		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Christopher C. Van Cleave		08 / 29 / 16	\$ 1,000.00
Mailing Address Post Office Drawer 1916		□ / □ / □	\$
City, State, Zip Code Biloxi, MS 39533		□ / □ / □	\$
Name of Employer (Required) Corbun Gunn & Van Cleave		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Carby & Carby, PC		<u>08</u> / <u>30</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Box 1047		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Natchez, MS 39121		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Logan & Mayo, PA		<u>08</u> / <u>30</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address Post Office Box 218		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Newton, MS 39345		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Anne B. Sojourner		<u>08</u> / <u>30</u> / <u>16</u>	\$ <u>4,000.00</u>
Mailing Address 13 Canebrake Drive		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Crystal Springs, MS 39059		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) City Drug Store		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Owner		Aggregate year-to-date	\$ <u>4,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Stephen L. Shackelford, Sr.		<u>08</u> / <u>30</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address Post Office Box 1646		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39215		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Stephen L. Shackelford, Sr., PLLC		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney-at-Law		Aggregate year-to-date	\$ <u>2,500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jonathan Barrett		08 / 31 / 16	\$ 500.00
Mailing Address 121 Colony Crossing, Suite D		09 / 29 / 16	\$ 500.00
City, State, Zip Code Madison, MS 39110		/ /	\$
Name of Employer (Required) Barrett Law PLLC		/ /	\$
Occupation (Required) Attorney at Law		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Carroll V. Hood		08 / 31 / 16	\$ 1,000.00
Mailing Address Post Office Box 727		/ /	\$
City, State, Zip Code Hazlehurst, MS 39083		/ /	\$
Name of Employer (Required) Hood Petroleum		/ /	\$
Occupation (Required) Businessman		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jerry W. Hood, Sr.		08 / 31 / 16	\$ 1,000.00
Mailing Address 1059 Collier Street		/ /	\$
City, State, Zip Code Wesson, MS 39191		/ /	\$
Name of Employer (Required) Hood Petroleum		/ /	\$
Occupation (Required) Businessman		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Emily McInnis		08 / 31 / 16	\$ 250.00
Mailing Address Post Office Box 176		/ /	\$
City, State, Zip Code Clinton, MS 39060		/ /	\$
Name of Employer (Required) McInnis Electric		/ /	\$
Occupation (Required) Owner/Businesswoman		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Myles Parker		09 / 01 / 16	\$ 250.00
Mailing Address Post Office Box 1005		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39215		□ / □ / □	\$
Name of Employer (Required) Carroll, Warren & Parker		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Edward P. Connell, Jr.		09 / 02 / 16	\$ 500.00
Mailing Address Post Office Box 1388		□ / □ / □	\$
City, State, Zip Code Clarksdale, MS 38614		□ / □ / □	\$
Name of Employer (Required) Merkel & Cocke		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert Douglas Morgan		09 / 02 / 16	\$ 250.00
Mailing Address 2204 Culleywood Road		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39211		□ / □ / □	\$
Name of Employer (Required) Carroll, Warren & Parker		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David H. Nutt		09 / 02 / 16	\$ 5,000.00
Mailing Address 605 Crescent Blvd., Suite 200		□ / □ / □	\$
City, State, Zip Code Ridgeland, MS 39157		□ / □ / □	\$
Name of Employer (Required) David Nutt & Associates		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Daniel Ware		09 / 02 / 16	\$ 500.00
Mailing Address 2609 Highway 49 South		□ / □ / □	\$ _____
City, State, Zip Code Florence, MS 39073		□ / □ / □	\$ _____
Name of Employer (Required) Ware Law Firm		□ / □ / □	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kenneth Anderson Brister		09 / 06 / 16	\$ 300.00
Mailing Address Post Office Box 266		□ / □ / □	\$ _____
City, State, Zip Code Lake Providence, LA 71254		□ / □ / □	\$ _____
Name of Employer (Required) Brister & Brister		□ / □ / □	\$ _____
Occupation (Required) Attorney		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Morris Bart		09 / 06 / 16	\$ 2,000.00
Mailing Address 172 15th Street, Suite 300		□ / □ / □	\$ _____
City, State, Zip Code Gulfport, MS 39501		□ / □ / □	\$ _____
Name of Employer (Required) Morris Bart, LTD		□ / □ / □	\$ _____
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 2,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William Ready		09 / 06 / 16	\$ 500.00
Mailing Address 2103 5th Street		□ / □ / □	\$ _____
City, State, Zip Code Meridian, MS 39301		□ / □ / □	\$ _____
Name of Employer (Required) Ready Law Firm		□ / □ / □	\$ _____
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ken Suggs		09 / 06 / 16	\$ 1,000.00
Mailing Address 500 Taylor Street		□ / □ / □	\$
City, State, Zip Code Columbia, SC 29201		□ / □ / □	\$
Name of Employer (Required) Suggs Trial Lawyers, LLC		□ / □ / □	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Vollor Law Firm, PA		09 / 06 / 16	\$ 500.00
Mailing Address 127 East Main Street		□ / □ / □	\$
City, State, Zip Code Starkville, MS 39759		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kenneth M. Altman		09 / 06 / 16	\$ 1,000.00
Mailing Address 1712 15th Street		□ / □ / □	\$
City, State, Zip Code Gulfport, MS 39501		□ / □ / □	\$
Name of Employer (Required) Morris Bart, LTD		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 2,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David N. McCarty		07 / 21 / 16	\$ 200.00
Mailing Address 416 East Amite Street		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39201		□ / □ / □	\$
Name of Employer (Required) David Neil McCarty Law Firm, PLLC		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 400.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Tom B. Scott III		09 / 06 / 16	\$ 3,000.00
Mailing Address Post Office Box 2009		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39215		□ / □ / □	\$
Name of Employer (Required) Scott & Scott		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Paul D. Snow III		09 / 07 / 16	\$ 250.00
Mailing Address 419 South State Street, Suite A-100		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39201		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert S. Hammond, Jr.		09 / 09 / 16	\$ 500.00
Mailing Address Post Office Box 471		□ / □ / □	\$
City, State, Zip Code Hattiesburg, MS 39404		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James Nobles, Jr.		09 / 09 / 16	\$ 2,000.00
Mailing Address 1 Saint Charles Place		□ / □ / □	\$
City, State, Zip Code Clinton, MS 39056		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 2,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name The Stubbs Law Firm, PLLC		09 / 09 / 16	\$ 750.00
Mailing Address Post Office Box 1688		□ / □ / □	\$
City, State, Zip Code Magee, MS 39111		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 750.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name United Association of Plumbers & Pipefitters, Local 619 PAC Fund		09 / 09 / 16	\$ 2,000.00
Mailing Address Post Office Box 261		□ / □ / □	\$
City, State, Zip Code Vicksburg, MS 39181		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Plumbers & Pipefitters Association		Aggregate year-to-date	\$ 2,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Fred L. Banks, Jr.		09 / 12 / 16	\$ 500.00
Mailing Address 25 Saint Andrews Drive		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39211		□ / □ / □	\$
Name of Employer (Required) Phelps Dunbar, LOLP		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Thomas W. Brock		09 / 12 / 16	\$ 1,000.00
Mailing Address Post Office Box 1161		□ / □ / □	\$
City, State, Zip Code McComb, MS 39649		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Yancy Burns		09 / 12 / 16	\$ 5,000.00
Mailing Address 629 North Jefferson Street		/ /	\$
City, State, Zip Code Jackson, MS 39202		/ /	\$
Name of Employer (Required) Burns & Associates, PLLC		/ /	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 5,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name P. Gregory Cross		09 / 12 / 16	\$ 500.00
Mailing Address 315 East Charles		/ /	\$
City, State, Zip Code Muncie, IN 47305		/ /	\$
Name of Employer (Required) The Cross Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Gill Ladner & Priest		09 / 12 / 16	\$ 1,000.00
Mailing Address 344 Highway 51 South		/ /	\$
City, State, Zip Code Ridgeland, MS 39157		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John F. Hester		09 / 12 / 16	\$ 500.00
Mailing Address Post Office Box 1826		/ /	\$
City, State, Zip Code Gulfport, MS 39502		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name J. L. Hunter	<u>09</u> / <u>12</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address Post Office Drawer 1287	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Pascagoula, MS 39568	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Cumbest Cumbest Hunter & McCormick	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Warren L. Martin, Jr.	<u>09</u> / <u>12</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address Post Office Box 1870	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Jackson, MS 39215	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Self	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Courtney Pyron	<u>09</u> / <u>12</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 115 Mathis Road	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Crystal Springs, MS 39059	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Homemaker	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Homemaker	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Don Barrett, PA	<u>09</u> / <u>14</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Box 927	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code Lexington, MS 39095	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) Self	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) Attorney-at-Law	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Elliott Law Firm		09 / 14 / 16	\$ 1,000.00
Mailing Address Post Office Box 110		□ / □ / □	\$
City, State, Zip Code Brandon, MS 39043		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Hunter Lundy		09 / 14 / 16	\$ 750.00
Mailing Address Post Office Box 3010		□ / □ / □	\$
City, State, Zip Code Lake Charles, LA 70602		□ / □ / □	\$
Name of Employer (Required) Lundy, Lundy, Soileau, & South, LLP		□ / □ / □	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 750.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jason D. Herring		09 / 15 / 16	\$ 500.00
Mailing Address Post Office Box 319		□ / □ / □	\$
City, State, Zip Code Saltillo, MS 38866		□ / □ / □	\$
Name of Employer (Required) Herring Chapman, PA		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jak M. Smith, PA		09 / 15 / 16	\$ 250.00
Mailing Address Post Office Box 7213		□ / □ / □	\$
City, State, Zip Code Tupelo, MS 38802		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney-at-Law		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kelly Lee Mims		09 / 15 / 16	\$ 500.00
Mailing Address 407A Road 373		/ /	\$
City, State, Zip Code Tupelo, MS 38801		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William Wheeler		09 / 15 / 16	\$ 1,000.00
Mailing Address 114 South Broadway		09 / 30 / 16	\$ 1,000.00
City, State, Zip Code Tupelo, MS 38802		/ /	\$
Name of Employer (Required) Wheeler & Franks Law Firm, PC		/ /	\$
Occupation (Required) Attorneys-at-Law		Aggregate year-to-date	\$ 2,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Stewart Casper		09 / 16 / 16	\$ 500.00
Mailing Address 6 Sunset Lane		/ /	\$
City, State, Zip Code Pound Ridge, NY 10576		/ /	\$
Name of Employer (Required) Casoer & de Toledo, LLC		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James E. Lever		09 / 16 / 16	\$ 250.00
Mailing Address Post Office Box 809		/ /	\$
City, State, Zip Code Hazlehurst, MS 39083		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Peyton D. Prospere</u>		<u>09</u> / <u>16</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>1336 St. Mary Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Watkins & Eager</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>James Wicker</u>		<u>09</u> / <u>16</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>3085 Old Highway 24</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>McComb, MS 39648</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Pike County National Bank</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Businessman</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Boerner Law Firm, PLLC</u>		<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>Post Office Box 205</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brookhaven, MS 39602</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Brad Morris</u>		<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>750.00</u>
Mailing Address <u>Post Office Box 2136</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Oxford, MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Brad Morris Law Firm, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney-at-Law</u>		Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Scott Colom</u>		<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 866</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Columbus, MS 39703</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>District Attorney's office</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wilbur O. Colom</u>		<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 866</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Columbus, MS 39703</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Colom Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>David Owen, PA</u>		<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 27</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Columbus, MS 39703</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney-at-law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mark Davis</u>		<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>851 Fort, Suite 400</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Honolulu, HI 96822</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Davis-Levin Livingston</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Tara Hennington	09 / 19 / 16	\$ 250.00
Mailing Address Post Office Box 117	/ /	\$
City, State, Zip Code Summit, MS 39666	/ /	\$
Name of Employer (Required) Hennington Wellness Center	/ /	\$
Occupation (Required) Bookkeeper	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Dudley F. Lampton	09 / 19 / 16	\$ 250.00
Mailing Address 502 Natchez Drive	/ /	\$
City, State, Zip Code Brookhaven, MS 39601	/ /	\$
Name of Employer (Required) Armstrong, Thomas, Berry, Lampton, & McCardle	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Patrick H. LePley	09 / 19 / 16	\$ 500.00
Mailing Address 126010 SE 38th Street, Suite 201	/ /	\$
City, State, Zip Code Bellevue, WA 96006	/ /	\$
Name of Employer (Required) LePley Law Firm	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name James M. Leventhal	09 / 19 / 16	\$ 500.00
Mailing Address 950 South Cherry Street, Suite 600	/ /	\$
City, State, Zip Code Denver, CO 80546	/ /	\$
Name of Employer (Required) Leventhal & Puqa, PC	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period Julv 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James D. Moore		09 / 19 / 16	\$ 500.00
Mailing Address Post Office Box 911		□ / □ / □	\$
City, State, Zip Code Tupelo, MS 38801		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Claude Wyle		09 / 19 / 19	\$ 500.00
Mailing Address 275 Battery Street, Suite 1300		□ / □ / □	\$
City, State, Zip Code San Francisco, CA 94111		□ / □ / □	\$
Name of Employer (Required) Choulos, Choulos, & Wyle		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Michael B. McMahan		09 / 20 / 16	\$ 3,000.00
Mailing Address 46 Longwood Drive		□ / □ / □	\$
City, State, Zip Code Hattiesburg, MS 39402		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Erica McHard		09 / 19 / 16	\$ 2,000.00
Mailing Address 15 Millbranch Road		09 / 19 / 16	\$ 500.00
City, State, Zip Code Hattiesburg, MS 39402		□ / □ / □	\$
Name of Employer (Required) McHard & Associates		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 3,500.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Gregory Alston	09 / 20 / 16	\$ 300.00
Mailing Address 110 Candlewick Road	□ / □ / □	\$ _____
City, State, Zip Code Hattiesburg, MS 39402	□ / □ / □	\$ _____
Name of Employer (Required) David L. Lord & Associates	□ / □ / □	\$ _____
Occupation (Required) Attorney	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Michael Ratliff	09 / 20 / 16	\$ 500.00
Mailing Address Post Office Box 17738	□ / □ / □	\$ _____
City, State, Zip Code Hattiesburg, MS 39404	□ / □ / □	\$ _____
Name of Employer (Required) Johnson & Ratliff	□ / □ / □	\$ _____
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Keith Blakeney	09 / 21 / 16	\$ 1,000.00
Mailing Address Post Office Box 545	□ / □ / □	\$ _____
City, State, Zip Code Bay Springs, MS 39422	□ / □ / □	\$ _____
Name of Employer (Required) SIC	□ / □ / □	\$ _____
Occupation (Required) Businessman	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Mary Jane Harrison	09 / 21 / 16	\$ 1,000.00
Mailing Address 35 Southern Colonel Road	□ / □ / □	\$ _____
City, State, Zip Code Laurel, MS 39443	□ / □ / □	\$ _____
Name of Employer (Required) Requested	□ / □ / □	\$ _____
Occupation (Required) Requested	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Samuel S. McHard	09 / 19 / 16	\$ 2,000.00
Mailing Address 116 Longwood Drive	09 / 19 / 16	\$ 500.00
City, State, Zip Code Hattiesburg, MS 39402	/ /	\$
Name of Employer (Required) McHard & Associates	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 2,500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Wayne Parsons	09 / 21 / 16	\$ 500.00
Mailing Address 3907 Koko Drive	/ /	\$
City, State, Zip Code Honolulu, HI 96816	/ /	\$
Name of Employer (Required) Self	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Meredith A. Bass, Jr.	09 / 22 / 16	\$ 250.00
Mailing Address Post Office Box 712	/ /	\$
City, State, Zip Code Hazlehurst, MS 39083	/ /	\$
Name of Employer (Required) Self	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Texans for Good Leaders PAC	09 / 22 / 16	\$ 1,000.00
Mailing Address 934 Memorial Villiage Drive	/ /	\$
City, State, Zip Code Houston, TX 77024	/ /	\$
Name of Employer (Required) Self	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baldwin & Baldwin, LLP	09 / 23 / 16	\$ 1,000.00
Mailing Address Post Office Drawer 1349	/ /	\$
City, State, Zip Code Marshall, TX 75671	/ /	\$
Name of Employer (Required) Self	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Douglas L. Tynes, Jr.	09 / 23 / 16	\$ 750.00
Mailing Address Post Office Drawer 966	/ /	\$
City, State, Zip Code Pascagoula, MS 39568	/ /	\$
Name of Employer (Required) Tynes Law Firm, PA	/ /	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 750.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steve Mullins	09 / 23 / 16	\$ 1,250.00
Mailing Address Post Office Box 990	/ /	\$
City, State, Zip Code Ocean Springs, MS 39566	/ /	\$
Name of Employer (Required) Luckey & Mullins, PLLC	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 1,250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name W. Corban Gunn	09 / 23 / 16	\$ 2,000.00
Mailing Address Post Office Box 1466	/ /	\$
City, State, Zip Code Biloxi, MS 39533	/ /	\$
Name of Employer (Required) Corban Gunn, PLLC	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 3,100.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Guice Agency	09 / 23 / 16	\$ 1,000.00
Mailing Address Post Office Drawer 1187	□ / □ / □	\$ _____
City, State, Zip Code Biloxi, MS 39533	□ / □ / □	\$ _____
Name of Employer (Required) Self	□ / □ / □	\$ _____
Occupation (Required) Advertising	Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LoCoco and LoCoco, PA	09 / 23 / 16	\$ 1,000.00
Mailing Address Post Office Box 6014	□ / □ / □	\$ _____
City, State, Zip Code D'iberville, MS 39540	□ / □ / □	\$ _____
Name of Employer (Required) Self	□ / □ / □	\$ _____
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 1,000.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dianne Ellis	09 / 23 / 16	\$ 300.00
Mailing Address 1161 Robinson Avenue	□ / □ / □	\$ _____
City, State, Zip Code Ocean Springs, MS 39564	□ / □ / □	\$ _____
Name of Employer (Required) Ellis Law Firm	□ / □ / □	\$ _____
Occupation (Required) Attorney-at-Law	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name April Skie Parker	09 / 23 / 16	\$ 300.00
Mailing Address 1313 Evangeline Drive	□ / □ / □	\$ _____
City, State, Zip Code Picayune, MS 39466	□ / □ / □	\$ _____
Name of Employer (Required) Reeves & Mestayer	□ / □ / □	\$ _____
Occupation (Required) Legal Assistant	Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Cynthia I. Mitchell</u>		<u>09</u> / <u>23</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>1620 Anne Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Clarksdale, MS 38614</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Judy M. Guice</u>		<u>09</u> / <u>23</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address <u>410 Rue Chateaugay</u>		<u>09</u> / <u>30</u> / <u>16</u>	\$ <u>1,350.00</u>
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Anthony Simon</u>		<u>09</u> / <u>30</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>621 East Northside Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39206</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Simon & Teeuwissen, PLLC</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney at Law</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Herman, Herman & Katz, LLC</u>		<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>820 O'Keefe Avenue</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>New Orleans, LA 70113</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Dornan Law Office, PLLC		09 / 26 / 16	\$ 250.00
Mailing Address 2200 15th Avenue, Suite B		□ / □ / □	\$
City, State, Zip Code Gulfport, MS 39501		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney-at-Law		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Susan Dowdy		09 / 26 / 16	\$ 250.00
Mailing Address 301 Cherokee Drive		□ / □ / □	\$
City, State, Zip Code McComb, MS 39648		□ / □ / □	\$
Name of Employer (Required) Homemaker		□ / □ / □	\$
Occupation (Required) Homemaker		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Julie Ann Epps		09 / 26 / 16	\$ 300.00
Mailing Address 504 East Peace		□ / □ / □	\$
City, State, Zip Code Canton, MS 39046		□ / □ / □	\$
Name of Employer (Required) Self		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kathleen Flynn Peterson		09 / 26 / 16	\$ 500.00
Mailing Address 222 2nd Street, Apartment 901		□ / □ / □	\$
City, State, Zip Code Minneapolis, MN 55414		□ / □ / □	\$
Name of Employer (Required) Robins Kaplan, LLP		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Murray Law Firm</u>		<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>650 Poydras Street, Suite 2150</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>New Orleans, LA 70130</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Attorney-at-Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>T. Michael Reed, PA</u>		<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 81</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Attorney-at-Law</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Keith Morgan</u>		<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 2393</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Madison, MS 39130</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Keith Morgan, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Attorney-at-Law</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Waltzer & Wiygul, LLP</u>		<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>1011 Iberville Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Central MS Building & Construction Trades Council</u>		<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address <u>Post Office Box 821535</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Vicksburg, MS 39182</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>27-55 Fuel Plaza, LLC</u>		<u>09</u> / <u>27</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>26171 Highway 27</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Crystal Springs, MS 39059</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Fuel and Convenience Store</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>John Gadow</u>		<u>09</u> / <u>28</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>3935 Roxbury Road</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Gadow & Tyler, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Dennis C. Sweet III</u>		<u>09</u> / <u>28</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>378 Fannin Landing Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Sweet & Associates</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Walter T. Johnson</u>		<u>09</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 1754</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39130</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Watkins & Eager</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Susan Steffey</u>		<u>09</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>154 Waterwood Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Watkins & Eager</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kevin Gay</u>		<u>09</u> / <u>27</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>2219 Sheffield Drive3</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>McNeill, McKay & Gay</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Horn & Payne</u>		<u>09</u> / <u>29</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>Post Office Box 2754</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39130</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney-at-Law</u>		Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Ashcraft & Gerel, LLP</u>		<u>09</u> / <u>29</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>11300 Rockville Pike, Suite 1002</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Rockville, MD 208752</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Lewis and Lewis Investments, LLC</u>		<u>09</u> / <u>30</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>1217 Jackson Avenue East</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Oxford, MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Investors</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Arnold Levin</u>		<u>09</u> / <u>30</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>510 Walnut Street, Suite 500</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, PA 19106</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Levin, Fishbein, Sedran & Berman</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Roberts Wilson, PA</u>		<u>09</u> / <u>30</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 2428</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Oxford, MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys-at-Law</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dumas Law Firm, LLC	09 / 30 / 16	\$ 500.00
Mailing Address Post Office Box 3046	/ /	\$
City, State, Zip Code Mobile, AL 36652	/ /	\$
Name of Employer (Required) Self	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rick Patt	09 / 30 / 16	\$ 250.00
Mailing Address Post Office Box 70	/ /	\$
City, State, Zip Code Madison, MS 39130	/ /	\$
Name of Employer (Required) Patt Law Firm, PLLC	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 250.00
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John D. Giddens, PA	09 / 30 / 16	\$ 1,000.00
Mailing Address 226 North President Street	/ /	\$
City, State, Zip Code Jackson, MS 39201	/ /	\$
Name of Employer (Required) Self	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Matt Lundy	09 / 14 / 16	\$ 750.00
Mailing Address Post Office Box 3010	/ /	\$
City, State, Zip Code Lake Charles, LA 70602	/ /	\$
Name of Employer (Required) Lundy, Lundy, Soileau & South, LLP	/ /	\$
Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 750.00

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>James Franks, Jr.</u>		<u>09</u> / <u>15</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>114 South Broadway</u>		<u>09</u> / <u>30</u> / <u>16</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Tupelo, MS 38802</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Wheeler & Franks Law Firm, PC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys at Law</u>		Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Charles M. Merkel, Jr.</u>		<u>09</u> / <u>02</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address <u>Post office Box 1388</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clarksdale, MS 38614</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Merkel & Cocke</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney at Law</u>		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Alwyn Luckey</u>		<u>09</u> / <u>23</u> / <u>16</u>	\$ <u>1,250.00</u>
Mailing Address <u>Post Office Box 990</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ocean Springs, MS 39566</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Luckey & Mullins, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney at Law</u>		Aggregate year-to-date	\$ <u>1,250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Blake Tyler</u>		<u>09</u> / <u>28</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>3935 Roxbury Road</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Gadow & Tyler, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney at Law</u>		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mark Teeuwissen	09 / 30 / 16	\$ 1,000.00
Mailing Address 621 East Northside Drive	/ /	\$
City, State, Zip Code Jackson, MS 39205	/ /	\$
Name of Employer (Required) Simon & Teeuwissen, PLLC	/ /	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	07 / 13 / 16 __ / __ / __	\$ 367.74
City, State, Zip Code Jackson, MS 39204	07 / 20 / 16 __ / __ / __	\$ 2,592.00
Purpose of Disbursement (Optional) Car Magnets, Push Cards, Campaign Signs, etc.	Aggregate Year-to-date	\$ See Next
B. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	07 / 21 / 16 __ / __ / __	\$ 826.20
City, State, Zip Code Jackson, MS 39204	09 / 06 / 16 __ / __ / __	\$ 12,663.00
Purpose of Disbursement (Optional) Car Magnets, Push Cards, Campaign Signs, etc.	Aggregate Year-to-date	\$ 17,400.42
C. Full name Clinton Mississippi NAACP Branch Scholarship and Award Banquet	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address c/o Machelles Kyles, Post Office Box 591	09 / 15 / 16 __ / __ / __	\$ 125.00
City, State, Zip Code Bolton, MS 39041	__ / __ / __	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 125.00
D. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	07 / 13 / 16 __ / __ / __	\$ 60.80
City, State, Zip Code Atlanta, GA 30353	08 / 10 / 16 __ / __ / __	\$ 60.80
Purpose of Disbursement (Optional) Uverse Internet for Campaign Headquarters	Aggregate Year-to-date	\$ See Next
E. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	09 / 19 / 16 __ / __ / __	\$ 60.80
City, State, Zip Code Atlanta, GA 30353	__ / __ / __	\$
Purpose of Disbursement (Optional) Uverse Internet for Campaign Headquarters	Aggregate Year-to-date	\$ 526.62
F. Full name Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	07 / 27 / 16 __ / __ / __	\$ 29.31
City, State, Zip Code St. Louis, MO 63179	08 / 15 / 16 __ / __ / __	\$ 29.05
Purpose of Disbursement (Optional) Natural Gas for Campaign Office	Aggregate Year-to-date	\$ See Next

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee _____

Reporting period July 1, 2016through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	09 / 16 / 16 __ / __ / __	\$ 30.10
City, State, Zip Code St. Louis, MO 63179	__ / __ / __	\$
Purpose of Disbursement (Optional) Natural Gas for Campaign Office	Aggregate Year-to-date	\$ 197.83
B. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	07 / 06 / 16 __ / __ / __	\$ 675.00
City, State, Zip Code Flora, MS 39071	07 / 16 / __ __ / __ / __	\$ 4,324.84
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
C. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	07 / 20 / 16 __ / __ / __	\$ 4,050.00
City, State, Zip Code Flora, MS 39071	07 / 29 / 16 __ / __ / __	\$ 2,537.50
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
D. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	07 / 29 / 16 __ / __ / __	\$ 640.60
City, State, Zip Code Flora, MS 39071	08 / 15 / 16 __ / __ / __	\$ 2,537.50
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
E. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	08 / 31 / 16 __ / __ / __	\$ 4,000.00
City, State, Zip Code Flora, MS 39071	08 / 31 / 16 __ / __ / __	\$ 2,537.50
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
F. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 39071	09 / 15 / 16 __ / __ / __	\$ 2,610.50
City, State, Zip Code Flora, MS 39071	09 / 16 / 16 __ / __ / __	\$ 275.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	09 / 19 / 16 __ / __ / __	\$ 3,500.00
City, State, Zip Code Flora, MS 39071	09 / 23 / 16 __ / __ / __	\$ 550.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
B. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	09 / 30 / 16 __ / __ / __	\$ 2,537.50
City, State, Zip Code Flora, MS 39071	09 / 30 / 16 __ / __ / __	\$ 842.65
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 52,716.38
C. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock PI SW, Suite 201	07 / 18 / 16 __ / __ / __	\$ 9,874.00
City, State, Zip Code Marietta, GA 30064	07 / 29 / 16 __ / __ / __	\$ 9,874.00
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ See Next
D. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock PI SW, Suite 201	08 / 15 / 16 __ / __ / __	\$ 9,874.00
City, State, Zip Code Marietta, GA 30064	08 / 30 / 16 __ / __ / __	\$ 51,374.00
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ See Next
E. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock PI SW, Suite 201	09 / 09 / 16 __ / __ / __	\$ 20,800.00
City, State, Zip Code Marietta, GA 30064	09 / 16 / 16 __ / __ / __	\$ 20,800.00
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ See Next
F. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock PI SW, Suite 201	09 / 26 / 16 __ / __ / __	\$ 20,800.00
City, State, Zip Code Marietta, GA 30064	__ / __ / __	\$
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ 143,396.00

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Chase Credit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 15123	07 / 06 / 15 __ / __ / __	\$ 2,500.00
City, State, Zip Code Wilmington, DE 19850	07 / 19 / 16 __ / __ / __	\$ 2,730.00
Purpose of Disbursement (Optional) Gasoline and other expenses	Aggregate Year-to-date	\$ See Next
B. Full name Chase Credit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 15123	08 / 05 / 16 __ / __ / __	\$ 5,000.00
City, State, Zip Code Wilmington, DE 19850	09 / 16 / 16 __ / __ / __	\$ 500.00
Purpose of Disbursement (Optional) Gasoline and Other Expenses	Aggregate Year-to-date	\$ 14,510.35
C. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	07 / 13 / 16 __ / __ / __	\$ 13.41
City, State, Zip Code Jackson, MS 39225	08 / 10 / 16 __ / __ / __	\$ 22.38
Purpose of Disbursement (Optional) Water, Sewer, Garbage, etc.	Aggregate Year-to-date	\$ See Next
D. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	09 / 12 / 16 __ / __ / __	\$ 13.44
City, State, Zip Code Jackson, MS 39225	__ / __ / __	\$
Purpose of Disbursement (Optional) Water, Sewer, Garbage, etc.	Aggregate Year-to-date	\$ 118.37
E. Full name Copiah Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	07 / 29 / 16 __ / __ / __	\$ 371.79
City, State, Zip Code Hazlehurst, MS 39083	08 / 31 / 16 __ / __ / __	\$ 2.59
Purpose of Disbursement (Optional) Bank Service Charges and Fees	Aggregate Year-to-date	\$ See Next
F. Full name Copiah Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	09 / 30 / 16 __ / __ / __	\$ 999.32
City, State, Zip Code Hazlehurst, MS 39083	__ / __ / __	\$
Purpose of Disbursement (Optional) Bank Service Charges and Fees	Aggregate Year-to-date	\$ 2,064.16

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	07 / 27 / 16 __ / __ / __	\$ 600.00
City, State, Zip Code Hazlehurst, MS 39083	08 / 23 / 16 __ / __ / __	\$ 1,215.00
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ See Next
B. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	09 / 01 / 16 __ / __ / __	\$ 1,215.00
City, State, Zip Code Hazlehurst, MS 39083	09 / 07 / 16 __ / __ / __	\$ 1,215.00
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ See Next
C. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	09 / 16 / 16 __ / __ / __	\$ 1,215.00
City, State, Zip Code Hazlehurst, MS 39083	09 / 23 / 16 __ / __ / __	\$ 1,215.00
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ See Next
D. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	09 / 27 / 16 __ / __ / __	\$ 1,215.00
City, State, Zip Code Hazlehurst, MS 39083	09 / 28 / 16 __ / __ / __	\$ 273.63
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ 8,163.63
E. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	07 / 13 / 16 __ / __ / __	\$ 216.28
City, State, Zip Code Meadville, MS 39653	07 / 13 / 16 __ / __ / __	\$ 85.92
Purpose of Disbursement (Optional) Campaign Phones	Aggregate Year-to-date	\$ See Next
F. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	08 / 10 / 16 __ / __ / __	\$ 86.55
City, State, Zip Code Meadville, MS 39653	08 / 15 / 16 __ / __ / __	\$ 216.28
Purpose of Disbursement (Optional) Campaign Phones	Aggregate Year-to-date	\$ See Next

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
 Reporting period July 1, 2016 through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	09 / 12 / 16 __ / __ / __	\$ 86.55
City, State, Zip Code Meadville, MS 39653	09 / 14 / 16 __ / __ / __	\$ 216.28
Purpose of Disbursement (Optional) Campaign Phones	Aggregate Year-to-date	\$ 1,596.30
B. Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 902	08 / 10 / 16 __ / __ / __	\$ 700.37
City, State, Zip Code Jackson, MS 39205	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Letterhead, envelopes, and business cards	Aggregate Year-to-date	\$ 4,487.80
C. Full name David Browne Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2541 North Vermont Street	07 / 08 / 16 __ / __ / __	\$ 19,490.00
City, State, Zip Code Arlington, VA 22207	__ / __ / __	\$
Purpose of Disbursement (Optional) Transportation, Lodging and Meals	Aggregate Year-to-date	\$ 22,374.76
D. Full name Debra Sims	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 576 Lowder Drive	07 / 15 / 16 __ / __ / __	\$ 225.00
City, State, Zip Code Jackson, MS 39209	__ / __ / __	\$
Purpose of Disbursement (Optional) Cleaning Campaign Office	Aggregate Year-to-date	\$ 225.00
E. Full name Entergy MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	07 / 15 / 16 __ / __ / __	\$ 445.22
City, State, Zip Code Jackson, MS 39207	08 / 15 / 16 __ / __ / __	\$ 430.98
Purpose of Disbursement (Optional) Campaign Electric Bill	Aggregate Year-to-date	\$ See Next
F. Full name Entergy MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	09 / 19 / 16 __ / __ / __	\$ 513.84
City, State, Zip Code Jackson, MS 39207	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Electric Bill	Aggregate Year-to-date	\$ 1,869.73

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
 Reporting period July 1, 2016 through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Fernandez Creative	Date (Mo., Day, Year) 08 / 30 / 16	Amount of each disbursement this period \$ 625.00
Mailing Address 200 Commerce, Suite B	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Radio Ads	Aggregate Year-to-date	\$ 625.00
B. Full name General Missionary Baptist State Convention c/o Rev. Isaac Jackson	Date (Mo., Day, Year) 07 / 15 / 16	Amount of each disbursement this period \$ 500.00
Mailing Address 815 Fulton Street	___ / ___ / ___	\$
City, State, Zip Code Canton, MS 39046	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Banquet Tickets	Aggregate Year-to-date	\$ 500.00
C. Full name Hound Dogs	Date (Mo., Day, Year) 07 / 08 / 16	Amount of each disbursement this period \$ 909.50
Mailing Address 6011 New Zion Road	___ / ___ / ___	\$
City, State, Zip Code Crystal Springs, MS 39059	___ / ___ / ___	\$
Purpose of Disbursement (Optional) T-Shirts	Aggregate Year-to-date	\$ 1,509.77
D. Full name Jackson District Missionary Baptist Church	Date (Mo., Day, Year) 09 / 15 / 16	Amount of each disbursement this period \$ 300.00
Mailing Address 450 Culbertson Avenue	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship and tickets	Aggregate Year-to-date	\$ 300.00
E. Full name Jackson Free Press	Date (Mo., Day, Year) 08 / 25 / 16	Amount of each disbursement this period \$ 2,675.00
Mailing Address 125 South Congress Street #1324	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201	09 / 28 / 16	\$ 2,675.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 5,350.00
F. Full name James Creer	Date (Mo., Day, Year) 08 / 15 / 16	Amount of each disbursement this period \$ 750.00
Mailing Address 114 Hook Hobson Road	___ / ___ / ___	\$
City, State, Zip Code Porterville, MS 39352	08 / 31 / 16	\$ 800.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name James Creer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Hook Hobson Road	09 / 15 / 16	\$ 750.00
City, State, Zip Code Porterville, MS 39352	09 / 30 / 16	\$ 750.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 3,350.00
B. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	07 / 15 / 16	\$ 2,750.00
City, State, Zip Code Jackson, MS 39209	07 / 29 / 16	\$ 2,750.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
C. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	07 / 29 / 16	\$ 262.30
City, State, Zip Code Jackson, MS 39209	08 / 15 / 16	\$ 3,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
D. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	08 / 31 / 16	\$ 3,250.00
City, State, Zip Code Jackson, MS 39209	09 / 15 / 16	\$ 3,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
E. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	09 / 30 / 16	\$ 3,250.00
City, State, Zip Code Jackson, MS 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 43,971.30
F. Full name Jasmine McCloud	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 365 Fannin Road	07 / 29 / 16	\$ 462.00
City, State, Zip Code Flowood, MS 39232	08 / 15 / 16	\$ 1,416.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Jasmine McCloud	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 365 Fannin Road	08 / 31 / 16	\$ 1,440.00
City, State, Zip Code Flowood, MS 39232	09 / 15 / 16	\$ 894.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
B. Full name Jasmine McCloud	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 365 Fannin Road	09 / 30 / 16	\$ 1,050.00
City, State, Zip Code Flowood, MS 39232	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 5,262.00
C. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 311	07 / 06 / 16	\$ 100.00
City, State, Zip Code Crystal Springs, MS 39059	07 / 29 / 16	\$ 50.00
Purpose of Disbursement (Optional) \$100 for Lunch for Senior Citizens from Flora; \$50 Dinner in Greenville for Pastor and wife	Aggregate Year-to-date	\$ See Next
D. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 311	08 / 01 / 16	\$ 250.00
City, State, Zip Code Crystal Springs, MS 39059	09 / 17 / 16	\$ 60.00
Purpose of Disbursement (Optional) \$250 Get Out the Vote Meeting; Claiborne County \$60 for tickets to MS Delta Blues Festival	Aggregate Year-to-date	\$ See Next
E. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 311	09 / 12 / 16	\$ 120.00
City, State, Zip Code Crystal Springs, MS 39059	09 / 12 / 16	\$ 100.00
Purpose of Disbursement (Optional) \$120 Tickets to Alcorn State Event; \$100 Meal after church meeting	Aggregate Year-to-date	\$ 1,005.00
F. Full name Joyce Neville	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 403 Garden Park	07 / 15 / 16	\$ 525.00
City, State, Zip Code Brandon, MS 39047	07 / 29 / 16	\$ 800.00
Purpose of Disbursement (Optional) Salary and expenses	Aggregate Year-to-date	\$ 5,769.80

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Liberty Mutal Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2051	08 / 03 / 16	\$ 932.00
City, State, Zip Code Keene, NH 03431	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Office Insurance	Aggregate Year-to-date	\$ 1,907.00
B. Full name Macon Beacon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2904 Jefferson Street	09 / 12 / 16	\$ 189.00
City, State, Zip Code Macon, MS 39341	__ / __ / __	\$
Purpose of Disbursement (Optional) Printed Ad	Aggregate Year-to-date	\$ 189.00
C. Full name Marc Silverman d/b/a Thirty-Ninth Street Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3511 39th Street NW	08 / 08 / 16	\$ 17,750.00
City, State, Zip Code Washington, DC 20016	__ / __ / __	\$
Purpose of Disbursement (Optional) Polling Consultant	Aggregate Year-to-date	\$ 17,750.00
D. Full name Mississippi Link Newspaper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2659 Livingston Road	08 / 18 / 16	\$ 500.00
City, State, Zip Code Jackson, MS 39213	09 / 01 / 16	\$ 3,000.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 3,500.00
E. Full name Neshoba County Fair	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 16800 Highway 21 South	07 / 29 / 16	\$ 210.00
City, State, Zip Code Philadelphia, MS 39350	__ / __ / __	\$
Purpose of Disbursement (Optional) Tickets for Fair	Aggregate Year-to-date	\$ 210.00
F. Full name OCD Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 819 Euclid Avenue, Suite D	09 / 14 / 16	\$ 750.00
City, State, Zip Code Jackson, MS 39202	__ / __ / __	\$
Purpose of Disbursement (Optional) Media Buy	Aggregate Year-to-date	\$ 750.00

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	07 / 15 / 16 __ / __ / __	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	07 / 29 / 16 __ / __ / __	\$ 2,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
B. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	08 / 15 / 16 __ / __ / __	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	08 / 15 / 16 __ / __ / __	\$ 306.22
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
C. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	08 / 31 / 16 __ / __ / __	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	09 / 15 / 16 __ / __ / __	\$ 2,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
D. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	09 / 30 / 16 __ / __ / __	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	__ / __ / __	\$
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 32,238.08
E. Full name Patrick Wallace	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 127 Nicholas Street	08 / 01 / 16 __ / __ / __	\$ 31.50
City, State, Zip Code Vicksburg, MS 39180	__ / __ / __	\$
Purpose of Disbursement (Optional) Speech Transcript	Aggregate Year-to-date	\$ 31.50
F. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 East Mation Avenue	07 / 08 / 16 __ / __ / __	\$ 94.00
City, State, Zip Code Crystal Springs, MS 39059	08 / 01 / 16 __ / __ / __	\$ 940.00
Purpose of Disbursement (Optional) Stamps for Campaign Letters	Aggregate Year-to-date	\$ See Next

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
 Reporting period July 1, 2016 through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 East Marion Avenue	09 / 01 / 16 __ / __ / __	\$ 47.00
City, State, Zip Code Crystal Springs, MS 39059	__ / __ / __	\$
Purpose of Disbursement (Optional) Stamps for Campaign Letters	Aggregate Year-to-date	\$ 1,179.00
B. Full name The Element Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 East Amite Street	07 / 19 / 16 __ / __ / __	\$ 400.00
City, State, Zip Code Jackson, MS 39207	__ / __ / __	\$
Purpose of Disbursement (Optional) Catering for Event	Aggregate Year-to-date	\$ 400.00
C. Full name Warren Multimedia	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2614 Southerland Street, Suite 5	09 / 15 / 16 __ / __ / __	\$ 610.00
City, State, Zip Code Jackson, MS 39216	__ / __ / __	\$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 610.00
D. Full name WMPR / Randy Wildman Brown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2647	07 / 15 / 16 __ / __ / __	\$ 200.00
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Purpose of Disbursement (Optional) Community Day Sponsorship	Aggregate Year-to-date	\$ 200.00
E. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	07 / 15 / 16 __ / __ / __	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207	07 / 29 / 16 __ / __ / __	\$ 1,000.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
F. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	08 / 15 / 16 __ / __ / __	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207	08 / 31 / 16 __ / __ / __	\$ 1,000.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period July 1, 2016

through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	09 / 12 / 16 __ / __ / __	\$ 1,500.00
City, State, Zip Code Jackson, MS 39207	09 / 15 / 16 __ / __ / __	\$ 1,000.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
B. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	09 / 30 / 16 __ / __ / __	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207	__ / __ / __	\$
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 11,500.00
C. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 Luckney Road	09 / 29 / 16 __ / __ / __	\$ 2,000.00
City, State, Zip Code Brandon, MS 39042	__ / __ / __	\$
Purpose of Disbursement (Optional) Field Consultant	Aggregate Year-to-date	\$ 2,000.00
D. 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	\$
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	\$