

  
 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

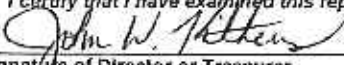
**IMPORTANT**

- (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       | \$ 52,400.00 | + | \$1,695.00   | \$ 54,095.00        | \$ 108,245.00         |
| Total amount of disbursements       | \$28,078.01  | + | \$0.00       | \$ 28,078.01        | \$ 65,885.94          |
| <b>Total amount of cash on hand</b> |              |   |              | <b>\$ 42,359.06</b> |                       |

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

  
 Signature of Director or Treasurer

June 10, 2016

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (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 138, 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 May 1, 2016 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>Cynthia I. Mitchell</u>  | <u>05</u> / <u>02</u> / <u>16</u> | \$ <u>2,500.00</u>                       |
| Mailing Address<br><u>1620 Anne Drive</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Clarksdale, MS 38614</u>   | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Self</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Michael B. McMahan</u>   | <u>05</u> / <u>03</u> / <u>16</u> | \$ <u>2,000.00</u>                       |
| Mailing Address<br><u>46 Longwood Drive</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Hattiesburg, MS 39402</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Retired</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Gerald J. Diaz, Jr.</u>  | <u>05</u> / <u>06</u> / <u>16</u> | \$ <u>5,000.00</u>                       |
| Mailing Address<br><u>208 Waterford Square, Suite 300</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Madison, MS 39110</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>The Diaz Law Firm, PLLC</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorneys at Law</u>   | Aggregate<br>year-to-date         | \$ <u>5,000.00</u>                       |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Simmons and Simmons, PLLC</u>  | <u>05</u> / <u>09</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>Post Office Box 1854</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Greenville, MS 38702</u>   | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Self</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorneys</u>  | Aggregate<br>year-to-date         | \$ <u>1,000.00</u>                       |

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period May 1, 2015 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>Thandi Wade, Esq.</u>  | <u>05</u> / <u>13</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>Post Office Box 22688</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39225</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Tatum &amp; Wade, PLLC</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Joe Tatum</u>  | <u>05</u> / <u>13</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>Post Office Box 22688</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39225</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Tatum &amp; Wade, PLLC</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Jared Ashton Kobs</u>  | <u>05</u> / <u>17</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>Post Office Box 2230</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Madison, MS 39130</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Kobs Philley, PLLC</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Benjamin N. Philley</u>  | <u>05</u> / <u>18</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>Post Office Box 2230</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Madison, MS 39130</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Kobs Philley, PLLC</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>1,000.00</u>                       |

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period May 1, 2016 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>David Pitre</u>  | <u>05</u> / <u>19</u> / <u>16</u> | \$ <u>2,500.00</u>                       |
| Mailing Address<br><u>3506 Washington Avenue, Ste G</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Gulfport, MS 39507</u>   | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Silbert Garon Pitre &amp; Friedman</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>J. E. Roberts, Jr.</u>   | <u>05</u> / <u>19</u> / <u>16</u> | \$ <u>5,000.00</u>                       |
| Mailing Address<br><u>410 South President Street</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39201</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Pittman Germany Roberts &amp; Walsh</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Erica McHard</u>   | <u>05</u> / <u>19</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>15 Millbranch Road</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Hattiesburg, MS 39402</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>McHard &amp; Associates</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Crymes M. Pittman</u>  | <u>05</u> / <u>20</u> / <u>16</u> | \$ <u>5,000.00</u>                       |
| Mailing Address<br><u>2213 Heritage Hill Drive</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39211</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Pittman Germany Roberts &amp; Walsh</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>5,000.00</u>                       |

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period May 1, 2016 through May 31, 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<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|---|-----------------------------------|--|
| Other (please specify) _____  |                                   |  |
| <b>Full name</b><br>David Williamson  | <u>05</u> / <u>20</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| <b>Mailing Address</b><br>2247 47th Street NW   | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>City, State, Zip Code</b><br>Washington, DC 20007  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Name of Employer (Required)</b><br>Moley Food  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Occupation (Required)</b><br>Financial Advisor   | <b>Aggregate<br/>year-to-date</b> | \$ <u>1,000.00</u>                       |
| <b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |                                   |  |
| Other (please specify) _____  |                                   |  |
| <b>Full name</b><br>Andrea Hailey-Williamson  | <u>05</u> / <u>19</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| <b>Mailing Address</b><br>2247 47th Street  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>City, State, Zip Code</b><br>Washington, DC 20007  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Name of Employer (Required)</b><br>None  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Occupation (Required)</b><br>Student   | <b>Aggregate<br/>year-to-date</b> | \$ <u>1,000.00</u>                       |
| <b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |                                   |  |
| Other (please specify) _____  |                                   |  |
| <b>Full name</b><br>Danny E. Cupit  | <u>05</u> / <u>20</u> / <u>16</u> | \$ <u>2,500.00</u>                       |
| <b>Mailing Address</b><br>Post Office Box 22929   | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>City, State, Zip Code</b><br>Jackson, MS 39225   | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Name of Employer (Required)</b><br>Self  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Occupation (Required)</b><br>Attorney  | <b>Aggregate<br/>year-to-date</b> | \$ <u>2,500.00</u>                       |
| <b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>            |                                   |  |
| Other (please specify) _____  |                                   |  |
| <b>Full name</b><br>Ralph E. Chapman  | <u>05</u> / <u>23</u> / <u>16</u> | \$ <u>5,000.00</u>                       |
| <b>Mailing Address</b><br>338 Westover Drive  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>City, State, Zip Code</b><br>Clarksdale, MS 38614  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Name of Employer (Required)</b><br>Chapman Lewis & Swan  | <u>  </u> / <u>  </u> / <u>  </u> | \$ _____                                 |
| <b>Occupation (Required)</b><br>Attorney  | <b>Aggregate<br/>year-to-date</b> | \$ <u>5,000.00</u>                       |

Name of Candidate or Committee Committee to Re-Elect Jim KilchensReporting period May 1, 2016 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>William Kanna Stubbs</u>   | <u>05</u> / <u>23</u> / <u>16</u> | \$ <u>250.00</u>                         |
| Mailing Address<br><u>201 Main Avenue North</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Magee, MS 39111</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>The Stubbs Law Firm, PLLC</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorneys</u>  | Aggregate<br>year-to-date         | \$ <u>250.00</u>                         |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Ben F. Galloway III</u>  | <u>05</u> / <u>23</u> / <u>16</u> | \$ <u>250.00</u>                         |
| Mailing Address<br><u>Post Office Drawer 420</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Gulfport, MS 39502</u>   | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Owen, Galloway, &amp; Myers, PLLC</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorneys</u>  | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Walter Andrew Neeley</u>   | <u>05</u> / <u>23</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>Post Office Box 23148</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39225</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Stracener &amp; Neeley, PLLC</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorneys</u>  | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>W. Eric Stracener</u>  | <u>05</u> / <u>23</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>Post Office Box 23148</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39225</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Stracener &amp; Neeley, PLLC</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorneys</u>  | Aggregate<br>year-to-date         | \$ <u>500.00</u>                         |

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period May 1, 2016 through May 31, 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"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|---|---------------------------|--|
| Full name<br>Kenneth M. Altman  | 05 / 23 / 16              | \$ 1,000.00                              |
| Mailing Address<br>1712 15th Street, Suite 300  | / /                       | \$                                       |
| City, State, Zip Code<br>Gulfport, MS 39501   | / /                       | \$                                       |
| Name of Employer (Required)<br>Morris Bart, Ltd   | / /                       | \$                                       |
| Occupation (Required)<br>Attorneys  | Aggregate<br>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"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br>Ken R. Adcock  | 05 / 25 / 16              | \$ 500.00                                |
| Mailing Address<br>Post Office Box 3308   | / /                       | \$                                       |
| City, State, Zip Code<br>Ridgeland, MS 39158  | / /                       | \$                                       |
| Name of Employer (Required)<br>Adcock & Morrison, PLLC  | / /                       | \$                                       |
| Occupation (Required)<br>Attorneys  | Aggregate<br>year-to-date | \$ 500.00                                |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br>Joseph Harold Montgomery   | 05 / 25 / 16              | \$ 1,000.00                              |
| Mailing Address<br>Post Office Box 113  | / /                       | \$                                       |
| City, State, Zip Code<br>Poplarville, MS 39470  | / /                       | \$                                       |
| Name of Employer (Required)<br>Williams, Williams & Montgomer, P.A.   | / /                       | \$                                       |
| Occupation (Required)<br>Attorneys  | Aggregate<br>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"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br>William Corban Gunn  | 05 / 27 / 16              | \$ 1,100.00                              |
| Mailing Address<br>Post Office Box 1466   | / /                       | \$                                       |
| City, State, Zip Code<br>Biloxi, MS 39533   | / /                       | \$                                       |
| Name of Employer (Required)<br>Corban Gunn, PLLC  | / /                       | \$                                       |
| Occupation (Required)<br>Attorney   | Aggregate<br>year-to-date | \$ 1,100.00                              |

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period May 1, 2016 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>Robert F. Wilkins</u>  | <u>05</u> / <u>27</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>475 East Capitol Street</u>  | / /                               | \$                                       |
| City, State, Zip Code<br><u>Jackson, MS 39201</u>  | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Robert F. Wilkins Law Firm, PLLC</u>   | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Rachel Pierce Waide</u>  | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>1110 Belledeer Drive</u>   | / /                               | \$                                       |
| City, State, Zip Code<br><u>Tupelo, MS 38804</u>   | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Waide &amp; Associates</u>   | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Mike Farrell</u>   | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>210 East Capitol Street, Regions Plaza, Suite 2180</u>   | / /                               | \$                                       |
| City, State, Zip Code<br><u>Jackson, MS 39201</u>  | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Mike Farrell, PLLC</u>   | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Felecia Perkins</u>  | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>Post Office Box 21</u>   | / /                               | \$                                       |
| City, State, Zip Code<br><u>Jackson, MS 39205</u>  | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Law Office of Felecia Perkins, PA</u>  | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>500.00</u>                         |



Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period May 1, 2016 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>William F. Winter</u>  | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>4205 Crane Blvd</u>  | / /                               | \$                                       |
| City, State, Zip Code<br><u>Jackson, MS 39216</u>  | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Jones Walker</u>   | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>500.00</u>                         |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Daniel P. Seif, Jr.</u>  | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>300.00</u>                         |
| Mailing Address<br><u>Post Office Box 949</u>  | / /                               | \$                                       |
| City, State, Zip Code<br><u>Meridian, MS 39302</u>   | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Self, Jacob and Kieronski, LLP</u>   | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorneys</u>  | Aggregate<br>year-to-date         | \$ <u>300.00</u>                         |
| C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Mark Davis</u>   | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>2,500.00</u>                       |
| Mailing Address<br><u>2601 14th Street</u>   | / /                               | \$                                       |
| City, State, Zip Code<br><u>Gulfport, MS 39501</u>   | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Davis Crump, PC</u>  | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>2,500.00</u>                       |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Martin Crump</u>   | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>2,500.00</u>                       |
| Mailing Address<br><u>2601 14th Street</u>   | / /                               | \$                                       |
| City, State, Zip Code<br><u>Gulfport, MS 39501</u>   | / /                               | \$                                       |
| Name of Employer (Required)<br><u>Davis Crump, PC</u>  | / /                               | \$                                       |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>2,500.00</u>                       |

Name of Candidate or Committee Committee to Re-Elect Jim KirchensReporting period May 1, 2016 through May 31, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|-----------------------------------|--|
| Full name<br><u>John H. Stevens</u>  | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>1,000.00</u>                       |
| Mailing Address<br><u>Post Office Box 16570</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39236</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Grenfell, Sledge &amp; Stevens</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>James B. Grenfell</u>  | <u>05</u> / <u>31</u> / <u>16</u> | \$ <u>250.00</u>                         |
| Mailing Address<br><u>Post Office Box 16570</u>  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Jackson, MS 39236</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Grenfell, Sledge &amp; Stevens</u>   | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name<br><u>Robert B. Wiygul</u>   | <u>05</u> / <u>23</u> / <u>16</u> | \$ <u>250.00</u>                         |
| Mailing Address<br><u>1011 Iberville Drive</u>   | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code<br><u>Ocean Springs, MS 39564</u>  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)<br><u>Waltzer &amp; Wiygul, LLP</u>  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)<br><u>Attorney</u>   | Aggregate<br>year-to-date         | \$ <u>250.00</u>                         |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Full name  | □ / □ / □                         | \$ _____                                 |
| Mailing Address  | □ / □ / □                         | \$ _____                                 |
| City, State, Zip Code  | □ / □ / □                         | \$ _____                                 |
| Name of Employer (Required)  | □ / □ / □                         | \$ _____                                 |
| Occupation (Required)  | Aggregate<br>year-to-date         | \$ _____                                 |

Committee to Re-Elect Jim Kitchens

Name of Candidate or Committee

Reporting period May 1, 2016

through May 31, 2016

## ITEMIZED DISBURSEMENTS

|   |   |  |
|---|---|--|
| <b>A. Full name</b><br>Dallas Printing                                    | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 902                             | 05 / 02 / 16                            | \$ 1,040.74  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39205                         | 05 / 13 / 16                            | \$ 1,599.65  |
| <b>Purpose of Disbursement (Optional)</b><br>Flyers, Business Cards, etc. | <b>Aggregate</b><br><b>Year-to-date</b> | \$ See Next  |
| <b>B. Full name</b><br>Dallas Printing                                    | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 902                             | 05 / 19 / 16                            | \$ 540.35  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39205                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Flyers, Business Cards, etc. | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 3,787.43  |
| <b>C. Full name</b><br>Hound Dogs   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>6011 New Zion Road                              | 05 / 03 / 16                            | \$ 600.27  |
| <b>City, State, Zip Code</b><br>Crystal Springs, MS 39059                 | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>T-Shirts                     | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 600.27  |
| <b>D. Full name</b><br>City Services                                      | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 23092                           | 05 / 09 / 16                            | \$ 40.90   |
| <b>City, State, Zip Code</b><br>Jackson, MS 39225                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Water, Sewer, Garbage, Etc.  | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 55.73   |
| <b>E. Full name</b><br>CSpre  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 798                             | 05 / 09 / 16                            | \$ 85.92   |
| <b>City, State, Zip Code</b><br>Meadville, MS 39653                       | 05 / 11 / 16                            | \$ 214.40  |
| <b>Purpose of Disbursement (Optional)</b><br>Office Phones/Cell Phones    | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 385.24  |
| <b>F. Full name</b><br>Jackson NAACP                                      | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>1072 J. R. Lynch Street, Suite 10               | 05 / 09 / 16                            | \$ 200.00  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39203                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Banquet Tickets              | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 200.00  |

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period May 1, 2016 through May 31, 2016

## ITEMIZED DISBURSEMENTS

|  |   |  |
|--|---|--|
| <b>A. Full name</b><br>Matrix Solutions                                      | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>117 Mill Creed Corner                              | 05 / 09 / 16                            | \$ 66.88   |
| <b>City, State, Zip Code</b><br>Brandon, MS 39047                            | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>IT Support Services             | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 1,991.81  |
| <b>B. Full name</b><br>Cash  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>   | 05 / 06 / 16                            | \$ 300.00  |
| <b>City, State, Zip Code</b>   | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>For Canvassers                  | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 300.00  |
| <b>C. Full name</b><br>AT&T  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 536216                             | 05 / 13 / 16                            | \$ 60.80   |
| <b>City, State, Zip Code</b><br>Atlanta, GA 53626                            | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Internet at Campaign            | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 283.42  |
| <b>D. Full name</b><br>Allegrezza Piano Co                                   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 869                                | 05 / 19 / 16                            | \$ 1,070.00  |
| <b>City, State, Zip Code</b><br>Ridgeland, MS 39158                          | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Piano for Campaign Office       | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 1,070.00  |
| <b>E. Full name</b><br>Atmos Energy  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 790311                             | 05 / 19 / 16                            | \$ 29.38   |
| <b>City, State, Zip Code</b><br>St. Louis, MO 63179                          | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Natural Gas for Campaign Office | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 88.53   |
| <b>F. Full name</b><br>Mississippi Democratic Party                          | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 1583                               | 05 / 19 / 16                            | \$ 240.00  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39215                            | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Tickets for Event               | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 240.00  |

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period May 1, 2016 through May 31, 2016

## ITEMIZED DISBURSEMENTS

|  |   |  |
|--|---|--|
| <b>A. Full name</b><br>Jared Turner                                    | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>745 Gardner Street                           | 05 / 13 / 16                            | \$ 2,750.00  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39209                      | 05 / 31 / 16                            | \$ 2,750.00  |
| <b>Purpose of Disbursement (Optional)</b><br>Salary & Expenses         | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 19,250.00   |
| <b>B. Full name</b><br>Joyce Neville                                   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>403 Garden Park                              | 05 / 13 / 16                            | \$ 884.38  |
| <b>City, State, Zip Code</b><br>Brandon, MS 39047                      | 05 / 31 / 16                            | \$ 843.75  |
| <b>Purpose of Disbursement (Optional)</b><br>Salary                    | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 3,019.80  |
| <b>C. Full name</b><br>James Creer                                     | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>114 Hook Hopson Road                         | 05 / 12 / 16                            | \$ 300.00  |
| <b>City, State, Zip Code</b><br>Pottersville, MS 39352                 | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Canvassing                | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 300.00  |
| <b>D. Full name</b><br>Wilf Godfrey                                    | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 3134                         | 05 / 13 / 16                            | \$ 1,000.00  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39207                      | 05 / 31 / 16                            | \$ 1,000.00  |
| <b>Purpose of Disbursement (Optional)</b><br>Salary                    | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 2,000.00  |
| <b>E. Full name</b><br>Entergy   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 8105                         | 05 / 20 / 16                            | \$ 136.38  |
| <b>City, State, Zip Code</b><br>Baton Rouge, LA 70891                  | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Campaign Electricity Bill | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 206.33  |
| <b>F. Full name</b><br>Chase Credit Card                               | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 15123                        | 05 / 19 / 16                            | \$ 1,000.00  |
| <b>City, State, Zip Code</b><br>Wilmington, DE 19850                   | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Credit bill, etc.         | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 1,845.55  |

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period May 1, 2016 through May 31, 2016

## ITEMIZED DISBURSEMENTS

|   |   |  |
|---|---|--|
| <b>A. Full name</b><br>Pam Johnson / Abelson Enterprises, LLC     | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>114 Bent Creek Drive                    | 05 / 13 / 16                            | \$ 2,250.00  |
| <b>City, State, Zip Code</b><br>Brandon, MS 39047                 | 05 / 31 / 16                            | \$ 2,250.00  |
| <b>Purpose of Disbursement (Optional)</b><br>Salary & Expenses    | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 13,250.00   |
| <b>B. Full name</b><br>Bill Washington                            | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 931                     | 05 / 11 / 16                            | \$ 566.00  |
| <b>City, State, Zip Code</b><br>Flora, MS 39071                   | 05 / 13 / 16                            | \$ 2,500.00  |
| <b>Purpose of Disbursement (Optional)</b><br>Salary and Expenses  | <b>Aggregate</b><br><b>Year-to-date</b> | \$ See Next  |
| <b>C. Full name</b><br>Bill Washington                            | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 931                     | 05 / 31 / 16                            | \$ 2,500.00  |
| <b>City, State, Zip Code</b><br>Flora, MS 39071                   | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Salary and Expenses  | <b>Aggregate</b><br><b>Year-to-date</b> | \$ See Next  |
| <b>D. Full name</b><br>Bill Washington                            | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 931                     | 05 / 17 / 16                            | \$ 37.50   |
| <b>City, State, Zip Code</b><br>Flora, MS 39071                   | 05 / 31 / 16                            | \$ 37.50   |
| <b>Purpose of Disbursement (Optional)</b><br>Cell phone expense   | <b>Aggregate</b><br><b>Year-to-date</b> | \$ see next  |
| <b>E. Full name</b><br>Bill Washington                            | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 931                     | 05 / 31 / 16                            | \$ 647.00  |
| <b>City, State, Zip Code</b><br>Flora, MS 39071                   | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Expenses             | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 14,240.50   |
| <b>F. Full name</b><br>Holmes County Triad                        | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>29240 Highway 12 East                   | 05 / 31 / 16                            | \$ 250.00  |
| <b>City, State, Zip Code</b><br>Lexington, MS 39095               | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Tickets for Luncheon | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 250.00  |

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period May 1, 2016 through May 31, 2016

## ITEMIZED DISBURSEMENTS

|  |   |  |
|--|---|--|
| <b>A. Full name</b><br>Coplak Bank   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>Post Office Box 31                               | 05 / 31 / 16                            | \$ 286.21  |
| <b>City, State, Zip Code</b><br>Hazlehurst, MS 39083                       | __ / __ / __                            | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Bank Service Charges and Fees | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 346.71  |
| <b>B. Full name</b>  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>   | __ / __ / __                            | \$   |
| <b>City, State, Zip Code</b>   | __ / __ / __                            | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                  | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>C. Full name</b>  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>   | __ / __ / __                            | \$   |
| <b>City, State, Zip Code</b>   | __ / __ / __                            | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                  | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>D. Full name</b>  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>   | __ / __ / __                            | \$   |
| <b>City, State, Zip Code</b>   | __ / __ / __                            | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                  | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>E. Full name</b>  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>   | __ / __ / __                            | \$   |
| <b>City, State, Zip Code</b>   | __ / __ / __                            | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                  | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>F. Full name</b>  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>   | __ / __ / __                            | \$   |
| <b>City, State, Zip Code</b>   | __ / __ / __                            | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                  | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |