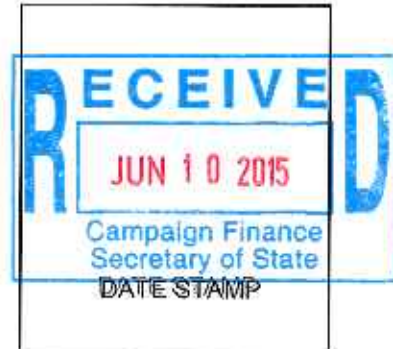


Candidate  
REPORT OF RECEIPTS AND  
DISBURSEMENTS



Name of Candidate Tate Reeves  
 Address PO Box 24355 Jackson, MS 39225  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Name Mr. Terry Reeves Email \_\_\_\_\_  
 Office Sought Lieutenant Governor Political Party \_\_\_\_\_

Check here if above is different from previous report

**TYPE OF REPORT**

- \_\_\_\_\_ **May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015)..... **Mandatory**
- \_\_\_\_\_ \* **June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015)..... **Mandatory**
- \_\_\_\_\_ **July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015)..... **Mandatory**
- \_\_\_\_\_ **July 28, 2015 Pre-Election Report** (July 1, 2015 through July 25, 2015)..... **Mandatory**  
*All Primary Candidates and Political Committees*
- \_\_\_\_\_ **August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015)..... **Runoff Candidates Only**  
*All Primary Candidates and Political Committees in a Runoff Election*
- \_\_\_\_\_ **October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015)..... **Mandatory**
- \_\_\_\_\_ **October 27, 2015 Pre-Election Report**..... **Mandatory**  
*(Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees*  
*(Independent Candidates report January 1, 2015 through October 2015)*
- \_\_\_\_\_ **November 17, 2015 Pre-Runoff Report**..... **Mandatory**  
*All Candidates and Political Committees in a Runoff Election*
- \_\_\_\_\_ **January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015)..... **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 cases, 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. 23-15-007 (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

	REPORTED CONTRIBUTIONS AND DISBURSEMENT			Calendar Year-To-Date
	Itemized + Non-itemized =	This Period		
Total amount of contributions	\$272,050.00 + \$10,408.00	\$282,458.00		\$558,559.13
Total amount of disbursements	\$75,292.43 + \$87.00	\$75,379.43		\$282,568.85
Total amount of cash on hand	\$2,630,369.95			

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

Tate Reeves Signature of Candidate 6/10/2015 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



Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 27-55 Fuel Plaza LLC	05/31/2015	\$1,000.00
Mailing Address 26171 Hwy 27		
City, State, Zip Code Crystal Springs, MS 39059-8742		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Mr. Phil Abernethy	05/13/2015	\$1,000.00
Mailing Address 137 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AC Farms LLC	05/13/2015	\$1,000.00
Mailing Address P.O. Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>L.L.P</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Adams & Reese LLP	05/13/2015	\$1,000.00
Mailing Address 1018 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-2060		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Mr. Chris Anderson</u>	<u>05/20/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>1225 N State Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-2064</u>		
Name of Employer (Required) <u>Baptist Health Systems</u>		
Occupation (Required) <u>CEO</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Reuben Anderson</u>	<u>05/20/2015</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 290</u>		
City, State, Zip Code <u>Jackson, MS 39205-0290</u>		
Name of Employer (Required) <u>Phelps Dunbar, LLP</u>		
Occupation (Required) <u>Senior Partner</u>	<b>Aggregate Year-to-date</b>	<b>\$500.00</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 <u>AstraZeneca</u>	<u>05/24/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>4274 Raleigh Way</u>		
City, State, Zip Code <u>Tallahassee, FL 32311-3336</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Baker Services</u>	<u>05/13/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>BankPlus PAC for Responsible Government</u>	05/21/2015	\$5,000.00
Mailing Address <u>1088 Highland Colony Pkwy</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8807</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$5,000.00</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 <u>Baptist Adult Day Care</u>	05/11/2015	\$1,000.00
Mailing Address <u>6 Neshaminy Interplex</u>		
City, State, Zip Code <u>Feasterville Trevose, PA 19053-6964</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. Ryan Beckett</u>	05/08/2015	\$1,000.00
Mailing Address <u>4166 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6520</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Johnny A Belk</u>	05/14/2015	\$500.00
Mailing Address <u>7408 Altala Road 5053</u>		
City, State, Zip Code <u>Ethel, MS 39067-5692</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Jonathan Bell</u>	<u>05/13/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>4513 9th Avenue</u>		
City, State, Zip Code <u>Meridian, MS 39305-2815</u>		
Name of Employer (Required) <u>Vital Care</u>		
Occupation (Required) <u>President</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Benefit Administration Services, LTD.</u>	<u>05/23/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>613 Crescent Cir Ste 201</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8888</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>BFM Corporation</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>534 Williams Blvd</u>		
City, State, Zip Code <u>Kenner, LA 70062-7672</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>BNSF Railway Company</u>	<u>05/05/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>5280 E Shelby Drive</u>		
City, State, Zip Code <u>Memphis, TN 38118-7503</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Mr. Lucien L Bourgeois</u>	<u>05/11/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>102 Fenwick Circle</u>		
City, State, Zip Code <u>Madison, MS 39110-7782</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens &amp; Cannada</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Janson Durr Boyles</u>	<u>05/18/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>215 Winged Foot Cir</u>		
City, State, Zip Code <u>Jackson, MS 39211-2530</u>		
Name of Employer (Required) <u>Boyles Moak</u>		
Occupation (Required) <u>Insurance Agent</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Willie Bozeman</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>770 N West Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-3017</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Government Relations</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bracken Heavy Haul LLC</u>	<u>05/31/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1707</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-1707</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

05/01/2015

through

05/31/2015**ITEMIZED RECEIPTS**

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 Brandon Lighting, Inc.	05/26/2015	\$1,000.00
Mailing Address PO Box 542		
City, State, Zip Code Brandon, MS 39043-0542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Mr. John Brunini	05/27/2015	\$1,000.00
Mailing Address 708 Welford Court		
City, State, Zip Code Madison, MS 39110-7582		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Mr. Phillip Buffington	05/06/2015	\$1,000.00
Mailing Address 4001 Roxbury Road		
City, State, Zip Code Jackson, MS 39211-6350		
Name of Employer (Required) Adams and Reese		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
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 Bums Cooley Dennis, Inc.	05/19/2015	\$500.00
Mailing Address PO Box 12828		
City, State, Zip Code Jackson, MS 39236-2828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00



Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Mr. Lee R. Bush</u>	05/19/2015	\$1,000.00
Mailing Address <u>432 Buena Vista Avenue</u>		
City, State, Zip Code <u>Jackson, MS 39209-6405</u>		
Name of Employer (Required) <u>National Collection Systems</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>C-REALOB, LLC</u>	05/01/2015	\$1,000.00
Mailing Address <u>2510 14th Street, Suite 1425</u>		
City, State, Zip Code <u>Gulfport, MS 39501-1912</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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>Phyllis Y. Gado</u>	05/30/2015	\$500.00
Mailing Address <u>177 Phillips Hill Road</u>		
City, State, Zip Code <u>Columbus, MS 39702-8297</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired Schoolteacher</u>	Aggregate Year-to-date	\$500.00
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>Mr. John D Calhoun</u>	05/01/2015	\$2,000.00
Mailing Address <u>3 Southern Oaks Drive</u>		
City, State, Zip Code <u>Clinton, MS 39058-9406</u>		
Name of Employer (Required) <u>IMS Engineers</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 05/01/2015through 05/31/2015**ITEMIZED RECEIPTS**

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 Mr. Don B Cannada	05/12/2015	\$1,000.00
Mailing Address 4110 Sandridge Drive		
City, State, Zip Code Jackson, MS 39211-6550		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Mr. R. Barry Cannada	05/27/2015	\$1,000.00
Mailing Address 827 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1740		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Michael D Caples	05/31/2015	\$1,000.00
Mailing Address 303 Vinca Cove		
City, State, Zip Code Madison, MS 39110-6529		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Mr. Tommie Cardin	05/26/2015	\$1,000.00
Mailing Address 303 Bordeaux Drive		
City, State, Zip Code Clinton, MS 39056-6761		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

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 Neely Carlton	05/15/2015	\$1,000.00
Mailing Address 408 W Parkway Pl		
City, State, Zip Code Ridgeland, MS 39157-6010		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations Director	Aggregate Year-to-date	\$1,000.00
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 Mr. Alveno N. Castilla	05/19/2015	\$1,000.00
Mailing Address PO Box 1732		
City, State, Zip Code Jackson, MS 39215-1732		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Dr. Robert J. Cater	05/21/2015	\$500.00
Mailing Address 803 42nd Ct		
City, State, Zip Code Meridian, MS 39305-3435		
Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A.		
Occupation (Required) Doctor	Aggregate Year-to-date	\$500.00
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 Bobby Chain	05/01/2015	\$2,000.00
Mailing Address 107 Natalie Ln		
City, State, Zip Code Hattiesburg, MS 39402-3080		
Name of Employer (Required) Chain Electric Co		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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 Chain</u>	<u>05/01/2015</u>	<u>\$2,000.00</u>
Mailing Address <u>1308 W Pine Street</u>		
City, State, Zip Code <u>Hattiesburg, MS 39401-6338</u>		
Name of Employer (Required) <u>Chain Electric Co</u>		
Occupation (Required) <u>Owner</u>	<b>Aggregate Year-to-date</b>	<b>\$2,000.00</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 <u>Chain Electric Co</u>	<u>05/01/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>P O Box 2058</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-2058</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Chalkable</u>	<u>05/29/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>739 N University Blvd Suite 2000</u>		
City, State, Zip Code <u>Mobile, AL 36608-4579</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Check Into Cash, Inc.</u>	<u>05/26/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>201 Keith Street SW, STE 80</u>		
City, State, Zip Code <u>Cleveland, TN 37311-5867</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

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 Mr. Donald Clark	05/14/2015	\$1,000.00
Mailing Address PO Box 6010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required) Butler Snow O'mara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Elizabeth Lambert Clark	05/11/2015	\$1,000.00
Mailing Address 114 Lake Village Dr		
City, State, Zip Code Madison, MS 39110-6520		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Clean Energy	05/01/2015	\$1,000.00
Mailing Address 4675 MacArthur Court Ste 800		
City, State, Zip Code Newport Beach, CA 92660-1895		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comer Capital Group LLC	05/28/2015	\$1,000.00
Mailing Address 1880 Lakeland Drive Ste C		
City, State, Zip Code Jackson, MS 39216-4916		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tato Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Committee For Clean Environment and Fair Taxation</u>	<u>05/28/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>3000B N State St</u>		
City, State, Zip Code <u>Jackson, MS 39216-4203</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$2,500.00</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 <u>Coopwood Communications, Inc.</u>	<u>05/14/2015</u>	<u>\$500.00</u>
Mailing Address <u>P.O. Box 117</u>		
City, State, Zip Code <u>Cleveland, MS 38732-0117</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Cornerstone Government Affairs, LLC</u>	<u>05/22/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>188 E Capitol Street Suite 910</u>		
City, State, Zip Code <u>Jackson, MS 39201-2129</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>CSX Transportation</u>	<u>05/26/2015</u>	<u>\$500.00</u>
Mailing Address <u>P.O. Box 44057</u>		
City, State, Zip Code <u>Jacksonville, FL 32231-4057</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>D &amp; C Limited Investments, LLC</u>	05/13/2015	\$1,000.00
Mailing Address <u>1059 Devinay Drive</u>		
City, State, Zip Code <u>Raymond, MS 39154-8367</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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>Mr. Marty Davidson</u>	05/15/2015	\$1,000.00
Mailing Address <u>PO Box 3804</u>		
City, State, Zip Code <u>Meridian, MS 39303-3804</u>		
Name of Employer (Required) <u>Southern Pipe &amp; Co LLC</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Denbury Resources PAC</u>	05/11/2015	\$4,000.00
Mailing Address <u>5320 Legacy Drive</u>		
City, State, Zip Code <u>Plano, TX 75024-3127</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
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>Denbury Resources, Inc.</u>	05/18/2015	\$1,000.00
Mailing Address <u>5320 Legacy Drive</u>		
City, State, Zip Code <u>Plano, TX 75024-3127</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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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 Deviney Brothers, Inc.	05/14/2015	\$1,000.00
Mailing Address PO Box 8717		
City, State, Zip Code Jackson, MS 39282-8717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Deviney Construction Company, Inc.	05/13/2015	\$1,000.00
Mailing Address PO Box 8717		
City, State, Zip Code Jackson, MS 39282-8717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Deviney Equipment	05/14/2015	\$1,000.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Mr. Richard M Dye	05/15/2015	\$1,000.00
Mailing Address 4120 Crestview Drive		
City, State, Zip Code Jackson, MS 39211-6401		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00



Name of Candidate or Committee

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05/31/2015**ITEMIZED RECEIPTS**

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 Jabari O Edwards	05/20/2015	\$1,000.00
Mailing Address PO Box 744		
City, State, Zip Code Columbus, MS 39703-0744		
Name of Employer (Required) The Edwards Agency		
Occupation (Required) Financial Advisor	Aggregate Year-to-date	\$1,000.00
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 Elcon Electrical Contractors, Inc.	05/27/2015	\$1,000.00
Mailing Address PO Box 1921		
City, State, Zip Code Brandon, MS 39043-1921		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Eli Lilly and Company	05/05/2015	\$1,000.00
Mailing Address Lilly Corporate Center		
City, State, Zip Code Indianapolis, IN 46285-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eli Lilly and Company PAC	05/01/2015	\$1,000.00
Mailing Address 639 S Delaware Street		
City, State, Zip Code Indianapolis, IN 46225-1392		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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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 Mr. John England	05/27/2015	\$1,000.00
Mailing Address 2034 Petit Bois Street S		
City, State, Zip Code Jackson, MS 39211-6709		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	05/19/2015	\$15,000.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
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 Trudy Fisher	05/28/2015	\$1,000.00
Mailing Address 602 Winteridge Place		
City, State, Zip Code Ridgeland, MS 39157-4182		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Freedom Prosthetics	05/19/2015	\$500.00
Mailing Address 303 East Marion Street		
City, State, Zip Code Crystal Springs, MS 39058-2795		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
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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 Mr. Leland S. Garrett	05/19/2015	\$250.00
Mailing Address 2659 Livingston Road		
City, State, Zip Code Jackson, MS 39213-6926		
Name of Employer (Required) K & S Chemical Manufacturing, Co., Inc.		
Occupation (Required) Incorporator	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name General Motors Company PAC	05/19/2015	\$1,000.00
Mailing Address 25 Massachusetts Ave NW		
City, State, Zip Code Washington, DC 20001-1427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Kathi Lee Grace	05/11/2015	\$1,500.00
Mailing Address 210 Lake Harbor Landing		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) Lucky Star Promotions Inc		
Occupation (Required) Principal	Aggregate Year-to-date	\$1,500.00
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 Mr. Hardy P Graham	05/18/2015	\$1,000.00
Mailing Address PO Box 5207		
City, State, Zip Code Meridian, MS 39302-5207		
Name of Employer (Required) Meridian Coke		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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 <u>Grand Trunk Western Railroad Company</u>	<u>05/01/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 5025</u>		
City, State, Zip Code <u>Troy, MI 48007-5025</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. Thomas G. Gresham</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>105 E. Gresham Street</u>		
City, State, Zip Code <u>Indianola, MS 38751-2422</u>		
Name of Employer (Required) <u>Gresham Petroleum</u>		
Occupation (Required) <u>President</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>W. W. Gresham III</u>	<u>05/28/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 690</u>		
City, State, Zip Code <u>Indianola, MS 38751-0690</u>		
Name of Employer (Required) <u>Gresham Petroleum</u>		
Occupation (Required) <u>Owner</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Kentray Hairston</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>108 Seville Way</u>		
City, State, Zip Code <u>Madison, MS 39110-8170</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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 Mr. Roger L Hancock	05/06/2015	\$5,000.00
Mailing Address 2284 Highway 433 S		
City, State, Zip Code Benton, MS 39040-9131		
Name of Employer (Required) WOSO Red Hancocks		
Occupation (Required) Construction	Aggregate Year-to-date	\$5,000.00
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 Mr. Roderick L Hill	05/19/2015	\$2,000.00
Mailing Address 1211 Riverside Drive		
City, State, Zip Code Jackson, MS 39202-1234		
Name of Employer (Required) IMS Engineers		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$2,000.00
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 Hoffman	05/18/2015	\$500.00
Mailing Address PO Box 16875		
City, State, Zip Code Jackson, MS 39236-6875		
Name of Employer (Required) Tico's Steak House		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
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 Hol-Mac Plant #1	05/27/2015	\$1,000.00
Mailing Address PO Box 349		
City, State, Zip Code Bay Springs, MS 39422-0349		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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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>Mr. Jetson G Hollingsworth</u>	<u>05/15/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>2253 Wild Valley Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6165</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens &amp; Cannada</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Huntington Ingalls Industries</u>	<u>05/18/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 149</u>		
City, State, Zip Code <u>Pascagoula, MS 39568-0149</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Paul A Hurst</u>	<u>05/29/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>2210 Culleywood Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-5815</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Government Relations</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Independent Insurance Agents of Mississippi PAC</u>	<u>05/14/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>124 Riverview Dr</u>		
City, State, Zip Code <u>Flowood, MS 39232-8908</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>J5 GBL, LLC</u>	05/19/2015	\$2,000.00
Mailing Address <u>PO Box 2446</u>		
City, State, Zip Code <u>Columbus, MS 39704-2446</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$2,000.00</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 <u>Jackson Excavating</u>	05/13/2015	\$1,000.00
Mailing Address <u>1059 Deviney Drive</u>		
City, State, Zip Code <u>Raymond, MS 39154-8387</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Jackson Truck Center, Inc.</u>	05/13/2015	\$1,000.00
Mailing Address <u>P.O. Box 7179</u>		
City, State, Zip Code <u>Jackson, MS 39282-7179</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. Robert S Jacobs Jr.</u>	05/06/2015	\$2,500.00
Mailing Address <u>440 Cedars Of Lebanon Rd STE A</u>		
City, State, Zip Code <u>Jackson, MS 39208-3721</u>		
Name of Employer (Required) <u>Jacobs Robert Attorney at Law</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$2,500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Mr. Paul Janoush</u>	<u>05/18/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 397</u>		
City, State, Zip Code <u>Rosedale, MS 38769-0397</u>		
Name of Employer (Required) <u>JANTRAN</u>		
Occupation (Required) <u>CFO</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Troy Johnston</u>	<u>05/27/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>4636 Nottingham Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-4928</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jones Walker LLP</u>	<u>05/21/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 427</u>		
City, State, Zip Code <u>Jackson, MS 39205-0427</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John R Junkin III</u>	<u>05/05/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>P O Box 1082</u>		
City, State, Zip Code <u>Natchez, MS 39121-1082</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>



Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Samual W Keyes Jr.</u>	<u>05/15/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>202 Valley Road</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9105</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Knetic Staffing, LLC</u>	<u>05/01/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 55914</u>		
City, State, Zip Code <u>Jackson, MS 39296-5914</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Alexa Lampkin</u>	<u>05/19/2015</u>	<u>\$250.00</u>
Mailing Address <u>617 Renaissance Way, Suite 210</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-6066</u>		
Name of Employer (Required) <u>University of Mississippi Medical Center</u>		
Occupation (Required) <u>Dental Student</u>	<b>Aggregate Year-to-date</b>	<b>\$250.00</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 <u>Learning Through Sports, Inc.</u>	<u>05/06/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>1063 Narrows Way Suite C</u>		
City, State, Zip Code <u>Birmingham, AL 35242-8682</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Mr. John Lee Jr.</u>	<u>05/19/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 1470</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-1470</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Shirley Lee</u>	<u>05/25/2015</u>	<u>\$10,000.00</u>
Mailing Address <u>402 Daniel Drive</u>		
City, State, Zip Code <u>Brandon, MS 39047-7396</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Homemaker</u>	<b>Aggregate Year-to-date</b>	<b>\$10,000.00</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 <u>Lucky Star Enterprises Inc.</u>	<u>05/07/2015</u>	<u>(\$1,500.00)</u>
Mailing Address <u>532 Mockingbird Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-7363</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. Frank P Marascalco</u>	<u>05/26/2015</u>	<u>\$500.00</u>
Mailing Address <u>2585 Jackson Avenue Extension</u>		
City, State, Zip Code <u>Grenada, MS 38901-9331</u>		
Name of Employer (Required) <u>Marascalco Sav Mor Drugs</u>		
Occupation (Required) <u>Pharmacist</u>	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Bryan McDonald</u>	<u>05/27/2015</u>	<u>\$500.00</u>
Mailing Address <u>602 Northlake Ave</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-1708</u>		
Name of Employer (Required) <u>Horne LLP</u>		
Occupation (Required) <u>CPA</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>David McMillin</u>	<u>05/20/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>1025 Annandale Drive</u>		
City, State, Zip Code <u>Madison, MS 38110-9450</u>		
Name of Employer (Required) <u>Xerox Corporation</u>		
Occupation (Required) <u>Pricing &amp; Contracts Consultant</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. John W McPherson Jr.</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 690</u>		
City, State, Zip Code <u>Indianola, MS 38751-0690</u>		
Name of Employer (Required) <u>McPherson Oil</u>		
Occupation (Required) <u>Owner</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Merck Sharp &amp; Dohme Corporation</u>	<u>05/01/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>304 Mossy Oak Court</u>		
City, State, Zip Code <u>Antioch, TN 37013-7313</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Meridian Southern Railway, LLC</u>	<u>05/20/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>25 Delphine St</u>		
City, State, Zip Code <u>Owego, NY 13827-1008</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Lee D Miller</u>	<u>05/28/2015</u>	<u>\$500.00</u>
Mailing Address <u>222 Bellewether Pass</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8762</u>		
Name of Employer (Required) <u>Miller Transporters Inc</u>		
Occupation (Required) <u>President</u>	<b>Aggregate Year-to-date</b>	<b>\$500.00</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 <u>Mills &amp; Mills Architects, PC</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>817 Hwy. 1 South</u>		
City, State, Zip Code <u>Greenville, MS 38701-5962</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MISS Life Under PAC</u>	<u>05/22/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>5475 Executive Place</u>		
City, State, Zip Code <u>Jackson, MS 39206-4104</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$2,000.00</b>

Name of Candidate or Committee

Friends Of Tate Reeves

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05/31/2015**ITEMIZED RECEIPTS**

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>Mississippi American Life Insurance Company</u>	<u>05/19/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 12449</u>		
City, State, Zip Code <u>Jackson, MS 39236-2449</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Association of Nurse Anesthetists PAC</u>	<u>05/20/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>1022 Highland Colony Pkwy</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8726</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
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>Mississippi Association Of Self-Insurers</u>	<u>05/21/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>825 N President Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-2661</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Concrete Industries Association PAC</u>	<u>05/15/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>6700 Old Canton Rd</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-1253</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Concrete Industries Association PAC</u>	05/28/2015	\$1,000.00
Mailing Address <u>6700 Old Canton Rd</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-1253</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Hospital Association PAC</u>	05/29/2015	\$5,000.00
Mailing Address <u>PO Box 1909</u>		
City, State, Zip Code <u>Madison, MS 39130-1909</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Road Builders Association PAC</u>	05/29/2015	\$5,000.00
Mailing Address <u>601 George St</u>		
City, State, Zip Code <u>Jackson, MS 39202-3016</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
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>Meade W Mitchell</u>	05/14/2015	\$1,000.00
Mailing Address <u>2402 Wild Valley Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6224</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

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 Loren L Monroe	05/21/2015	\$1,000.00
Mailing Address 1733 Fairview Ave		
City, State, Zip Code Mc Lean, VA 22101-4709		
Name of Employer (Required) BGR Group		
Occupation (Required) Principal	Aggregate Year-to-date	\$1,000.00
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 Monsanto Company	05/20/2015	\$1,000.00
Mailing Address 800 N Lindbergh Boulevard		
City, State, Zip Code Saint Louis, MO 63167-1000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Mr. Wilson Montjoy	05/14/2015	\$1,000.00
Mailing Address 202 Agency Burn		
City, State, Zip Code Ridgeland, MS 39157-9740		
Name of Employer (Required) Buffer Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Mr. Alan L. Moore	05/19/2015	\$250.00
Mailing Address 1510 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1618		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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>Neel-Schaffer</u>	05/20/2015	\$1,000.00
Mailing Address <u>PO Box 22625</u>		
City, State, Zip Code <u>Jackson, MS 39225-2625</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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>Norfolk Southern Corporation</u>	05/01/2015	\$1,000.00
Mailing Address <u>RSA Plaza Suite 192, 770 Washington Ave</u>		
City, State, Zip Code <u>Montgomery, AL 36104-3818</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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>Billy Nowell</u>	05/18/2015	\$500.00
Mailing Address <u>PO Box 119</u>		
City, State, Zip Code <u>Cleveland, MS 38732-0119</u>		
Name of Employer (Required) <u>Partnership Properties</u>		
Occupation (Required) <u>Realtor</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Optametry For Progress</u>	05/13/2015	\$10,000.00
Mailing Address <u>141 Executive Drive Suite 5</u>		
City, State, Zip Code <u>Madison, MS 39110-8457</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00



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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 Jody E Owens II	05/19/2015	\$300.00
Mailing Address 109 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3263		
Name of Employer (Required) Southern Poverty Law Center		
Occupation (Required) Managing Attorney	Aggregate Year-to-date	\$300.00
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 Mr. Don Perry	05/08/2015	\$500.00
Mailing Address 424 Pecan Avenue		
City, State, Zip Code Philadelphia, MS 39350-2933		
Name of Employer (Required) Perry Construction Co		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
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 Glenn Peters	05/20/2015	\$250.00
Mailing Address 540 E Main Street		
City, State, Zip Code Louisville, MS 39339-2742		
Name of Employer (Required) Louisville Medical Associates		
Occupation (Required) Doctor of Family Medicine	Aggregate Year-to-date	\$250.00
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 Mr. John F Phillips III	05/01/2015	\$1,000.00
Mailing Address 4042 Highway 16 W		
City, State, Zip Code Yazoo City, MS 39194-9243		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

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>Pioneer Railroad Services, Inc</u>	<u>05/18/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>1318 S Johanson Rd</u>		
City, State, Zip Code <u>Peoria, IL 61607-1130</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Plum Creek Administrative Corp., Inc.</u>	<u>05/28/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1990</u>		
City, State, Zip Code <u>Columbia Falls, MT 59912-1990</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Porter's Insurance Agency, Inc.</u>	<u>05/18/2015</u>	<u>\$500.00</u>
Mailing Address <u>1020 University Blvd.</u>		
City, State, Zip Code <u>Jackson, MS 39204-2936</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. John K. Poval</u>	<u>05/18/2015</u>	<u>\$250.00</u>
Mailing Address <u>408 S Bolivar Avenue</u>		
City, State, Zip Code <u>Cleveland, MS 38732-3745</u>		
Name of Employer (Required) <u>Poval &amp; Jeffreys, P.A.</u>		
Occupation (Required) <u>Attorney</u>	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>

Name of Candidate or Committee

Friends Of Tate Reeves

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Property Casualty Insurers Association of America PAC	05/01/2015	\$1,000.00
Mailing Address 2600 S River Rd		
City, State, Zip Code Des Plaines, IL 60018-3203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Kent Stribling, OD PA	05/18/2015	\$250.00
Mailing Address 1054 Airpark Road		
City, State, Zip Code Philadelphia, MS 39350-3368		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raytheon PAC	05/13/2015	\$10,000.00
Mailing Address 1100 Wilson Blvd		
City, State, Zip Code Arlington, VA 22209-2249		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
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 Mr. George R. Rea Jr.	05/19/2015	\$1,000.00
Mailing Address PO Box 2090		
City, State, Zip Code Meridian, MS 39302-2090		
Name of Employer (Required) Self		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Regions</u>	05/01/2015	\$1,000.00
Mailing Address <u>1900 5th Avenue N Floor 6</u>		
City, State, Zip Code <u>Birmingham, AL 35203-2610</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Regions Financial Corporation PAC</u>	05/01/2015	\$1,500.00
Mailing Address <u>1015 15th Street NW Suite 920</u>		
City, State, Zip Code <u>Washington, DC 20005-2823</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,500.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Rehabilitation Centers LLC</u>	05/01/2015	\$2,500.00
Mailing Address <u>P.O. Box 1130</u>		
City, State, Zip Code <u>Magee, MS 39111-1130</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$2,500.00</b>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full Name <u>Renasant Bank Employees Voluntary PAC</u>	05/01/2015	\$2,500.00
Mailing Address <u>PO Box 709</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0709</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$2,500.00</b>

Name of Candidate or Committee

Friends Of Tate Reeves

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05/31/2015**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>RJ Corman Railroad Group LLC</u>	<u>05/13/2015</u>	<u>\$750.00</u>
Mailing Address <u>PO Box 788</u>		
City, State, Zip Code <u>Nicholasville, KY 40340-0788</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$750.00</u>
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>E. B. Robinson Jr.</u>	<u>05/25/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>49 Eastbrook Street</u>		
City, State, Zip Code <u>Jackson, MS 39216-4714</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>N/A</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
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>Rolling Hills Ranch</u>	<u>05/13/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>P.O. Box 7179</u>		
City, State, Zip Code <u>Jackson, MS 39282-7179</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
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>Rosenbaum Realty Company</u>	<u>05/15/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 2087</u>		
City, State, Zip Code <u>Meridian, MS 39302-2087</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$250.00</u>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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: Mr. W. Michael Russ	05/27/2015	\$1,000.00
Mailing Address: 705 Welford Court		
City, State, Zip Code: Madison, MS 39110-7563		
Name of Employer (Required): Butler Snow		
Occupation (Required): Attorney	Aggregate Year-to-date	\$1,000.00
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: Mr. Joe F. Sanderson Jr.	05/26/2015	\$10,000.00
Mailing Address: PO Box 988		
City, State, Zip Code: Laurel, MS 39441-0988		
Name of Employer (Required): Sanderson Farms		
Occupation (Required): CEO	Aggregate Year-to-date	\$10,000.00
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: Amanda Shumaker	05/15/2015	\$250.00
Mailing Address: 116 Colony Way		
City, State, Zip Code: Brandon, MS 39047-8271		
Name of Employer (Required): Lakeside Moulding Inc		
Occupation (Required): Owner	Aggregate Year-to-date	\$250.00
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 Simmons	05/20/2015	\$1,000.00
Mailing Address: PO Box 4365		
City, State, Zip Code: Brandon, MS 39047-4365		
Name of Employer (Required): Capitol Partners		
Occupation (Required): Government Relations Consulting	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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 Mr. William Simmons	05/28/2015	\$1,000.00
Mailing Address 4911 Country Club Drive		
City, State, Zip Code Meridian, MS 39305-1842		
Name of Employer (Required) Glover, Young, Walton and Simmons, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Caroline Sims	05/15/2015	\$1,000.00
Mailing Address 4211 Brookdale Street		
City, State, Zip Code Jackson, MS 39206-6106		
Name of Employer (Required) Butler Snow		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
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 Smart Start	05/13/2015	\$1,000.00
Mailing Address 4850 Plaza Dr		
City, State, Zip Code Irving, TX 75063-2317		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Mr. Sutter Marvin Smith	05/19/2015	\$750.00
Mailing Address 405 Marquis Street		
City, State, Zip Code Jackson, MS 39206-4346		
Name of Employer (Required) Penn Life Insurance		
Occupation (Required) Owner	Aggregate Year-to-date	\$750.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Southeastern Timber Products, LLC</u>	05/21/2015	\$5,000.00
Mailing Address <u>PO Box 5327</u>		
City, State, Zip Code <u>Jackson, MS 39296-5327</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Joe Stedman</u>	05/05/2015	\$1,000.00
Mailing Address <u>101 Gloucester Road</u>		
City, State, Zip Code <u>Natchez, MS 39120-4509</u>		
Name of Employer (Required) <u>Natchez - Crye*Leike Stedman Realtors</u>		
Occupation (Required) <u>Broker</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Kathryn B Stewart</u>	05/12/2015	\$1,000.00
Mailing Address <u>133 Woodland Hills Boulevard</u>		
City, State, Zip Code <u>Madison, MS 39110-7823</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Government Relations</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stonehenge Capital Company, LLC</u>	05/20/2015	\$500.00
Mailing Address <u>191 West Nationwide Blvd. Suite 600</u>		
City, State, Zip Code <u>Columbus, OH 43215-2569</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>



Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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>Sunbelt Sealing, Inc.</u>	<u>05/29/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 3770</u>		
City, State, Zip Code <u>Jackson, MS 39207-3770</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Swisher International, Inc.</u>	<u>05/15/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2230</u>		
City, State, Zip Code <u>Jacksonville, FL 32203-2230</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Robert Taylor</u>	<u>05/27/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 886</u>		
City, State, Zip Code <u>Louisville, MS 39339-0886</u>		
Name of Employer (Required) <u>Taylor Sudden Service Inc</u>		
Occupation (Required) <u>President</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Terry C. Burton for Senate Campaign</u>	<u>05/28/2015</u>	<u>\$500.00</u>
Mailing Address <u>101 Rew Street</u>		
City, State, Zip Code <u>Newton, MS 39345-2680</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>I.L.C</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Beta Group Engineering and Construction Services</u>	05/18/2015	\$500.00
Mailing Address <u>1428 1/2 Claire Ave</u>		
City, State, Zip Code <u>Gretna, LA 70053-7436</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
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 <u>Mr. J.F. Thompson Jr.</u>	05/19/2015	\$1,000.00
Mailing Address <u>4817 15th Pl</u>		
City, State, Zip Code <u>Meridian, MS 39305-1736</u>		
Name of Employer (Required) <u>The Thompson Group</u>		
Occupation (Required) <u>Insurance Sales</u>	Aggregate Year-to-date	\$1,000.00
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 <u>Amanda Tollison</u>	05/14/2015	\$1,000.00
Mailing Address <u>PO Box 1138</u>		
City, State, Zip Code <u>Oxford, MS 38655-1138</u>		
Name of Employer (Required) <u>Butter Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$2,000.00
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 <u>Triple D Farms</u>	05/13/2015	\$1,000.00
Mailing Address <u>P.O. Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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 Tyson Foods, Inc.	05/14/2015	\$1,000.00
Mailing Address PO Box 2020		
City, State, Zip Code Springdale, AR 72765-2020		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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 Mr. Thad Varner	05/11/2015	\$1,000.00
Mailing Address 2460 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
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 Mr. Jason Voyles	05/13/2015	\$5,000.00
Mailing Address 177 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2532		
Name of Employer (Required) Spectrum Capital		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
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 Marcus L Wallace	05/19/2015	\$1,000.00
Mailing Address 125 S. Congress Street Suite 1300		
City, State, Zip Code Jackson, MS 39201-3399		
Name of Employer (Required) MAC & Associates, LLC		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

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 <u>Mr. Tyler Walton</u>	<u>05/27/2015</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 579</u>		
City, State, Zip Code <u>Marion, MS 39342-0579</u>		
Name of Employer (Required) <u>Citizens National Bank</u>		
Occupation (Required) <u>Banker</u>	<b>Aggregate Year-to-date</b>	<b>\$500.00</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 <u>Richard B Webb</u>	<u>05/07/2015</u>	<u>\$500.00</u>
Mailing Address <u>315 West 3rd St</u>		
City, State, Zip Code <u>Pittsburg, KS 66762-4706</u>		
Name of Employer (Required) <u>Watco Companies</u>		
Occupation (Required) <u>Director</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Mr. Richard Webster</u>	<u>05/19/2015</u>	<u>\$10,000.00</u>
Mailing Address <u>61 Hoy Road</u>		
City, State, Zip Code <u>Madison, MS 39110-9737</u>		
Name of Employer (Required) <u>Key Constructors LLC</u>		
Occupation (Required) <u>Owner</u>	<b>Aggregate Year-to-date</b>	<b>\$10,000.00</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 <u>Wellington Associates, Inc.</u>	<u>05/06/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 12029</u>		
City, State, Zip Code <u>Jackson, MS 39236-2029</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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>Frank B White</u>	<u>05/25/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>Po Box 368</u>		
City, State, Zip Code <u>Bolton, MS 39041-0368</u>		
Name of Employer (Required) <u>Metro Mechanical, Inc.</u>		
Occupation (Required) <u>Construction</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Freddie White-Johnson</u>	<u>05/19/2015</u>	<u>\$500.00</u>
Mailing Address <u>121 Swan St.</u>		
City, State, Zip Code <u>Greenwood, MS 38930-6926</u>		
Name of Employer (Required) <u>Fannie Lou Hamer Cancer Foundation</u>		
Occupation (Required) <u>Founder and President</u>	<b>Aggregate Year-to-date</b>	<b>\$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 <u>Kenneth Windham</u>	<u>05/29/2015</u>	<u>\$500.00</u>
Mailing Address <u>94 Grandview Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-7398</u>		
Name of Employer (Required) <u>iHeart Media</u>		
Occupation (Required) <u>Market President</u>	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Windstream PAC</u>	<u>05/18/2015</u>	<u>\$500.00</u>
Mailing Address <u>1201 W Peachtree St NE</u>		
City, State, Zip Code <u>Atlanta, GA 30309-3491</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Worth Thomas Consultants</u>	05/21/2015	\$2,000.00
Mailing Address <u>PO Box 774</u>		
City, State, Zip Code <u>Jackson, MS 39205-0774</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$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"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Douglas M Wright</u>	05/14/2015	\$5,000.00
Mailing Address <u>254 S Front St Suite 501</u>		
City, State, Zip Code <u>Tupelo, MS 38804-4846</u>		
Name of Employer (Required) <u>Community Eldercare Services</u>		
Occupation (Required) <u>CEO</u>	<b>Aggregate Year-to-date</b>	<b>\$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"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. William G. Yates III</u>	05/12/2015	\$5,000.00
Mailing Address <u>2104 Ward Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2318</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>Vice President</u>	<b>Aggregate Year-to-date</b>	<b>\$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"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William G. Yates Jr.</u>	05/13/2015	\$5,000.00
Mailing Address <u>304 Dogwood St</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-3312</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>CEO</u>	<b>Aggregate Year-to-date</b>	<b>\$5,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ASAP Printing	05/23/2015	\$160.50
Mailing Address	2801 Layfair Drive	
City, State, Zip Code	Flowood, MS 39232-9501	
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$501.46
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT&T	05/04/2015	\$40.00
Mailing Address	PO Box 5093	
City, State, Zip Code	Carol Stream, IL 60197-5093	
Purpose of Disbursement (Optional) Internet Service	Aggregate Year-to-date	\$693.05
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT&T	05/23/2015	\$346.60
Mailing Address	PO Box 5093	
City, State, Zip Code	Carol Stream, IL 60197-5093	
Purpose of Disbursement (Optional) Internet Service	Aggregate Year-to-date	\$693.05
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton	05/01/2015	\$6,000.00
Mailing Address	PO Box 463	
City, State, Zip Code	Meadville, MS 39653-0463	
Purpose of Disbursement (Optional) Grassroots Consulting	Aggregate Year-to-date	\$45,098.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton	05/15/2015	\$2,966.20
Mailing Address	PO Box 463	
City, State, Zip Code	Meadville, MS 39653-0463	
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$45,098.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton	05/29/2015	\$6,000.00
Mailing Address	PO Box 463	
City, State, Zip Code	Meadville, MS 39653-0463	
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$45,098.39

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
CLH Consulting, Inc	05/07/2015	\$4,000.00
Mailing Address 575 Johnstone Dr.		
City, State, Zip Code Madison, MS 39110-7585		
Purpose of Disbursement (Optional) Contribution Refund	Aggregate Year-to-date	\$4,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Connect Strategic Communications	05/01/2015	\$669.00
Mailing Address 1910 Pacific Avenue Suite 5050		
City, State, Zip Code Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Digital Services	Aggregate Year-to-date	\$2,676.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
D2 Tech Solutions, LLC	05/16/2015	\$166.28
Mailing Address 328 Kingsbridge Road		
City, State, Zip Code Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services	Aggregate Year-to-date	\$831.40
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Fresh Cut Floral/Catering	05/01/2015	\$2,657.42
Mailing Address 108 Cypress Cove		
City, State, Zip Code Flowood, MS 39232-5500		
Purpose of Disbursement (Optional) Catering	Aggregate Year-to-date	\$3,657.42
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Haley Grantham	05/29/2015	\$1,500.00
Mailing Address 109 East Fork Drive		
City, State, Zip Code Florence, MS 39073-9189		
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$1,500.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC	05/30/2015	\$3,150.00
Mailing Address 2300 Clarendon Boulevard Suite 800		
City, State, Zip Code Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$3,150.00



Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
J. Walter Michel Agency	05/01/2015	\$1,325.00
Mailing Address 2660 Ridgewood Road Suite 101		
City, State, Zip Code Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent	Aggregate Year-to-date	\$3,975.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tate Lewis	05/29/2015	\$876.75
Mailing Address 201 West Capitol Street		
City, State, Zip Code Jackson, MS 39201-2005		
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$1,788.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mahaffey Quality Printing	05/23/2015	\$1,375.92
Mailing Address 355 W Pearl Street		
City, State, Zip Code Jackson, MS 39203-3002		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$1,375.92
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kristin C McDevitt	05/07/2015	\$87.00
Mailing Address 158 Mason Way		
City, State, Zip Code Madison, MS 39110-8816		
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$3,184.22
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nick Clark Printing and Signs	05/01/2015	\$1,013.29
Mailing Address 985 Highway 51 Suite 4		
City, State, Zip Code Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$1,013.29
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
James T Peavy	05/01/2015	\$4,000.00
Mailing Address 548 Mount Olive Road		
City, State, Zip Code Prentiss, MS 39474-4319		
Purpose of Disbursement (Optional) Grassroots consulting	Aggregate Year-to-date	\$10,342.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
James T Peavy	05/29/2015	\$4,000.00
Mailing Address	548 Mount Olive Road	
City, State, Zip Code	Prentiss, MS 39474-4319	
Purpose of Disbursement (Optional) Grassroots consulting	Aggregate Year-to-date	\$10,342.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
James T Peavy	05/29/2015	\$2,342.00
Mailing Address	548 Mount Olive Road	
City, State, Zip Code	Prentiss, MS 39474-4319	
Purpose of Disbursement (Optional) Grassroots consulting	Aggregate Year-to-date	\$10,342.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Quality Printing, Inc	05/07/2015	\$969.00
Mailing Address	PO Box 23999	
City, State, Zip Code	Jackson, MS 39225-3999	
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$969.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephens Printing, LLC	05/08/2015	\$2,581.27
Mailing Address	642 Highway 469 S	
City, State, Zip Code	Florence, MS 39073-9064	
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$4,524.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephens Printing, LLC	05/08/2015	\$1,051.81
Mailing Address	642 Highway 469 S	
City, State, Zip Code	Florence, MS 39073-9064	
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$4,524.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Embroidery Shop	05/30/2015	\$1,669.50
Mailing Address	PO Box 398	
City, State, Zip Code	Meadville, MS 39653-0398	
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$1,669.50

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 05/01/2015 through 05/31/2015

## ITEMIZED DISBURSEMENTS

Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	05/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$60,000.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	05/29/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$60,000.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/01/2015	\$208.68
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/01/2015	\$2,024.77
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/16/2015	\$838.40
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/16/2015	\$3,275.08
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99