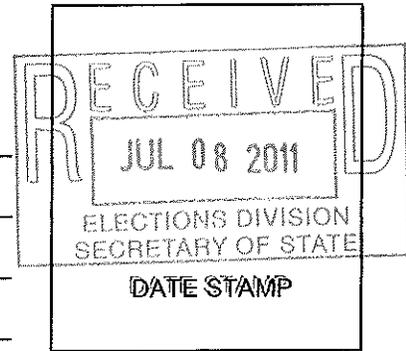


Candidate  
REPORT OF RECEIPTS AND  
DISBURSEMENTS



Name of Candidate Tate Reeves

Address PO Box 24355 Jackson, MS 39225-4355

Telephone 601-936-5816 Home \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name Mr. Terry Reeves Email \_\_\_\_\_

Office Sought Lt. Governor Political Party Republican

Check here if above is different from previous report

**TYPE OF REPORT**

- \_\_\_\_ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011)..... Mandatory
- \_\_\_\_ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011)..... Mandator
- \*  July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011)..... Mandatory
- \_\_\_\_ July 26, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)..... Primary Candidates
- \_\_\_\_ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)..... Runoff Candidates Only
- \_\_\_\_ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011)..... Mandatory
- \_\_\_\_ November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011)..... Mandatory
- \_\_\_\_ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011)..... Mandatory
- \_\_\_\_ January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011)..... 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. 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the

**REPORTED CONTRIBUTIONS AND DISBURSEMENT**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$212,634.32 + \$15,091.39	\$227,725.71	\$1,116,465.99
Total amount of disbursements	\$562,424.38 + \$1,130.88	\$563,555.26	\$1,288,458.34
Total amount of cash on hand		\$1,447,099.15	

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

7/8/2011  
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

- SEND TO:
1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Jason Wells	06/01/2011	\$1,000.00
Mailing Address 714 Eagle Ridge Drive		
City, State, Zip Code Birmingham, AL 35242-5347		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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. William Flatt	06/03/2011	\$250.00
Mailing Address 4205 Brussels Drive		
City, State, Zip Code Jackson, MS 39211-6106		
Name of Employer (Required) Parkway Properties		
Occupation (Required) Chief Operating Officer	Aggregate Year-to-date	\$1,250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Wallace and Helen Weatherly</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Weatherly Sports Medicine & Family Orthopaedic Clinic	06/01/2011	\$250.00
Mailing Address 804 Highway 51		
City, State, Zip Code Madison, MS 39110-8404		
Name of Employer (Required)		
Occupation (Required)	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 Mrs. Susie Allen	06/01/2011	\$500.00
Mailing Address 2517 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6557		
Name of Employer (Required) Scholastic Products and Awards		
Occupation (Required) Sales	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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) <u>Audra and Phillip Bowman</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Specialty Metals Supply, Inc.	06/02/2011	\$250.00
Mailing Address 429 Greenwood Lane		
City, State, Zip Code Ridgeland, MS 39157-4043		
Name of Employer (Required)		
Occupation (Required)	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. James T. Gray	06/02/2011	\$250.00
Mailing Address 523 Heatherstone Court		
City, State, Zip Code Ridgeland, MS 39157-2907		
Name of Employer (Required) Gray Daniels		
Occupation (Required) Automobiles	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Norman and Ashley Cannady</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Advanced Mass Appraisal And Consulting LLC	06/02/2011	\$250.00
Mailing Address PO Box 567		
City, State, Zip Code Ridgeland, MS 39158-0567		
Name of Employer (Required)		
Occupation (Required)	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. Matt Allen	06/03/2011	\$250.00
Mailing Address 120 N Congress Street Suite 1003		
City, State, Zip Code Jackson, MS 39201-2693		
Name of Employer (Required) Brunini Law Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Jay Meacham	06/03/2011	\$250.00
Mailing Address 4352 E Ridge Drive		
City, State, Zip Code Jackson, MS 39211-6110		
Name of Employer (Required) Capitol Street Printers		
Occupation (Required) Technical Staff	<b>Aggregate Year-to-date</b>	\$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. Hogan Allen	06/03/2011	\$250.00
Mailing Address 1801 Sheffield Drive		
City, State, Zip Code Jackson, MS 39211-5744		
Name of Employer (Required) H. Allen and Associates		
Occupation (Required) CPA	<b>Aggregate Year-to-date</b>	\$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. Matthew Armstrong	06/03/2011	\$250.00
Mailing Address 30 Wimbledon Drive		
City, State, Zip Code Jackson, MS 39211-2443		
Name of Employer (Required) self		
Occupation (Required) consultant	<b>Aggregate Year-to-date</b>	\$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 Dr. R. Scott Runnels Jr.	06/03/2011	\$250.00
Mailing Address 116 Sundial Road		
City, State, Zip Code Madison, MS 39110-9682		
Name of Employer (Required) Runnels Center of Plastic Surgery		
Occupation (Required) Physician	<b>Aggregate Year-to-date</b>	\$6,250.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Charles Galloway	06/03/2011	\$250.00
Mailing Address 22 Highland Meadows Drive		
City, State, Zip Code Jackson, MS 39211-5949		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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 Ms. Katherine B. Youngblood	06/02/2011	\$250.00
Mailing Address 131 Meadowlark Lane		
City, State, Zip Code Ridgeland, MS 39157-9235		
Name of Employer (Required) Jackson Academy		
Occupation (Required) Pre K Assistant (Full Day)	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 Kirk Scoggins	06/03/2011	\$250.00
Mailing Address 824 Aberdeen Cove		
City, State, Zip Code Madison, MS 39110-7065		
Name of Employer (Required) Gathings Insurance		
Occupation (Required) Account Exec.	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Tonya and Randy Blackburn</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blackburn Dental Laboratory, Inc.	06/01/2011	\$500.00
Mailing Address 111 Metroplex Boulevard		
City, State, Zip Code Pearl, MS 39208-9204		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Welch Resources Inc.	06/04/2011	\$1,000.00
Mailing Address PO Box 3938		
City, State, Zip Code Brookhaven, MS 39603-7938		
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 Mary James	06/04/2011	\$1,000.00
Mailing Address 2761 Grandview Lane SE		
City, State, Zip Code Bogue Chitto, MS 39629-9567		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	<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 Carey Graves	06/03/2011	\$250.00
Mailing Address 2046 Cherokee Drive		
City, State, Zip Code Jackson, MS 39211-6510		
Name of Employer (Required) University of Mississippi Medical Center		
Occupation (Required) Nurse	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Michael Artigues	06/05/2011	\$250.00
Mailing Address 900 Hickory Avenue		
City, State, Zip Code Mccomb, MS 39648-2216		
Name of Employer (Required) McComb Child. Clinic		
Occupation (Required) Physician	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mrs. Katherine McRae	06/06/2011	\$250.00
Mailing Address 152 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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 Mrs. Kristie B. Speights	06/07/2011	\$250.00
Mailing Address 1412 Belle Glade Street		
City, State, Zip Code Jackson, MS 39211-5936		
Name of Employer (Required) homemaker		
Occupation (Required) homemaker	Aggregate Year-to-date	\$250.00
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 Dickerson Petroleum, Inc.	06/03/2011	\$500.00
Mailing Address 1 Superior Drive		
City, State, Zip Code Kosciusko, MS 39090-3847		
Name of Employer (Required)		
Occupation (Required)	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 Stevens Mechanical Systems, Inc.	06/02/2011	\$300.00
Mailing Address 110 Lone Wolf Drive		
City, State, Zip Code Madison, MS 39110-7028		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Kats Wine Cellar, Inc.	06/07/2011	\$355.56
Mailing Address 921 E Fortification Street		
City, State, Zip Code Jackson, MS 39202-2424		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$1,323.85</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 Mr. Justin Brasell	06/02/2011	\$100.00
Mailing Address 5362 Carolwood Drive		
City, State, Zip Code Jackson, MS 39211-4267		
Name of Employer (Required) Self		
Occupation (Required) Consultant	<b>Aggregate Year-to-date</b>	<b>\$632.47</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 A.D. Dulaney	06/08/2011	\$250.00
Mailing Address 1130 Olivia Lane		
City, State, Zip Code Terry, MS 39170-8449		
Name of Employer (Required) Retired		
Occupation (Required) Retired	<b>Aggregate Year-to-date</b>	<b>\$250.00</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) <u>Ken Coomes</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Coomes Distributors, Inc.	06/06/2011	\$250.00
Mailing Address 1659 W Government Cove		
City, State, Zip Code Brandon, MS 39042-2410		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Dudley Maples</u>	06/09/2011	\$500.00
Mailing Address <u>3816 Oakdale Avenue</u>		
City, State, Zip Code <u>Meridian, MS 39305-2714</u>		
Name of Employer (Required) <u>Maples Gas Co, 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) <u>Glynn Griffing</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Griffing And Associates</u>	06/10/2011	\$250.00
Mailing Address <u>PO Box 16509</u>		
City, State, Zip Code <u>Jackson, MS 39236-6509</u>		
Name of Employer (Required)		
Occupation (Required)	<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) <u>Elizabeth Upchurch</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Fresh Ink</u>	06/03/2011	\$928.75
Mailing Address <u>115 Coachmans Road</u>		
City, State, Zip Code <u>Madison, MS 39110-9228</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$928.75</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>Jim Lyle</u>	06/08/2011	\$1,000.00
Mailing Address <u>PO Box 23087</u>		
City, State, Zip Code <u>Jackson, MS 39225-3087</u>		
Name of Employer (Required) <u>Lyle Machinery</u>		
Occupation (Required) <u>Executive</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 John Lyle Jr.	06/07/2011	\$1,000.00
Mailing Address 239 Rolling Meadows Road		
City, State, Zip Code Ridgeland, MS 39157-9425		
Name of Employer (Required) Lyle Machinery		
Occupation (Required) President	<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 Daniel Lyle	06/08/2011	\$1,000.00
Mailing Address 607 Turnberry Lane		
City, State, Zip Code Ridgeland, MS 39157-2800		
Name of Employer (Required) Lyle Machinery		
Occupation (Required) Executive Vice President	<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 Mr. Tyler Walton	06/14/2011	\$250.00
Mailing Address 862 Lamar Street		
City, State, Zip Code Marion, MS 39342-9010		
Name of Employer (Required) Citizens National Bank		
Occupation (Required) Banker	<b>Aggregate Year-to-date</b>	<b>\$850.00</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 Donna H Cockroft	06/13/2011	\$500.00
Mailing Address 2509 Highway 471		
City, State, Zip Code Brandon, MS 39047-8570		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 06/01/2011through 06/30/2011

## 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 Katherine Kerby	06/07/2011	\$250.00
Mailing Address PO Box 551		
City, State, Zip Code Columbus, MS 39703-0551		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Joe A. Waggoner</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Engineering Group Inc.	06/10/2011	\$1,000.00
Mailing Address PO Box 12227		
City, State, Zip Code Jackson, MS 39236-2227		
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) <u>Mr. Joe Waggoner</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JW LLC	06/10/2011	\$1,000.00
Mailing Address PO Box 1227		
City, State, Zip Code Jackson, MS 39215-1227		
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 Samuel L. Agnew	06/08/2011	\$1,000.00
Mailing Address 242 Granville Court		
City, State, Zip Code Baton Rouge, LA 70810-4859		
Name of Employer (Required) Environmental Technical Sales Inc.		
Occupation (Required) sales	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 06/01/2011 through 06/30/2011

## 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 Dr. Russell S. Anderson	06/14/2011	\$2,500.00
Mailing Address 1704 23rd Avenue		
City, State, Zip Code Meridian, MS 39301-3103		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$2,500.00
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 Dot Mann	06/14/2011	\$1,000.00
Mailing Address 4218 E Ridge Drive		
City, State, Zip Code Jackson, MS 39211-6107		
Name of Employer (Required) Self		
Occupation (Required) Oil and Gas Producer	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. George Sturgis	06/14/2011	\$1,000.00
Mailing Address 2525 Eastover Drive		
City, State, Zip Code Jackson, MS 39211-6729		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Theo Costas	06/01/2011	\$2,500.00
Mailing Address PO Box 1349		
City, State, Zip Code Jackson, MS 39215-1349		
Name of Employer (Required) Southern Beverage		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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>Dr. Edwin Dodd</u>	06/08/2011	\$250.00
Mailing Address <u>1434 Highland Park Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5968</u>		
Name of Employer (Required) <u>Jackson Anesthesia Associates</u>		
Occupation (Required) <u>Physician</u>	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Mary Lillian Wade</u>	06/14/2011	\$250.00
Mailing Address <u>608 9th Street N</u>		
City, State, Zip Code <u>Columbus, MS 39701-4024</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</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>Stanley Maynard</u>	06/14/2011	\$250.00
Mailing Address <u>1742 Hickory Ridge Drive</u>		
City, State, Zip Code <u>Starkville, MS 39759-9720</u>		
Name of Employer (Required) <u>MS Meth SR SVCS/Executive</u>		
Occupation (Required) <u>Executive</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 checked="" type="checkbox"/> Other (please specify) <u>Sen. Gary Jackson</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gary Jackson Campaign Fund</u>	06/14/2011	\$1,000.00
Mailing Address <u>PO Box 40</u>		
City, State, Zip Code <u>French Camp, MS 39745-0040</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 06/01/2011 through 06/30/2011

## 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. Oliver Phillips Jr.	06/14/2011	\$1,000.00
Mailing Address 101 Arrington Boulevard		
City, State, Zip Code Columbus, MS 39702-4417		
Name of Employer (Required) T.E. Elliott and Co.		
Occupation (Required) CPA	<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 Mr. John Correnti	06/14/2011	\$1,000.00
Mailing Address 336 Steeplechase Drive		
City, State, Zip Code Columbus, MS 39705-1286		
Name of Employer (Required) Self		
Occupation (Required) Investor	<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 Buddy Medlin and Associates, Inc.	06/09/2011	\$500.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 39225-4087		
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 Mr. Spencer Medlin	06/09/2011	\$500.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 39225-4087		
Name of Employer (Required) Buddy Medlin and Associates		
Occupation (Required) Consultant	<b>Aggregate Year-to-date</b>	<b>\$500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mrs. Tennille Portera	06/14/2011	\$500.00
Mailing Address 1042 E Main Street		
City, State, Zip Code West Point, MS 39773-3246		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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) Mrs. Rebecca Ezell	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Social Butterflies, LLC	06/15/2011	\$250.00
Mailing Address 176 Saint Augustine Drive		
City, State, Zip Code Madison, MS 39110-8986		
Name of Employer (Required)		
Occupation (Required)	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. F.E. Holladay	06/15/2011	\$1,000.00
Mailing Address 3725 Highway 39 N		
City, State, Zip Code Meridian, MS 39301-1340		
Name of Employer (Required) WMLV Radio		
Occupation (Required) Principal	Aggregate Year-to-date	\$2,000.00
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 Blair & Bondurant, P.A.	06/08/2011	\$500.00
Mailing Address PO Box 321423		
City, State, Zip Code Jackson, MS 39232-1423		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Brian Sanderson	06/15/2011	\$300.00
Mailing Address 312 Washington Avenue		
City, State, Zip Code Ocean Springs, MS 39564-4628		
Name of Employer (Required) Brunini Law Firm		
Occupation (Required) Attorney	<b>Aggregate Year-to-date</b>	<b>\$300.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Concrete Industries Association PAC	06/13/2011	\$2,500.00
Mailing Address 6700 Old Canton Road Suite K		
City, State, Zip Code Ridgeland, MS 39157-1253		
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 Mr. David White	06/17/2011	\$1,000.00
Mailing Address 212 Calumet Drive		
City, State, Zip Code Madison, MS 39110-8685		
Name of Employer (Required) Morgan White Insurance Group		
Occupation (Required) Executive	<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 Mr. and Mrs. Jerry Stogner	06/17/2011	\$4,500.00
Mailing Address PO Box 1683		
City, State, Zip Code Mccomb, MS 39649-1683		
Name of Employer (Required) East McComb Check Cash		
Occupation (Required) Owner	<b>Aggregate Year-to-date</b>	<b>\$4,500.00</b>

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 06/01/2011 through 06/30/2011

## 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. Edward Day VI	06/15/2011	\$1,000.00
Mailing Address 607 Rue Dauphine		
City, State, Zip Code Ocean Springs, MS 39564-3022		
Name of Employer (Required) Mississippi Power Company		
Occupation (Required) President and CEO	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) Michael Callahan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Electric Power Assoc Of Mississippi State PAC	06/17/2011	\$2,500.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
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 Denbury Resources, Inc.	06/13/2011	\$1,000.00
Mailing Address 5320 Legacy Drive		
City, State, Zip Code Plano, TX 75024-3127		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Atmos Energy Corporation PAC	06/01/2011	\$2,500.00
Mailing Address 5430 LBJ Freeway Suite 160		
City, State, Zip Code Dallas, TX 75240-2630		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 06/01/2011 through 06/30/2011

## 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 Chuck Barlow	06/20/2011	\$500.00
Mailing Address 227 Ingleside Drive		
City, State, Zip Code Madison, MS 39110-9528		
Name of Employer (Required) Barlow Eddy Jenkins		
Occupation (Required) Architect	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 Mr. Charles Jordan Jr.	06/21/2011	\$500.00
Mailing Address 1 Orchard Place		
City, State, Zip Code Greenville, MS 38701-8079		
Name of Employer (Required) Planters Bank		
Occupation (Required) Banker	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. Joel Cunningham	06/21/2011	\$500.00
Mailing Address PO Box 675		
City, State, Zip Code Belzoni, MS 39038-0675		
Name of Employer (Required) Self		
Occupation (Required) Accountant	Aggregate Year-to-date	\$500.00
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>Mr. Jimmy Donahoo</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donahoo Enterprises	06/21/2011	\$5,000.00
Mailing Address 2784 Spruill Road		
City, State, Zip Code Belzoni, MS 39038-4939		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mrs. Susan Lunardini	06/14/2011	\$700.00
Mailing Address 274 Swan Sea Lane		
City, State, Zip Code Madison, MS 39110-9036		
Name of Employer (Required) Southern Consultants Inc.		
Occupation (Required) Principal	Aggregate Year-to-date	\$800.00
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. Jimmy Alexander	06/20/2011	\$1,500.00
Mailing Address PO Box 1265		
City, State, Zip Code Meridian, MS 39302-1265		
Name of Employer (Required) A & B Electric		
Occupation (Required) owner	Aggregate Year-to-date	\$1,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Jason Smith</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Boots Smith Oilfield Services, LLC	06/22/2011	\$500.00
Mailing Address PO Box 1987		
City, State, Zip Code Laurel, MS 39441-1987		
Name of Employer (Required)		
Occupation (Required)	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 Mr. Tyler Walton	06/22/2011	\$350.00
Mailing Address 862 Lamar Street		
City, State, Zip Code Marion, MS 39342-9010		
Name of Employer (Required) Citizens National Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$850.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Kenneth Hill	06/23/2011	\$3,000.00
Mailing Address PO Box 131		
City, State, Zip Code Falkner, MS 38629-0131		
Name of Employer (Required) Hill Construction		
Occupation (Required) Owner	<b>Aggregate Year-to-date</b>	<b>\$4,000.00</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 Johnny Gentry	06/23/2011	\$600.00
Mailing Address 106 Bill Burnham Road		
City, State, Zip Code Mendenhall, MS 39114-4659		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Employee	<b>Aggregate Year-to-date</b>	<b>\$600.00</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 Sen. Billy Hudson	06/22/2011	\$10,000.00
Mailing Address 27 Troon		
City, State, Zip Code Hattiesburg, MS 39401-8821		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Senator	<b>Aggregate Year-to-date</b>	<b>\$10,000.00</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 Mr. Barry Eskridge	06/08/2011	\$5,000.00
Mailing Address 885 Scotland Road		
City, State, Zip Code Winona, MS 38967-9744		
Name of Employer (Required) MedStat EMS		
Occupation (Required) Owner	<b>Aggregate Year-to-date</b>	<b>\$5,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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>Mr. Chris McDonald</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Comcast Corporation Political Action Committee</u>	06/21/2011	\$5,000.00
Mailing Address <u>600 Galleria Parkway SE Suite 1100</u>		
City, State, Zip Code <u>Atlanta, GA 30339-8102</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>MOA PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Optometry For Progress</u>	06/22/2011	\$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
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. Sam Pilkinton</u>	06/14/2011	\$766.67
Mailing Address <u>1160 Gilmer Wilburn Road</u>		
City, State, Zip Code <u>Columbus, MS 39701-9009</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Catfish Farmer</u>	Aggregate Year-to-date	\$766.67
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>Ms. Amy Whitten</u>	06/24/2011	\$5,000.00
Mailing Address <u>PO Box 12707</u>		
City, State, Zip Code <u>Jackson, MS 39236-2707</u>		
Name of Employer (Required) <u>The Whitten Group</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. William R. Burk III</u>	<u>06/23/2011</u>	<u>\$2,500.00</u>
Mailing Address <u>4176 Canal Street</u>		
City, State, Zip Code <u>New Orleans, LA 70119-5941</u>		
Name of Employer (Required) <u>Burk-Kleinpeter, Inc.</u>		
Occupation (Required) <u>President</u>	<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>Mr. Wayne Beard</u>	<u>06/14/2011</u>	<u>\$766.67</u>
Mailing Address <u>878 Plymouth Road</u>		
City, State, Zip Code <u>Columbus, MS 39705-9273</u>		
Name of Employer (Required) <u>information requested</u>		
Occupation (Required) <u>information requested</u>	<b>Aggregate Year-to-date</b>	<b>\$766.67</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. Daniel King</u>	<u>06/14/2011</u>	<u>\$766.67</u>
Mailing Address <u>3559 New Hope Road</u>		
City, State, Zip Code <u>Columbus, MS 39702-8522</u>		
Name of Employer (Required) <u>King Auto Supply</u>		
Occupation (Required) <u>Owner</u>	<b>Aggregate Year-to-date</b>	<b>\$766.67</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>Dr. Bill Lord</u>	<u>06/24/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>64 S Fourth Street</u>		
City, State, Zip Code <u>Rolling Fork, MS 39159-5147</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Optometrist</u>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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>Steven T Reed</u>	<u>06/24/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 962</u>		
City, State, Zip Code <u>Magee, MS 39111-0962</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Optometrist</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>Mrs. Lyn McMillin</u>	<u>06/24/2011</u>	<u>\$250.00</u>
Mailing Address <u>1025 Annandale Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-9450</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Bob Provine</u>	<u>06/23/2011</u>	<u>\$250.00</u>
Mailing Address <u>Route 1 Box 470</u>		
City, State, Zip Code <u>Greenwood, MS 38930</u>		
Name of Employer (Required) <u>Provine Flying Service</u>		
Occupation (Required) <u>Owner</u>	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. E Bruce Martin</u>	<u>06/23/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1729</u>		
City, State, Zip Code <u>Meridian, MS 39302-1729</u>		
Name of Employer (Required) <u>Rosenbaum Insurance</u>		
Occupation (Required) <u>Insurance</u>	<b>Aggregate Year-to-date</b>	<b>\$5,500.00</b>

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 06/01/2011 through 06/30/2011

## 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. Charlie Thomas III	06/24/2011	\$1,000.00
Mailing Address PO Box 98		
City, State, Zip Code Shuqualak, MS 39361-0098		
Name of Employer (Required) Shuqualak Lumber Company		
Occupation (Required) Manager	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. William G. Jackson	06/29/2011	\$500.00
Mailing Address 337 Highway 9 N		
City, State, Zip Code Pontotoc, MS 38863-1521		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Mr. Larry Wilbanks	06/23/2011	\$250.00
Mailing Address 850 County Road 339		
City, State, Zip Code Falkner, MS 38629-9484		
Name of Employer (Required) Larry Wilbanks Insurance		
Occupation (Required) Principal	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. Don Perry	06/27/2011	\$250.00
Mailing Address 424 Pecan Avenue		
City, State, Zip Code Philadelphia, MS 39350-2933		
Name of Employer (Required) Perry Construction Co		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Waymon Tigrett	06/27/2011	\$500.00
Mailing Address PO Box 395		
City, State, Zip Code Brandon, MS 39043-0395		
Name of Employer (Required) Brandon Discount Drugs		
Occupation (Required) Pharmacist	<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 Mr. James Carpenter	06/26/2011	\$1,000.00
Mailing Address PO Box 489		
City, State, Zip Code Port Gibson, MS 39150-0489		
Name of Employer (Required) Self		
Occupation (Required) Farmer	<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 Mr. Ronald T. Roundtree	06/27/2011	\$250.00
Mailing Address 102 Cotton Acres Drive		
City, State, Zip Code Clinton, MS 39056-9713		
Name of Employer (Required) Roundtree and Associates		
Occupation (Required) Engineer	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Howard Buford	06/26/2011	\$250.00
Mailing Address 3329 Moncure Marble Road		
City, State, Zip Code Terry, MS 39170-9631		
Name of Employer (Required) Buford Plbg. Co		
Occupation (Required) Owner	<b>Aggregate Year-to-date</b>	<b>\$750.00</b>

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

06/01/2011

through

06/30/2011

## 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. George R. Rea Jr.	06/27/2011	\$250.00
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	\$1,250.00
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. Harold Weess	06/27/2011	\$250.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) Trustmark		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
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>Mr. Randy Russell</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AT&T Mississippi PAC	06/09/2011	\$5,000.00
Mailing Address 175 E Capitol Street # 702		
City, State, Zip Code Jackson, MS 39201-2135		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Kenneth L. Roche, Jr.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulf States Toyota, Inc.	06/22/2011	\$1,000.00
Mailing Address 1375 Enclave Parkway		
City, State, Zip Code Houston, TX 77077-2026		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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) <u>Mr. Kenneth L. Roche, Jr.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gulf States Financial Services</u>	06/22/2011	\$1,000.00
Mailing Address <u>PO Box 441887</u>		
City, State, Zip Code <u>Houston, TX 77244-1887</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) <u>Mr. Kenneth L. Roche, Jr.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friedkin Business Services</u>	06/22/2011	\$1,000.00
Mailing Address <u>PO Box 441887</u>		
City, State, Zip Code <u>Houston, TX 77244-1887</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>Alliance Health Center</u>	06/23/2011	\$1,000.00
Mailing Address <u>50000 Highway 39 North</u>		
City, State, Zip Code <u>Meridian, MS 39301</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>Parkwood BHS</u>	06/23/2011	\$1,000.00
Mailing Address <u>8135 Goodman Road</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-2103</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Diamond Grove Center For Children	06/22/2011	\$1,000.00
Mailing Address 2311 Highway 15 S		
City, State, Zip Code Louisville, MS 39339-7071		
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) <u>Mr. Michael J. Carney(CEO)</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brentwood Behavioral Healthcare Of MS	06/21/2011	\$1,000.00
Mailing Address 3531 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8839		
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 Mrs. Holly Lange	06/27/2011	\$250.00
Mailing Address 124 Glenway Drive		
City, State, Zip Code Jackson, MS 39216-4101		
Name of Employer (Required) Self		
Occupation (Required) Consultant	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. M. Patrick Nelson	06/28/2011	\$500.00
Mailing Address PO Box 246		
City, State, Zip Code Southaven, MS 38671-0003		
Name of Employer (Required) Entergy Corp		
Occupation (Required) Community Relations	Aggregate Year-to-date	\$750.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Jimmy Webster III	06/27/2011	\$500.00
Mailing Address 2256 Court Avenue		
City, State, Zip Code Memphis, TN 38104-3001		
Name of Employer (Required) Style Craft Lighting		
Occupation (Required) Owner	<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 Bettye Webster	06/28/2011	\$1,000.00
Mailing Address 241 Green T Lake E		
City, State, Zip Code Hernando, MS 38632-4505		
Name of Employer (Required) Accents on the Square		
Occupation (Required) Partner	<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 Prewett Enterprises, Inc.	06/28/2011	\$1,000.00
Mailing Address PO Box 386		
City, State, Zip Code Southaven, MS 38671-0005		
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 Mr. Bill Russell	06/27/2011	\$350.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Premier Ford, Lincoln, Mercury		
Occupation (Required) Owner	<b>Aggregate Year-to-date</b>	<b>\$2,850.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Johnny Crane	06/27/2011	\$500.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) Contractor	<b>Aggregate Year-to-date</b>	<b>\$3,500.00</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 Mr. Michael Dunlap	06/27/2011	\$1,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required) Dunlap & Kyle		
Occupation (Required) Retail Tire Dealer	<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 Mr. Kenneth Brasell	06/27/2011	\$250.00
Mailing Address 175 Highway 35 S		
City, State, Zip Code Batesville, MS 38606-7226		
Name of Employer (Required) Self		
Occupation (Required) Farmer	<b>Aggregate Year-to-date</b>	<b>\$1,800.00</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 Mr. Julius M. Ridgway Sr.	06/28/2011	\$500.00
Mailing Address PO Box 16667		
City, State, Zip Code Jackson, MS 39236-6667		
Name of Employer (Required) Self		
Occupation (Required) Oil and Gas Exploration	<b>Aggregate Year-to-date</b>	<b>\$1,500.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. John Dean Jr.	06/27/2011	\$500.00
Mailing Address PO Box 272		
City, State, Zip Code Leland, MS 38756-0272		
Name of Employer (Required) Self		
Occupation (Required) Realtor	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Malt Beverage Association Six-PAC	06/28/2011	\$3,500.00
Mailing Address PO Box 1132		
City, State, Zip Code Jackson, MS 39215-1132		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
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. Michael Bellipanni	06/28/2011	\$250.00
Mailing Address 1784 Planters Road		
City, State, Zip Code Olive Branch, MS 38654-9143		
Name of Employer (Required) Community Bank		
Occupation (Required) Senior Vice President	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. Adam Paxton	06/29/2011	\$500.00
Mailing Address 657 Highland Circle		
City, State, Zip Code Tupelo, MS 38804-2032		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mrs. Kay Parker	06/28/2011	\$250.00
Mailing Address 105 Antlers Lane		
City, State, Zip Code Madison, MS 39110-8011		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	<b>Aggregate Year-to-date</b>	<b>\$250.00</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) <u>Drs. Blake and Elizabeth Mitchel</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Mitchell Eye Care, P.A.	06/24/2011	\$250.00
Mailing Address 501 Marshall Street Suite 603		
City, State, Zip Code Jackson, MS 39202-1650		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jason Reeves	06/29/2011	\$500.00
Mailing Address 1370 Field Lark Lane NE		
City, State, Zip Code Brookhaven, MS 39601-2070		
Name of Employer (Required) Self		
Occupation (Required) Physical Therapist	<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 Mrs. Irene A. McCraw	06/30/2011	\$200.00
Mailing Address 1389 Greens Creek Road		
City, State, Zip Code Carson, MS 39427-6180		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	<b>Aggregate Year-to-date</b>	<b>\$450.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Michael P. Cottingham	06/24/2011	\$500.00
Mailing Address PO Box 291		
City, State, Zip Code Jackson, MS 39205-0291		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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 Mrs. Senith Tipton	06/29/2011	\$100.00
Mailing Address 2040 Sheffield Drive		
City, State, Zip Code Jackson, MS 39211-5848		
Name of Employer (Required) Wilkins Tipton		
Occupation (Required) Attorney	Aggregate Year-to-date	\$600.00
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. Leonard Roberts	06/28/2011	\$250.00
Mailing Address PO Box 180579		
City, State, Zip Code Richland, MS 39218-0579		
Name of Employer (Required) Self		
Occupation (Required) Plumbing	Aggregate Year-to-date	\$750.00
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. Pete Johnson	06/27/2011	\$250.00
Mailing Address 405 Court Street		
City, State, Zip Code Clarksdale, MS 38614-2715		
Name of Employer (Required) South Pines		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 06/01/2011through 06/30/2011**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 Mrs. Wayne Washington	06/28/2011	\$200.00
Mailing Address 2301 Country Club Road		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required) Washington Insurance and Association		
Occupation (Required) President	Aggregate Year-to-date	\$800.00
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. Robert Mounger	06/06/2011	\$1,000.00
Mailing Address 200 E Capitol Street Suite 1601		
City, State, Zip Code Jackson, MS 39201-2201		
Name of Employer (Required) Self		
Occupation (Required) Investor	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 Jo Anne Goodgame	06/04/2011	\$100.00
Mailing Address PO Box 132		
City, State, Zip Code Aberdeen, MS 39730-0132		
Name of Employer (Required) retired		
Occupation (Required) retired	Aggregate Year-to-date	\$275.00
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. Jackie Grimes	06/23/2011	\$1,000.00
Mailing Address 1804 Roswell Street		
City, State, Zip Code Pascagoula, MS 39581-2442		
Name of Employer (Required) Global Employment		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 06/01/2011

through 06/30/2011

## 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) Mr. Jim Walt, CEO	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Valley	06/07/2011	\$1,000.00
Mailing Address PO Box 5454		
City, State, Zip Code Jackson, MS 39288-5454		
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 McGowan	06/28/2011	\$1,000.00
Mailing Address PO Box 55809		
City, State, Zip Code Jackson, MS 39296-5809		
Name of Employer (Required) McGowan Working Partners		
Occupation (Required) Owner	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. David Russell	06/28/2011	\$500.00
Mailing Address PO Box 4795		
City, State, Zip Code Jackson, MS 39296-4795		
Name of Employer (Required) McGowan Working Partners		
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 Mr. John McKie Jr.	06/29/2011	\$500.00
Mailing Address 113 Trace Cove Drive		
City, State, Zip Code Madison, MS 39110-9201		
Name of Employer (Required) Goodwin Group		
Occupation (Required) Exec. VP	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 06/01/2011 through 06/30/2011

## 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. Chris McNeil	06/30/2011	\$250.00
Mailing Address 2046 S Cobblestone Cove		
City, State, Zip Code Brandon, MS 39042-2087		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00
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 Keefe Commissary Network, LLC	06/28/2011	\$500.00
Mailing Address 10880 Linpage Place		
City, State, Zip Code Saint Louis, MO 63132-1008		
Name of Employer (Required)		
Occupation (Required)	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 Mr. Cecil McCrory	06/28/2011	\$500.00
Mailing Address 1350 Star Road		
City, State, Zip Code Brandon, MS 39042-8437		
Name of Employer (Required) GT Enterprises		
Occupation (Required) CEO	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 Mr. Leland S. Garrett	06/30/2011	\$500.00
Mailing Address 2659 Livingston Road		
City, State, Zip Code Jackson, MS 39213-6926		
Name of Employer (Required) Self		
Occupation (Required) Businessman	Aggregate Year-to-date	\$600.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Lee Bush	06/30/2011	\$500.00
Mailing Address 432 Buena Vista Avenue		
City, State, Zip Code Jackson, MS 39209-6405		
Name of Employer (Required) National Collection Systems		
Occupation (Required) President	<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 Health Assurances LLC	06/30/2011	\$1,000.00
Mailing Address 5903 Ridgewood Road Suite 310		
City, State, Zip Code Jackson, MS 39211-3702		
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 Mr. Guy E. Evans	06/28/2011	\$2,000.00
Mailing Address 401 Bay Cove		
City, State, Zip Code Ridgeland, MS 39157-9238		
Name of Employer (Required) Evans and Associates Inc.		
Occupation (Required) Owner	<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 Sonia Anderson	06/30/2011	\$1,000.00
Mailing Address 1206 Vinings Parkway SE		
City, State, Zip Code Smyrna, GA 30080-3913		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Stephen Edds	06/30/2011	\$1,500.00
Mailing Address 300 Sherborne Place		
City, State, Zip Code Flowood, MS 39232-8959		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	<b>Aggregate Year-to-date</b>	<b>\$7,000.00</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 Ms. Ann Cleland	06/24/2011	\$500.00
Mailing Address 558 Asbury Lane Drive		
City, State, Zip Code Pearl, MS 39208-9313		
Name of Employer (Required) Horne LLP		
Occupation (Required) CPA	<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 Mr. Hugh Parker	06/30/2011	\$1,000.00
Mailing Address 120 Canterbury Place		
City, State, Zip Code Ridgeland, MS 39157-8730		
Name of Employer (Required) Horne CPA Group		
Occupation (Required) Executive Partner	<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 Mr. Hal Parker	06/30/2011	\$1,000.00
Mailing Address 2820 Narrow Gauge Road		
City, State, Zip Code Bolton, MS 39041-9774		
Name of Employer (Required) Parker Development		
Occupation (Required) Developer	<b>Aggregate Year-to-date</b>	<b>\$2,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name US Oil And Gas Association PAC	06/29/2011	\$1,000.00
Mailing Address 513 N State Street Suite 202		
City, State, Zip Code Jackson, MS 39201-1110		
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) <u>Beth Clay</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anheuser Bush Companies	06/20/2011	\$1,000.00
Mailing Address Unknown		
City, State, Zip Code		
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 Buck Coats	06/24/2011	\$500.00
Mailing Address PO Box 1534		
City, State, Zip Code Madison, MS 39130-1534		
Name of Employer (Required) Horne LLP		
Occupation (Required) CPA	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Health Management Associates MS PAC	06/20/2011	\$10,000.00
Mailing Address 2550 Flowood Drive Suite 402		
City, State, Zip Code Flowood, MS 39232-9307		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$30,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. and Mrs. Mac Elliott	06/30/2011	\$700.00
Mailing Address PO Box 2387		
City, State, Zip Code Madison, MS 39130-2387		
Name of Employer (Required) Private Investor		
Occupation (Required) self	<b>Aggregate Year-to-date</b>	<b>\$700.00</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 Mr. Max Wells	06/29/2011	\$100.00
Mailing Address 150 Glenfield Road		
City, State, Zip Code Canton, MS 39046-8897		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Staff	<b>Aggregate Year-to-date</b>	<b>\$350.00</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 Mr. Donald Flynt	06/30/2011	\$600.00
Mailing Address 240 Birch Lane		
City, State, Zip Code Flowood, MS 39232-8003		
Name of Employer (Required) City of Flowood		
Occupation (Required) Alderman	<b>Aggregate Year-to-date</b>	<b>\$600.00</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 Mr. Wm F. Horne Jr.	06/23/2011	\$250.00
Mailing Address 32 Silver Leaf Court		
City, State, Zip Code Laurel, MS 39440-9002		
Name of Employer (Required) WM. F. Horne & Co., PLLC		
Occupation (Required) Managing Partner	<b>Aggregate Year-to-date</b>	<b>\$250.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Ralph Simmons	06/30/2011	\$500.00
Mailing Address 1808 N 7th Avenue		
City, State, Zip Code Laurel, MS 39440-2206		
Name of Employer (Required) retired		
Occupation (Required) retired	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 Laurel Machine and Foundry Co.	06/30/2011	\$500.00
Mailing Address PO Box 1049		
City, State, Zip Code Laurel, MS 39441-1049		
Name of Employer (Required)		
Occupation (Required)	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 Mr. David M. Cockrell	06/16/2011	\$1,000.00
Mailing Address 739 N 7th Avenue		
City, State, Zip Code Laurel, MS 39440-3442		
Name of Employer (Required) Sanderson Farms		
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. Lampkin Butts	06/25/2011	\$1,000.00
Mailing Address 8 Laurawood Court		
City, State, Zip Code Laurel, MS 39443-5811		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) COO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mrs. Patricia McLean	06/30/2011	\$1,000.00
Mailing Address 5677 Highway 84 W		
City, State, Zip Code Laurel, MS 39443-7602		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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 Sanderson Jr.	06/30/2011	\$2,000.00
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	\$17,850.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Charles Blackwell</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles G. Blackwell & Associates, P.A.	06/30/2011	\$500.00
Mailing Address 227 Williams Road		
City, State, Zip Code Seminary, MS 39479-8794		
Name of Employer (Required)		
Occupation (Required)	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 Mr. Josh McNulty	06/30/2011	\$1,500.00
Mailing Address 105 Howard Floyd Road		
City, State, Zip Code Magee, MS 39111-4121		
Name of Employer (Required) Pioneer Health Systems		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mrs. Morgan Dunn	06/30/2011	\$1,500.00
Mailing Address 110 Pioneer Way		
City, State, Zip Code Magee, MS 39111-5501		
Name of Employer (Required) Pioneer Health Services		
Occupation (Required) Vice President of Business Development	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. Joseph McNulty	06/30/2011	\$2,250.00
Mailing Address PO Box 426		
City, State, Zip Code Magee, MS 39111-0426		
Name of Employer (Required) Pioneer Health Systems		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,250.00
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 Ms. Mallory McNulty	06/30/2011	\$250.00
Mailing Address PO Box 785		
City, State, Zip Code Magee, MS 39111-0785		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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. Guy White	06/30/2011	\$5,000.00
Mailing Address 136 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) White Construction		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 Mounger II	06/30/2011	\$500.00
Mailing Address PO Box 321418		
City, State, Zip Code Flowood, MS 39232-1418		
Name of Employer (Required) Self		
Occupation (Required) Investor	<b>Aggregate Year-to-date</b>	<b>\$1,500.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Advocacy Group, PAC	06/30/2011	\$5,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
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 Mr. Guy Mitchell	06/30/2011	\$1,000.00
Mailing Address PO Box 7120		
City, State, Zip Code Tupelo, MS 38802-7120		
Name of Employer (Required) Mitchell McNutt and Sams		
Occupation (Required) Attorney	<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 Mr. Nat S. Rogers	06/30/2011	\$500.00
Mailing Address 200 Dominican Drive # 5210		
City, State, Zip Code Madison, MS 39110-8630		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Edward Wall</u>	<u>06/16/2011</u>	<u>\$250.00</u>
Mailing Address <u>129 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2532</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	<b>Aggregate Year-to-date</b>	<b>\$250.00</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) <u>DBA Metro Concrete</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stockstill Brothers Investments, LLC</u>	<u>06/30/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 758</u>		
City, State, Zip Code <u>Picayune, MS 39466-0758</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. Thomas Shipman</u>	<u>06/30/2011</u>	<u>\$500.00</u>
Mailing Address <u>2417 Barbour Road</u>		
City, State, Zip Code <u>Falls Church, VA 22043-3026</u>		
Name of Employer (Required) <u>Cornerstone Government Affairs</u>		
Occupation (Required) <u>Vice 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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bancorpsouth Bank PAC</u>	<u>06/30/2011</u>	<u>\$1,500.00</u>
Mailing Address <u>PO Box 789</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0789</u>		
Name of Employer (Required)		
Occupation (Required)	<b>Aggregate Year-to-date</b>	<b>\$4,396.62</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. Robert Creech	06/30/2011	\$250.00
Mailing Address 2871 Chattering Lane		
City, State, Zip Code Southaven, MS 38672-6105		
Name of Employer (Required) DAC Fitness		
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 Dr. Kelly Segars Sr.	06/30/2011	\$250.00
Mailing Address 52 County Road 150		
City, State, Zip Code luka, MS 38852-7114		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00
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 W B Consolidated	06/30/2011	\$250.00
Mailing Address 770 N West Street		
City, State, Zip Code Jackson, MS 39202-3017		
Name of Employer (Required)		
Occupation (Required)	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. Booker T. Jones	06/30/2011	\$250.00
Mailing Address 200 Wagner Place Apt. 607		
City, State, Zip Code Memphis, TN 38103-3629		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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 M. Cooley	06/28/2011	\$1,500.00
Mailing Address 116 Hallmark Drive		
City, State, Zip Code Jackson, MS 39206		
Name of Employer (Required) Systems Consultants Associates Inc.		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name North American Coal PAC	06/28/2011	\$500.00
Mailing Address 14785 Preston Road Suite 100		
City, State, Zip Code Dallas, TX 75254-7876		
Name of Employer (Required)		
Occupation (Required)	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 Mr. Theodore W Gowdy	06/29/2011	\$2,500.00
Mailing Address 170 Mill Cove		
City, State, Zip Code Ridgeland, MS 39157-4028		
Name of Employer (Required) Self		
Occupation (Required) Contractor	Aggregate Year-to-date	\$2,500.00
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 Mrs. Egista Cooper	06/29/2011	\$2,500.00
Mailing Address 110 Bridlewood Drive		
City, State, Zip Code Brandon, MS 39047-8305		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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. James Gowdy	06/29/2011	\$2,500.00
Mailing Address 203 S Monroe Street		
City, State, Zip Code Canton, MS 39046-4709		
Name of Employer (Required) Self		
Occupation (Required) Contractor	<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 Mr. James Young	06/28/2011	\$500.00
Mailing Address 3731 Kings Highway		
City, State, Zip Code Jackson, MS 39216-3324		
Name of Employer (Required) Young Law Group PLLC		
Occupation (Required) Attorney	<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 Mr. Joe Sanderson Jr.	06/30/2011	\$5,850.00
Mailing Address PO Box 988		
City, State, Zip Code Laurel, MS 39441-0988		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) CEO	<b>Aggregate Year-to-date</b>	<b>\$17,850.00</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 Mr. Charles Harrison	06/30/2011	\$1,000.00
Mailing Address 363 Lochinvar Loop		
City, State, Zip Code Pontotoc, MS 38863-8261		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## 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) <u>Jim Young</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Young Law Group PLLC	06/29/2011	\$2,000.00
Mailing Address 300 W Capitol Street Suite 200		
City, State, Zip Code Jackson, MS 39203-2704		
Name of Employer (Required)		
Occupation (Required)	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 James Covington	06/30/2011	\$500.00
Mailing Address 1061 Whitsett Walk		
City, State, Zip Code Jackson, MS 39206-6103		
Name of Employer (Required) Self		
Occupation (Required) Sales	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) <u>Chrissy Borskey, Manager, Govt</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name General Electric Company	06/22/2011	\$1,000.00
Mailing Address 1122 Colorado Street Suite 106		
City, State, Zip Code Austin, TX 78701-2159		
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 Mrs. Regena Rigdon	06/14/2011	\$1,000.00
Mailing Address PO Box 2182		
City, State, Zip Code Columbus, MS 39704-2182		
Name of Employer (Required) homemaker		
Occupation (Required) homemaker	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	06/02/2011	\$50.00
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Design		Aggregate Year-to-date	\$51,980.79
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	06/02/2011	\$2,175.00
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Design		Aggregate Year-to-date	\$51,980.79
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	06/02/2011	\$1,844.88
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$21,846.86
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	06/02/2011	\$1,452.68
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$21,846.86
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	06/02/2011	\$160.60
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$21,846.86
Full Name	Lakeland Income Properties/Stone Creek Assests	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 320219	06/02/2011	\$1,400.00
City, State, Zip Code	Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Rent		Aggregate Year-to-date	\$8,500.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

<b>Full Name</b>	Lakeland Income Properties/Stone Creek Assests	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 320219	06/02/2011	\$25.00
<b>City, State, Zip Code</b>	Flowood, MS 39232-0219		
<b>Purpose of Disbursement (Optional)</b> Utilities		<b>Aggregate</b> <b>Year-to-date</b>	\$8,500.00
<b>Full Name</b>	Lakeland Income Properties/Stone Creek Assests	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 320219	06/02/2011	\$25.00
<b>City, State, Zip Code</b>	Flowood, MS 39232-0219		
<b>Purpose of Disbursement (Optional)</b> Utilities		<b>Aggregate</b> <b>Year-to-date</b>	\$8,500.00
<b>Full Name</b>	Advantage Business Systems	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	5442 Executive Place	06/02/2011	\$415.37
<b>City, State, Zip Code</b>	Jackson, MS 39206-4103		
<b>Purpose of Disbursement (Optional)</b> Office Equipment Rental		<b>Aggregate</b> <b>Year-to-date</b>	\$3,127.90
<b>Full Name</b>	Nick Clark Printing and Signs	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	965 Highway 51 Suite 4	06/02/2011	\$309.23
<b>City, State, Zip Code</b>	Madison, MS 39110-8922		
<b>Purpose of Disbursement (Optional)</b> Printing		<b>Aggregate</b> <b>Year-to-date</b>	\$11,352.18
<b>Full Name</b>	Entergy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 8105	06/02/2011	\$395.30
<b>City, State, Zip Code</b>	Baton Rouge, LA 70891-8105		
<b>Purpose of Disbursement (Optional)</b> Utilities		<b>Aggregate</b> <b>Year-to-date</b>	\$2,486.94
<b>Full Name</b>	Magnolia Clipping Services	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	298 Commerce Park Drive Suite A	06/02/2011	\$134.40
<b>City, State, Zip Code</b>	Ridgeland, MS 39157-2237		
<b>Purpose of Disbursement (Optional)</b> Newspaper Clippings		<b>Aggregate</b> <b>Year-to-date</b>	\$694.80

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Mr. Jeremy Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 Nelson Court	06/02/2011	\$2,000.00
City, State, Zip Code	Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$13,953.91
Full Name	Mr. Jeremy Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 Nelson Court	06/02/2011	\$151.91
City, State, Zip Code	Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$13,953.91
Full Name	Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 790311	06/02/2011	\$18.16
City, State, Zip Code	Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$681.64
Full Name	Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	126 Mockingbird Lane	06/02/2011	\$83.28
City, State, Zip Code	Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$1,441.16
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/01/2011	\$68,698.50
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media Buys		Aggregate Year-to-date	\$826,801.48
Full Name	Cajun Gourmet Catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	26220 Walnut Road	06/02/2011	\$2,022.30
City, State, Zip Code	Pass Christian, MS 39571-8534		
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$2,022.30

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

<b>Full Name</b>	Trustmark National Bank	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	248 E Capitol Street	06/01/2011	\$15.00
<b>City, State, Zip Code</b>	Jackson, MS 39201-2503		
<b>Purpose of Disbursement (Optional)</b> Bank Fee		<b>Aggregate</b> <b>Year-to-date</b>	\$584.14
<b>Full Name</b>	Jimmy Pappas	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	852 N Gloster Street	06/02/2011	\$400.00
<b>City, State, Zip Code</b>	Tupelo, MS 38804-1935		
<b>Purpose of Disbursement (Optional)</b> Utilities		<b>Aggregate</b> <b>Year-to-date</b>	\$400.00
<b>Full Name</b>	Southern Telecommunications	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 12865	06/02/2011	\$468.23
<b>City, State, Zip Code</b>	Jackson, MS 39236-2865		
<b>Purpose of Disbursement (Optional)</b> Telephone		<b>Aggregate</b> <b>Year-to-date</b>	\$4,590.39
<b>Full Name</b>	David Clanton	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 463	06/02/2011	\$2,000.00
<b>City, State, Zip Code</b>	Meadville, MS 39653-0463		
<b>Purpose of Disbursement (Optional)</b> Grassroots Consulting		<b>Aggregate</b> <b>Year-to-date</b>	\$7,262.20
<b>Full Name</b>	David Clanton	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 463	06/02/2011	\$1,262.20
<b>City, State, Zip Code</b>	Meadville, MS 39653-0463		
<b>Purpose of Disbursement (Optional)</b> Expense Reimbursement		<b>Aggregate</b> <b>Year-to-date</b>	\$7,262.20
<b>Full Name</b>	Cash	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4333 Lakeland Drive	06/03/2011	\$320.00
<b>City, State, Zip Code</b>	Flowood, MS 39232-8947		
<b>Purpose of Disbursement (Optional)</b> Petty Cash		<b>Aggregate</b> <b>Year-to-date</b>	\$2,980.00

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/06/2011	\$2,500.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Cards		Aggregate Year-to-date	\$53,357.47
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/06/2011	\$2,500.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Cards		Aggregate Year-to-date	\$53,357.47
Full Name	Anna Rogers, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	06/07/2011	\$440.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$5,153.36
Full Name	American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		06/07/2011	\$220.00
City, State, Zip Code			
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$3,320.40
Full Name	Southern Printing & Silkscreening	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	230 Davis Avenue	06/07/2011	\$426.93
City, State, Zip Code	Pass Christian, MS 39571-4506		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$426.93
Full Name	Sysco Foodservice	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		06/07/2011	\$2,205.87
City, State, Zip Code			
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$2,205.87

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	06/07/2011	\$75.00
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Design		Aggregate Year-to-date	\$51,980.79
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	06/07/2011	\$50.00
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Design		Aggregate Year-to-date	\$51,980.79
Full Name	Out Of Bounds Sports, LLC/First Team Marketing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	622 Lake Cavalier Road	06/07/2011	\$600.00
City, State, Zip Code	Madison, MS 39110-7155		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$1,200.00
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	965 Highway 51 Suite 4	06/07/2011	\$254.66
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$11,352.18
Full Name	Eddie Johnson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		06/08/2011	\$75.00
City, State, Zip Code			
Purpose of Disbursement (Optional) Office Cleaning		Aggregate Year-to-date	\$300.00
Full Name	Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	126 Mockingbird Lane	06/08/2011	\$200.00
City, State, Zip Code	Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$1,441.16

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Anna Rogers, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	06/08/2011	\$500.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$5,153.36
Full Name	Lakeland Income Properties/Stone Creek Assests	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 320219	06/09/2011	\$25.00
City, State, Zip Code	Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$8,500.00
Full Name	Out Of Bounds Sports, LLC/First Team Marketing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	622 Lake Cavalier Road	06/09/2011	\$600.00
City, State, Zip Code	Madison, MS 39110-7155		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$1,200.00
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/08/2011	\$62,473.50
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media Consulting		Aggregate Year-to-date	\$826,801.48
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/08/2011	\$2,677.50
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media Consulting		Aggregate Year-to-date	\$826,801.48
Full Name	Mr. Justin Brasell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5362 Carolwood Drive	06/09/2011	\$856.79
City, State, Zip Code	Jackson, MS 39211-4267		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$47,903.78

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	06/10/2011	\$6,540.30
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Email		Aggregate Year-to-date	\$13,211.60
Full Name	Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	06/10/2011	\$600.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Petty Cash		Aggregate Year-to-date	\$2,980.00
Full Name	South Group Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		06/13/2011	\$300.00
City, State, Zip Code			
Purpose of Disbursement (Optional) Insurance		Aggregate Year-to-date	\$300.00
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	06/15/2011	\$2,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$7,262.20
Full Name	Magnolia Clipping Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	298 Commerce Park Drive Suite A	06/15/2011	\$168.00
City, State, Zip Code	Ridgeland, MS 39157-2237		
Purpose of Disbursement (Optional) Newspaper		Aggregate Year-to-date	\$694.80
Full Name	The Donor Tree	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4266 I 55 N Suite 108	06/15/2011	\$24.75
City, State, Zip Code	Jackson, MS 39211-6393		
Purpose of Disbursement (Optional) Fee		Aggregate Year-to-date	\$520.06

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Old Capitol Inn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	226 N State Street	06/15/2011	\$1,541.55
City, State, Zip Code	Jackson, MS 39201-1906		
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$1,541.55
Full Name	Front Porch Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	243 N 5th Street Suite 330	06/15/2011	\$402.20
City, State, Zip Code	Columbus, OH 43215-2676		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$10,257.40
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	06/15/2011	\$412.10
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$21,846.86
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	06/15/2011	\$374.60
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$21,846.86
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	06/15/2011	\$7,741.56
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$51,980.79
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	06/15/2011	\$71.75
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$2,486.94

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Mr. Jeremy Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 Nelson Court	06/15/2011	\$2,000.00
City, State, Zip Code	Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$13,953.91
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/15/2011	\$2,300.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Cards		Aggregate Year-to-date	\$53,357.47
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/15/2011	\$4,000.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$53,357.47
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/15/2011	\$450.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$53,357.47
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/15/2011	\$686.94
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$53,357.47
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/15/2011	\$626.25
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$53,357.47

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 06/01/2011

through 06/30/2011

## ITEMIZED DISBURSEMENTS

<b>Full Name</b>	Cash	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4333 Lakeland Drive	06/17/2011	\$500.00
<b>City, State, Zip Code</b>	Flowood, MS 39232-8947		
<b>Purpose of Disbursement (Optional)</b>	Petty Cash	<b>Aggregate</b> <b>Year-to-date</b>	\$2,980.00
<b>Full Name</b>	On Message, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	2130 Priest Bridge Drive Suite 11	06/14/2011	\$86,462.15
<b>City, State, Zip Code</b>	Crofton, MD 21114-2457		
<b>Purpose of Disbursement (Optional)</b>	Media Buys	<b>Aggregate</b> <b>Year-to-date</b>	\$826,801.48
<b>Full Name</b>	Advantage Business Systems	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	5442 Executive Place	06/21/2011	\$450.64
<b>City, State, Zip Code</b>	Jackson, MS 39206-4103		
<b>Purpose of Disbursement (Optional)</b>	Office Supply Rental	<b>Aggregate</b> <b>Year-to-date</b>	\$3,127.90
<b>Full Name</b>	D2 Tech Solutions, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	328 Kingsbridge Road	06/21/2011	\$257.87
<b>City, State, Zip Code</b>	Madison, MS 39110-8487		
<b>Purpose of Disbursement (Optional)</b>	Email Fee	<b>Aggregate</b> <b>Year-to-date</b>	\$1,712.11
<b>Full Name</b>	Aristotle International, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	200 Pennsylvania Ave. SE	06/21/2011	\$125.00
<b>City, State, Zip Code</b>	Washington, DC 20003		
<b>Purpose of Disbursement (Optional)</b>	Import	<b>Aggregate</b> <b>Year-to-date</b>	\$13,211.60
<b>Full Name</b>	Jackson New Media, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	PO Box 55914	06/21/2011	\$600.00
<b>City, State, Zip Code</b>	Jackson, MS 39296-5914		
<b>Purpose of Disbursement (Optional)</b>	Advertising	<b>Aggregate</b> <b>Year-to-date</b>	\$600.00

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 06/01/2011

through

06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	The Mississippi Radio Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2214 S Gloster Street	06/21/2011	\$1,500.00
City, State, Zip Code	Tupelo, MS 38801-6814		
Purpose of Disbursement (Optional)	Advertising	Aggregate Year-to-date	\$1,500.00
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	965 Highway 51 Suite 4	06/21/2011	\$500.76
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursement (Optional)	Printing	Aggregate Year-to-date	\$11,352.18
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/21/2011	\$8,200.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional)	Media Consulting	Aggregate Year-to-date	\$826,801.48
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/21/2011	\$3,312.50
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional)	Media Consulting	Aggregate Year-to-date	\$826,801.48
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	06/22/2011	\$2,184.00
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional)	Postage	Aggregate Year-to-date	\$21,846.86
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	06/22/2011	\$2,046.30
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional)	Email	Aggregate Year-to-date	\$13,211.60

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Consolidated Catfish Producers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Unknown	06/22/2011	\$561.75
City, State, Zip Code	Belzoni, MS		
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$561.75
Full Name	Front Porch Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	243 N 5th Street Suite 330	06/23/2011	\$9,333.80
City, State, Zip Code	Columbus, OH 43215-2676		
Purpose of Disbursement (Optional) Calls		Aggregate Year-to-date	\$10,257.40
Full Name	Front Porch Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	243 N 5th Street Suite 330	06/23/2011	\$521.40
City, State, Zip Code	Columbus, OH 43215-2676		
Purpose of Disbursement (Optional) Calls		Aggregate Year-to-date	\$10,257.40
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	06/23/2011	\$492.60
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$2,486.94
Full Name	Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	755 Avignon Drive	06/27/2011	\$100.00
City, State, Zip Code	Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$4,122.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/27/2011	\$1,900.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$53,357.47

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 06/01/2011

through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/22/2011	\$134,945.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$826,801.48
Media Buys			
Full Name	James Hendrix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5106 Old Canton Road	06/28/2011	\$1,000.00
City, State, Zip Code	Jackson, MS 39211-4532		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$1,000.00
Advertising			
Full Name	WFMM FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5266 Old Highway 11 Suite 120	06/28/2011	\$300.00
City, State, Zip Code	Hattiesburg, MS 39402-7818		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$300.00
Booth Fee			
Full Name	Mr. Justin Brasell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5362 Carolwood Drive	06/24/2011	\$7,046.99
City, State, Zip Code	Jackson, MS 39211-4267		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$47,903.78
Consulting and Expense Reimbursement			
Full Name	Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	06/24/2011	\$450.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$2,980.00
Petty Cash			
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/14/2011	\$11,956.15
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$826,801.48
Media Buys			

Name of Candidate or Committee Friends Of Tate Reeves  
 Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	06/14/2011	\$74,506.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media Buys		Aggregate Year-to-date	\$826,801.48
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	06/30/2011	\$37.50
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Maintenance Fee		Aggregate Year-to-date	\$584.14
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	06/02/2011	\$61.40
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Banking Fees		Aggregate Year-to-date	\$584.14
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	06/02/2011	\$70.00
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Banking Fees		Aggregate Year-to-date	\$584.14
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	06/03/2011	\$14.30
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Bank Fees		Aggregate Year-to-date	\$584.14
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	06/03/2011	\$60.49
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Bank Fee		Aggregate Year-to-date	\$584.14

Name of Candidate or Committee Friends Of Tate Reeves  
Reporting Period 06/01/2011 through 06/30/2011

## ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
People Lease	06/01/2011	\$20,180.49
Mailing Address		
689 Towne Center Boulevard Suite B		
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$83,259.28
Payroll		