

Candidate
REPORT OF RECEIPTS AND
DISBURSEMENTS



Name of Candidate Tate Reeves

Address PO Box 24355 Jackson, MS 39225-4355

Telephone 936-5866 Home _____ Fax _____

Contact Name 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)..... **Mandatory**
- 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	\$683,111.52 + \$41,015.00	\$724,126.52	\$724,126.52
Total amount of disbursements	\$266,710.48 + \$1,541.61	\$268,252.09	\$268,252.09
Total amount of cash on hand	\$ 2,100,473.21		

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

5/10/2011
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 01/01/2011 through 04/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Mr. Jim Sheble</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nucor Steel Recyclers of Mississippi PAC</u>	02/08/2011	\$1,000.00
Mailing Address <u>3630 Fourth Street</u>		
City, State, Zip Code <u>Flowood, MS 39232-2000</u>		
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 <u>Dr. And Mrs. William Simmons</u>	02/09/2011	\$500.00
Mailing Address <u>4911 Country Club Drive</u>		
City, State, Zip Code <u>Meridian, MS 39305-1842</u>		
Name of Employer (Required) <u>Glover, Young, Walton and Simmons, PLLC</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. George R. Rea Jr.</u>	01/27/2011	\$1,000.00
Mailing Address <u>PO Box 2090</u>		
City, State, Zip Code <u>Meridian, MS 39302-2090</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. E Bruce Marlin</u>	01/27/2011	\$2,500.00
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>	Aggregate Year-to-date	\$4,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Ronald T. Hampton	01/28/2011	\$500.00
Mailing Address 2405 8th Street		
City, State, Zip Code Meridian, MS 39301-5000		
Name of Employer (Required) Meyer & Rosenbaum		
Occupation (Required) Insurance	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. C.G. Carter	01/27/2011	\$250.00
Mailing Address 551 N First Street		
City, State, Zip Code Rolling Fork, MS 39159-2215		
Name of Employer (Required) Carter Plantation		
Occupation (Required) Farmer	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 Moffat III	01/27/2011	\$200.00
Mailing Address 5225 Runnymede Road		
City, State, Zip Code Jackson, MS 39211-4634		
Name of Employer (Required) Telecom Executive		
Occupation (Required) TEC	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jim Sneed	02/09/2011	\$5,000.00
Mailing Address 1121B Bienville Street		
City, State, Zip Code Tupelo, MS 38801-2403		
Name of Employer (Required) Self		
Occupation (Required) Furniture	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Pennington & Trim Alarm Services, Inc.	02/11/2011	\$250.00
Mailing Address 4374 Mangum Drive Suite C		
City, State, Zip Code Flowood, MS 39232-2111		
Name of Employer (Required)		
Occupation (Required)	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) Wholesale Distribution Full Line	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Corso, Inc.	02/10/2011	\$250.00
Mailing Address PO Box 488		
City, State, Zip Code Biloxi, MS 39533-0488		
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. Gay Austin	02/10/2011	\$250.00
Mailing Address 405 Marion Avenue		
City, State, Zip Code Mccomb, MS 39648-2709		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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 Dr. Henry Tyler	02/09/2011	\$250.00
Mailing Address 137 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8602		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$350.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. J Edward Hill	02/09/2011	\$100.00
Mailing Address 1376 Country Wood Cove		
City, State, Zip Code Tupelo, MS 38801-8459		
Name of Employer (Required) Hill Construction		
Occupation (Required) Manager	Aggregate Year-to-date	\$1,100.00
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. Gaylon Lawrence Jr.	02/10/2011	\$1,000.00
Mailing Address 4007 Hillsboro Pike		
City, State, Zip Code Nashville, TN 37215-2718		
Name of Employer (Required) Tennessee Bank and Trust		
Occupation (Required) Vice Chairman	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. Lucy Janoush	02/09/2011	\$1,000.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38769-0397		
Name of Employer (Required) Jatran, Inc.		
Occupation (Required) Towing	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.. Colin Maloney	02/11/2011	\$500.00
Mailing Address PO Box 1366		
City, State, Zip Code Tupelo, MS 38802-1366		
Name of Employer (Required) DBA Boar's Head Bed and Breakfast		
Occupation (Required) Owner	Aggregate Year-to-date	\$750.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Marilyn Blackburn	02/07/2011	\$250.00
Mailing Address 2255 N Cheryl Drive		
City, State, Zip Code Jackson, MS 39211-5807		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Wayne Washington	02/07/2011	\$100.00
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	\$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 Ms. Rose Marie Walden	01/26/2011	\$250.00
Mailing Address 744 Orleans Circle		
City, State, Zip Code Ridgeland, MS 39157-4722		
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. Inez Barge	02/11/2011	\$500.00
Mailing Address PO Box 72		
City, State, Zip Code Macon, MS 39341-0072		
Name of Employer (Required) Timber		
Occupation (Required) Self Employed	Aggregate Year-to-date	\$500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Charles Tindall III	01/31/2011	\$250.00
Mailing Address PO Box 918		
City, State, Zip Code Greenville, MS 38702-0918		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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. Ronald Cassada	01/31/2011	\$500.00
Mailing Address PO Box 866		
City, State, Zip Code Leland, MS 38756-0866		
Name of Employer (Required) Gardner Eng.		
Occupation (Required) Engineer	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. James Randall III	01/31/2011	\$250.00
Mailing Address 106 Seymour Drive		
City, State, Zip Code Indianola, MS 38751-2616		
Name of Employer (Required) Planters Bank		
Occupation (Required) 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. Leslie Usher	02/01/2011	\$500.00
Mailing Address 5038 Fisher Road		
City, State, Zip Code Meridian, MS 39301-7402		
Name of Employer (Required) Great Southern National Bank		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$500.00

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 Reporting Period 01/01/2011 through 04/30/2011

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. Wallace Strickland	01/31/2011	\$1,000.00
Mailing Address 8219 Sycamore Creek Drive		
City, State, Zip Code Meridian, MS 39305-9406		
Name of Employer (Required) Rush Hospital Systems		
Occupation (Required) CEO	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. Marty Davidson	01/31/2011	\$1,000.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe		
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. William Crawford	01/31/2011	\$500.00
Mailing Address 1124 Windmill Drive		
City, State, Zip Code Meridian, MS 39305-1101		
Name of Employer (Required) Montgomery Institute		
Occupation (Required) President	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>Resturant Owner</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Retzer Resources	02/01/2011	\$1,000.00
Mailing Address PO Box 4457		
City, State, Zip Code Greenville, MS 38704-4457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 McRae	02/11/2011	\$500.00
Mailing Address PO Box 5352		
City, State, Zip Code Meridian, MS 39302-5352		
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. Barbaree Heaster	02/16/2011	\$500.00
Mailing Address PO Box 2087		
City, State, Zip Code Meridian, MS 39302-2087		
Name of Employer (Required) Rosenbaum Properties		
Occupation (Required) Real Estate	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. Janet Olt	02/08/2011	\$1,000.00
Mailing Address 1200 Meadowbrook Road Apt. 44		
City, State, Zip Code Jackson, MS 39206-6109		
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. Doyle Clark	02/14/2011	\$250.00
Mailing Address 180 Dogwood Lane S		
City, State, Zip Code Florence, MS 39073-9760		
Name of Employer (Required) Retired		
Occupation (Required) Plumbing	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Delmar Taylor	02/15/2011	\$500.00
Mailing Address 12801 Scr 504		
City, State, Zip Code Louin, MS 39338-5059		
Name of Employer (Required) Southern A/C Supply Inc.		
Occupation (Required) Manager	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>Mr. Bill Russell</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Premier Ford, Lincoln, Mercury, Inc.	02/03/2011	\$1,000.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
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. Bill Russell	02/03/2011	\$1,500.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Premier Ford, Lincoln, Mercury		
Occupation (Required) Owner	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 Mr. Fletcher Clark Jr.	02/03/2011	\$500.00
Mailing Address 3830 Highway 49		
City, State, Zip Code Ruleville, MS 38771-9752		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Mabry Bell	02/04/2011	\$250.00
Mailing Address 719 Cherokee Lane		
City, State, Zip Code Grenada, MS 38901-5305		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. William Flatt	02/05/2011	\$1,000.00
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	\$1,000.00
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. Justin Blackwell	02/02/2011	\$250.00
Mailing Address 508 Shalom Way		
City, State, Zip Code Flowood, MS 39232-8107		
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) Mrs. Judy Lindsay	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beyond Play Therapy Group, PLLC	02/10/2011	\$500.00
Mailing Address PO Box 13861		
City, State, Zip Code Jackson, MS 39236-3861		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. O.B. Walton Jr.	02/07/2011	\$500.00
Mailing Address 1600 Eastover Drive		
City, State, Zip Code Jackson, MS 39211-6430		
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 Terri Hudson	02/06/2011	\$250.00
Mailing Address 214 Winsmere Way		
City, State, Zip Code Ridgeland, MS 39157-9748		
Name of Employer (Required) Millsaps College		
Occupation (Required) Professor	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. Dick Mason III	02/08/2011	\$500.00
Mailing Address 2139 Sheffield Drive		
City, State, Zip Code Jackson, MS 39211-5851		
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. Paul McMullan	02/07/2011	\$250.00
Mailing Address PO Box 16868		
City, State, Zip Code Hattiesburg, MS 39404-6868		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. C. Douglas Simmons III	02/04/2011	\$1,000.00
Mailing Address PO Box 65		
City, State, Zip Code Arcola, MS 38722-0065		
Name of Employer (Required) Farmer		
Occupation (Required) Self	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. Margaret Walker	02/07/2011	\$1,000.00
Mailing Address 505 Cypress Street		
City, State, Zip Code Leland, MS 38756-3114		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Laura Townsend	02/06/2011	\$1,000.00
Mailing Address 710 Francis Drive		
City, State, Zip Code Belzoni, MS 39038-3422		
Name of Employer (Required) Guaranty Bank & Trust		
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. Marvin Cochran	02/07/2011	\$500.00
Mailing Address PO Box 115		
City, State, Zip Code Avon, MS 38723-0115		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 <u>World Class Athletic Surfaces</u>	<u>02/07/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 152</u>		
City, State, Zip Code <u>Leland, MS 38756-0152</u>		
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 <u>Mr. John Dean Jr.</u>	<u>02/04/2011</u>	<u>\$500.00</u>
Mailing Address <u>114 S Deer Creek Drive W</u>		
City, State, Zip Code <u>Leland, MS 38756-3128</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Realtor</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Fred Miller Jr.</u>	<u>02/07/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 24</u>		
City, State, Zip Code <u>Anguilla, MS 38721-0024</u>		
Name of Employer (Required) <u>Bank of Anguilla</u>		
Occupation (Required) <u>Banker</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Ben Folk</u>	<u>02/05/2011</u>	<u>\$500.00</u>
Mailing Address <u>4240 Old Leland Road</u>		
City, State, Zip Code <u>Leland, MS 38756-9585</u>		
Name of Employer (Required) <u>Greenville Clinic</u>		
Occupation (Required) <u>Physican</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. David Clarke</u>	02/07/2011	\$250.00
Mailing Address <u>PO Box 673</u>		
City, State, Zip Code <u>Greenville, MS 38702-0673</u>		
Name of Employer (Required) <u>Clarke Bradley Baker & Co.</u>		
Occupation (Required) <u>CPA</u>	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. and Mrs. David Skelton</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Capstone Partners</u>	01/25/2011	\$250.00
Mailing Address <u>PO Box 188</u>		
City, State, Zip Code <u>Scott, MS 38772-0188</u>		
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 <u>Mr. Gibb Steele</u>	02/07/2011	\$250.00
Mailing Address <u>40 Riverside Road</u>		
City, State, Zip Code <u>Hollandale, MS 38748-9743</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	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. and Mrs. John H. Cox, III</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>American River Lines, Inc.</u>	02/07/2011	\$250.00
Mailing Address <u>PO Box 853</u>		
City, State, Zip Code <u>Greenville, MS 38702-0853</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Palmer	02/04/2011	\$1,500.00
Mailing Address 1667 Lella Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required) Coker and Palmer		
Occupation (Required) Investments	Aggregate Year-to-date	\$4,000.00
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. Lamar McDonald	02/08/2011	\$500.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Meyer & Rosenbaum		
Occupation (Required) Insurance	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 Dr. Gene Hutcheson	02/08/2011	\$250.00
Mailing Address 760 Cedar Hill Road		
City, State, Zip Code Flora, MS 39071-9634		
Name of Employer (Required) Madison Heart Clinic		
Occupation (Required) Cardiologist	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. Joseph W. Blackston	02/08/2011	\$250.00
Mailing Address 1900 Petit Bois Street N		
City, State, Zip Code Jackson, MS 39211-6707		
Name of Employer (Required) Physician		
Occupation (Required) Self	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Terry Wells</u>	02/08/2011	\$250.00
Mailing Address <u>228 Fox Hollow Place</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9438</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Real Estate Appriasals</u>	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 <u>Mr. Jeff Good</u>	02/08/2011	\$250.00
Mailing Address <u>1045 Avondale Street</u>		
City, State, Zip Code <u>Jackson, MS 39216-3513</u>		
Name of Employer (Required) <u>Mangia Bene</u>		
Occupation (Required) <u>Owner</u>	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 <u>Mrs. Kim Brown</u>	02/08/2011	\$250.00
Mailing Address <u>1246 Saint Ann Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-2148</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	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 <u>Mr. John Brunini</u>	02/08/2011	\$100.00
Mailing Address <u>708 Welford Court</u>		
City, State, Zip Code <u>Madison, MS 39110-7582</u>		
Name of Employer (Required) <u>Brunini Grantham Grower & Hewes</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$600.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Denton Rogers Jr.</u>	02/07/2011	\$100.00
Mailing Address <u>101 Arbor Lane</u>		
City, State, Zip Code <u>Indianola, MS 38751-2567</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,100.00
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. Irl Dean Rhodes</u>	02/08/2011	\$250.00
Mailing Address <u>159 Dogwood Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-9236</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	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>Robert Luke</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert Luke and Associates, PA</u>	02/08/2011	\$1,000.00
Mailing Address <u>PO Box 630</u>		
City, State, Zip Code <u>Meridian, MS 39302-0630</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Howard Buford</u>	02/07/2011	\$500.00
Mailing Address <u>3329 Moncure Marble Road</u>		
City, State, Zip Code <u>Terry, MS 39170-9631</u>		
Name of Employer (Required) <u>Buford Plbg. Co</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. A.D. Buffington	02/08/2011	\$200.00
Mailing Address 1007 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6623		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$450.00
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. Buddy Mortimer	02/16/2011	\$500.00
Mailing Address PO Box 215		
City, State, Zip Code Kilmichael, MS 39747-0215		
Name of Employer (Required) Bank of Kilmichael		
Occupation (Required) President and 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. and Mrs. Stuart Irby	02/15/2011	\$1,000.00
Mailing Address 3940 Stuart Place		
City, State, Zip Code Jackson, MS 39211-6752		
Name of Employer (Required) Self		
Occupation (Required) Investments	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 Mr. Alan Wilson	02/17/2011	\$250.00
Mailing Address 150 Windrush Drive		
City, State, Zip Code Jackson, MS 39232-8946		
Name of Employer (Required) Howard Wilson Chrysler Jeep Dodge		
Occupation (Required) Care Dealer	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Gloria M. Walker	02/16/2011	\$100.00
Mailing Address 3974 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6703		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 James Broaddus	02/10/2011	\$1,000.00
Mailing Address 605 Rainbow Cove		
City, State, Zip Code West Lake Hills, TX 78746-5300		
Name of Employer (Required) Broaddus and Associates		
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 Mrs. Elizabeth Box	02/16/2011	\$250.00
Mailing Address 4807 11th Place		
City, State, Zip Code Meridian, MS 39305-2771		
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 Mr. Clay Holladay	02/17/2011	\$250.00
Mailing Address 304 Timber Ridge Road		
City, State, Zip Code Meridian, MS 39305-1449		
Name of Employer (Required) WMLV Radio		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Luke Montgomery	02/17/2011	\$1,000.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required) Montgomery Enterprises		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,400.00
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. James Cooper	02/15/2011	\$250.00
Mailing Address 534 Nita Drive		
City, State, Zip Code Fulton, MS 38843-6371		
Name of Employer (Required) Tupelo Anesthesia Group		
Occupation (Required) Physician	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. J. Joseph Jr.	02/04/2011	\$250.00
Mailing Address 527 Kirk Circle		
City, State, Zip Code Greenville, MS 38701-6314		
Name of Employer (Required) Self/Reed Joseph International		
Occupation (Required) Entrepreneur/Distributor	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. Brittain Virden	02/01/2011	\$250.00
Mailing Address 123 Bayou Road		
City, State, Zip Code Greenville, MS 38701-7702		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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. Henry Paris	02/03/2011	\$250.00
Mailing Address 1 Paris Drive		
City, State, Zip Code Indianola, MS 38751-2019		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Bradley Hathaway Sr.	02/18/2011	\$250.00
Mailing Address PO Box 1856		
City, State, Zip Code Greenville, MS 38702-1856		
Name of Employer (Required) Camphell Delong LLP		
Occupation (Required) Attorney	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. Clarke Reed	02/17/2011	\$1,000.00
Mailing Address 139 Bayou Road		
City, State, Zip Code Greenville, MS 38701-7702		
Name of Employer (Required) Reed & Joseph		
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 Ms. Evelyn Netterville	01/24/2011	\$1,000.00
Mailing Address PO Box 1158		
City, State, Zip Code Greenville, MS 38702-1158		
Name of Employer (Required) Self		
Occupation (Required) Business Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Charles Jordan Jr.	02/10/2011	\$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	\$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 Dr. James Ray Beckham	02/10/2011	\$500.00
Mailing Address 1622 Anne Stokes Road		
City, State, Zip Code Greenville, MS 38701-6907		
Name of Employer (Required) Self		
Occupation (Required) Physician	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. Susan Allen	02/02/2011	\$250.00
Mailing Address 100 Arbor Lane		
City, State, Zip Code Indianola, MS 38751-2520		
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 Mr. Rick Shepherd	02/11/2011	\$500.00
Mailing Address 2025 W Bayou Ridge Road		
City, State, Zip Code Greenville, MS 38701-7747		
Name of Employer (Required) Faulkner Pipe		
Occupation (Required) Business Owner-President	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Alexandra Oglesby	01/28/2011	\$250.00
Mailing Address PO Box 185		
City, State, Zip Code Chatham, MS 38731-0185		
Name of Employer (Required) Campbell Delong LLP		
Occupation (Required) Attorney	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 Clayton	01/19/2011	\$1,000.00
Mailing Address 103 E Gresham Street		
City, State, Zip Code Indianola, MS 38751-2422		
Name of Employer (Required) Planters Bank & Trust Co.		
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. J. Russell Flowers Jr.	02/04/2011	\$1,000.00
Mailing Address 74 W Lake Lee Road		
City, State, Zip Code Greenville, MS 38701-9509		
Name of Employer (Required) J. Russell Flowers, Inc.		
Occupation (Required) Business 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. W.T. Robertson, Jr. Jr.	02/03/2011	\$500.00
Mailing Address 65 Holly Ridge Road		
City, State, Zip Code Indianola, MS 38751-9691		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. And Mrs. Frank Baird Jr.	01/28/2011	\$1,000.00
Mailing Address 122 Bayou Road		
City, State, Zip Code Greenville, MS 38701-7725		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Burle Jr.	02/09/2011	\$500.00
Mailing Address 226 Woodlawn Drive		
City, State, Zip Code Greenville, MS 38701-6369		
Name of Employer (Required) W.L. Burle Engineers P.A.		
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. D. John Nichols	02/01/2011	\$1,000.00
Mailing Address PO Box 206		
City, State, Zip Code Greenville, MS 38702-0206		
Name of Employer (Required) MS Marine Corp.		
Occupation (Required) CEO	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. Ned Mitchell	02/01/2011	\$500.00
Mailing Address PO Box 720		
City, State, Zip Code Cleveland, MS 38732-0720		
Name of Employer (Required) Self		
Occupation (Required) Insurance	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Finley Brunetti Jr.	02/07/2011	\$500.00
Mailing Address PO Box 1093		
City, State, Zip Code Shelby, MS 38774-1093		
Name of Employer (Required) Self		
Occupation (Required) Farmer	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 Dr. Edwin Nordan	02/02/2011	\$500.00
Mailing Address 1128 Cloverdale Drive		
City, State, Zip Code Greenville, MS 38701-8301		
Name of Employer (Required) Greenville Animal Clinic		
Occupation (Required) Veterinarian	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. Harold Mitchell Jr.	02/01/2011	\$500.00
Mailing Address 217 Crittenden Street		
City, State, Zip Code Greenville, MS 38701-6328		
Name of Employer (Required) Campbell Delong, LLP		
Occupation (Required) Attorney	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. Howard Brent	01/27/2011	\$500.00
Mailing Address PO Box 896		
City, State, Zip Code Greenville, MS 38702-0896		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Ms. Dottie Collins</u>	<u>01/28/2011</u>	<u>\$250.00</u>
Mailing Address <u>112 Deer Creek Drive</u>		
City, State, Zip Code <u>Scott, MS 38772-5505</u>		
Name of Employer (Required) <u>Collins Real Estate</u>		
Occupation (Required) <u>Owner</u>	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. Tim Clements and Mr. Ted S</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>GT&T Farms</u>	<u>02/11/2011</u>	<u>\$250.00</u>
Mailing Address <u>1844 Jacqueline Drive</u>		
City, State, Zip Code <u>Greenville, MS 38701-7435</u>		
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 <u>Mr. Dennington Moss</u>	<u>02/11/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 4713</u>		
City, State, Zip Code <u>Greenville, MS 38704-4713</u>		
Name of Employer (Required) <u>Faulkner Pipe</u>		
Occupation (Required) <u>Business Owner-CEO</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. James Robertson Jr.</u>	<u>02/14/2011</u>	<u>\$500.00</u>
Mailing Address <u>101 Barberry Lane</u>		
City, State, Zip Code <u>Indianola, MS 38751-2505</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Dr. Alan H. Thompson</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Greenville Clinic, PA</u>	02/04/2011	\$250.00
Mailing Address <u>1502 S Colorado Street</u>		
City, State, Zip Code <u>Greenville, MS 38703-7219</u>		
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 <u>Mr. F.E. Holladay</u>	02/17/2011	\$1,000.00
Mailing Address <u>3725 Highway 39 N</u>		
City, State, Zip Code <u>Meridian, MS 39301-1340</u>		
Name of Employer (Required) <u>WMLV Radio</u>		
Occupation (Required) <u>Principal</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Hardy Graham</u>	02/19/2011	\$250.00
Mailing Address <u>PO Box 5207</u>		
City, State, Zip Code <u>Meridian, MS 39302-5207</u>		
Name of Employer (Required) <u>Meridian Coke</u>		
Occupation (Required) <u>CEO</u>	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 <u>Mr. Hite Lane</u>	02/23/2011	\$2,500.00
Mailing Address <u>108 Kathryn Drive</u>		
City, State, Zip Code <u>Brandon, MS 39042-9625</u>		
Name of Employer (Required) <u>Carr Plumbing Supply, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Gary Franks	02/22/2011	\$250.00
Mailing Address 2015 Fawn Grove Road		
City, State, Zip Code Mantachie, MS 38855-7049		
Name of Employer (Required) Franks, Franks & Jerrel		
Occupation (Required) CPA	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. Robert Ward	02/23/2011	\$250.00
Mailing Address 4230 Quail Run Road		
City, State, Zip Code Jackson, MS 39211-6201		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	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. Lucien Bourgeois	02/21/2011	\$1,000.00
Mailing Address 117 Fawnwood Drive		
City, State, Zip Code Brandon, MS 39042-4001		
Name of Employer (Required) Butler Snow O'mara Stevens & Cannada		
Occupation (Required) Attorney	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 Mr. Arthur Spratlin Jr.	02/21/2011	\$1,000.00
Mailing Address 2480 Sandridge Drive		
City, State, Zip Code Jackson, MS 39211-6203		
Name of Employer (Required) Butler Snow		
Occupation (Required) Arrorney	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Jetson Hollingsworth	02/16/2011	\$1,000.00
Mailing Address 2253 Wild Valley Drive		
City, State, Zip Code Jackson, MS 39211-6165		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. R. Barry Cannada	02/21/2011	\$1,000.00
Mailing Address 827 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1740		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John England	02/21/2011	\$1,000.00
Mailing Address PO Box 22567		
City, State, Zip Code Jackson, MS 39225-2567		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	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) <u>Mr. Bill Buffington</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G.S. Holdings, Inc.	02/16/2011	\$1,000.00
Mailing Address PO Box 214		
City, State, Zip Code Mayersville, MS 39113-0214		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 Cannada	02/24/2011	\$500.00
Mailing Address 4245 Quail Run Road		
City, State, Zip Code Jackson, MS 39211-6202		
Name of Employer (Required) Self		
Occupation (Required) Investor	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. S. Lawrence Farrington	02/24/2011	\$500.00
Mailing Address 122 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	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. Janet Farrington	02/24/2011	\$500.00
Mailing Address 122 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) M.S. & Development Org.		
Occupation (Required) Executive	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. Carol Pittman	02/21/2011	\$5,000.00
Mailing Address 5345 Runnymede Road		
City, State, Zip Code Jackson, MS 39211-4636		
Name of Employer (Required) Butler Snow		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Todd Yerby	02/13/2011	\$2,500.00
Mailing Address 12162 River Highlands Drive		
City, State, Zip Code Saint Amant, LA 70774-5004		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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 Ms. Meghan Yerby	02/13/2011	\$2,500.00
Mailing Address 12162 River Highlands Drive		
City, State, Zip Code Saint Amant, LA 70774-5004		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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 Mr. Ryan Beckett	02/16/2011	\$1,000.00
Mailing Address 4166 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6520		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	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 Mr. W. Michael Russ	02/16/2011	\$1,000.00
Mailing Address 705 Welford Court		
City, State, Zip Code Madison, MS 39110-7583		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Garner	02/16/2011	\$1,000.00
Mailing Address PO Box 6010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Thad Varner	02/22/2011	\$1,000.00
Mailing Address 2460 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$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 Mr. Sidney Allen Jr.	02/21/2011	\$1,000.00
Mailing Address 740 Orleans Circle		
City, State, Zip Code Ridgeland, MS 39157-4722		
Name of Employer (Required) Butler Snow		
Occupation (Required) Government Relations	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 Tenax, LLLC	02/23/2011	\$500.00
Mailing Address 600 Crescent Boulevard Suite B		
City, State, Zip Code Ridgeland, MS 39157-8645		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Harold Lewis	02/23/2011	\$100.00
Mailing Address PO Box 686		
City, State, Zip Code Philadelphia, MS 39350-0686		
Name of Employer (Required) McDaniel Timber Company		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,600.00
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. Mark S. Bounds</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark S. Bounds Realty Partners	03/01/2011	\$250.00
Mailing Address PO Box 1753		
City, State, Zip Code Madison, MS 39130-1753		
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. H. Glover Jr.	02/24/2011	\$250.00
Mailing Address 410 Windover Circle		
City, State, Zip Code Meridian, MS 39305-2023		
Name of Employer (Required) Glover Young Walton & Simmons		
Occupation (Required) Attorney	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. J.W. Jones	02/24/2011	\$250.00
Mailing Address 3637 Parkway Boulevard		
City, State, Zip Code Meridian, MS 39305-3869		
Name of Employer (Required) Jeff Anderston Regional Medical Center		
Occupation (Required) President	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Rick Barry	02/24/2011	\$500.00
Mailing Address 5022 5th Place		
City, State, Zip Code Meridian, MS 39305-1919		
Name of Employer (Required) Bordeaux and Jones		
Occupation (Required) Attorney	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>Mr. Ben Shirley</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bonita Auto Sales	02/24/2011	\$500.00
Mailing Address 1719 Highway 39 N		
City, State, Zip Code Meridian, MS 39301-3536		
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. Ferrell Davidson	02/24/2011	\$500.00
Mailing Address 12718 County Road 514		
City, State, Zip Code Meridian, MS 39301-9456		
Name of Employer (Required) Davidson Hauling, Inc.		
Occupation (Required) owner	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. Ronnie Walton	02/24/2011	\$500.00
Mailing Address PO Box 5514		
City, State, Zip Code Meridian, MS 39302-5514		
Name of Employer (Required) Glover, Young, Walton, and Simmons PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Donnie Mathis	02/24/2011	\$1,500.00
Mailing Address 5502 Westminster Drive		
City, State, Zip Code Meridian, MS 39305-9519		
Name of Employer (Required) SunBelt Motors		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Webster Electric Co.	02/24/2011	\$1,000.00
Mailing Address PO Box 8129		
City, State, Zip Code Meridian, MS 39303-8129		
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. Mark McDonald	02/24/2011	\$1,000.00
Mailing Address 4213 Leo Mcdonald Road		
City, State, Zip Code Meridian, MS 39301-9562		
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 Mrs. Linda Sanford	02/24/2011	\$1,000.00
Mailing Address 1103 62nd Street		
City, State, Zip Code Meridian, MS 39305-1256		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2011 through 04/30/2011

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>William Reid</u>	<u>02/24/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>4830 11th Place</u>		
City, State, Zip Code <u>Meridian, MS 39305-2770</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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>Sunbelt Motors, Inc.</u>	<u>02/24/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 5315</u>		
City, State, Zip Code <u>Meridian, MS 39302-5315</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. L. Ray Humphryes</u>	<u>02/18/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>2124 14th Street</u>		
City, State, Zip Code <u>Meridian, MS 39301-4040</u>		
Name of Employer (Required) <u>Anderson Regional Medical Center</u>		
Occupation (Required) <u>President/CEO</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Stephen Edds</u>	<u>02/25/2011</u>	<u>\$2,500.00</u>
Mailing Address <u>300 Sherborne Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-8959</u>		
Name of Employer (Required) <u>Baker, Donelson, Bearman, Caldwell & Berkowitz</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$5,500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Tommy Thames Jr.	02/24/2011	\$2,500.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required) The Park Companies		
Occupation (Required) CEO	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 Mr. R. H. Dunlap	02/23/2011	\$5,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required) Dunlap & Kyle		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. E. B. Robinson Jr.	02/23/2011	\$2,500.00
Mailing Address 49 Eastbrooke Street		
City, State, Zip Code Jackson, MS 39216-4714		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Marsha James	02/25/2011	\$500.00
Mailing Address 2323 Southwood Road		
City, State, Zip Code Jackson, MS 39211-6213		
Name of Employer (Required) Belhaven Univeristy		
Occupation (Required) Professor	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Watson	02/24/2011	\$2,500.00
Mailing Address 6130 I 55 N		
City, State, Zip Code Jackson, MS 39211-2642		
Name of Employer (Required) Watson Quality Ford		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
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>John Arledge</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	02/21/2011	\$500.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
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. Larry Homan	02/22/2011	\$1,000.00
Mailing Address PO Box 39		
City, State, Zip Code Fulton, MS 38843-0039		
Name of Employer (Required) Homan Industries		
Occupation (Required) President	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. Dicky Sparks</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Sparks CPA Firm PC	02/22/2011	\$250.00
Mailing Address PO Box 1366		
City, State, Zip Code Red Bay, AL 35582-1366		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Palmer	02/25/2011	\$2,500.00
Mailing Address 1667 Lelia Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required) Coker and Palmer		
Occupation (Required) Investments	Aggregate Year-to-date	\$4,000.00
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. Ray Harrigill	02/08/2011	\$2,000.00
Mailing Address 106 Gabriel Place		
City, State, Zip Code Madison, MS 39110-8532		
Name of Employer (Required) Sunray Companies		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Manisha Malhotra	02/08/2011	\$1,000.00
Mailing Address 120 Woodland Hills Boulevard		
City, State, Zip Code Madison, MS 39110-7820		
Name of Employer (Required) Internal Pediatric Medicine Associates		
Occupation (Required) Physician	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. Hollis Shoemaker</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shoemaker Family Partners, LP	02/28/2011	\$1,000.00
Mailing Address PO Box 986		
City, State, Zip Code Ridgeland, MS 39158-0986		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. O. Walton III	02/27/2011	\$1,000.00
Mailing Address 4109 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6521		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Larry Clark	02/25/2011	\$1,000.00
Mailing Address PO Box 789		
City, State, Zip Code Amory, MS 38821-0789		
Name of Employer (Required) Larry Clark Chevrolet		
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 Mrs. Sara Rogers	01/14/2011	\$250.00
Mailing Address PO Box 436		
City, State, Zip Code Liberty, MS 39645-0436		
Name of Employer (Required) Sara E. Jones		
Occupation (Required) Attorney	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 Dr. R. Scott Runnels Jr.	02/28/2011	\$5,000.00
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	Aggregate Year-to-date	\$6,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Albert and Sherley Moore</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Albert D. Moore Insurance Agency, Inc.	03/01/2011	\$1,000.00
Mailing Address PO Box 5977		
City, State, Zip Code Pearl, MS 39288-5977		
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 Mr. Richard Hale	03/01/2011	\$2,500.00
Mailing Address 110 Clairemont Cove		
City, State, Zip Code Ridgeland, MS 39157-9760		
Name of Employer (Required) Blue Cross Blue Shield		
Occupation (Required) CEO	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 Mr. Kenny Hill	02/28/2011	\$1,000.00
Mailing Address 142 Montana Street		
City, State, Zip Code Ripley, MS 38663-7508		
Name of Employer (Required) Hill Construction		
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. Kenneth Hill	02/28/2011	\$1,000.00
Mailing Address PO Box 131		
City, State, Zip Code Falkner, MS 38629-0131		
Name of Employer (Required) Hill Construction		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Rob Hill	02/28/2011	\$1,000.00
Mailing Address 4050 County Road 400		
City, State, Zip Code Falkner, MS 38629-9739		
Name of Employer (Required) Hill Construction		
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. Gerald Hill	02/28/2011	\$1,000.00
Mailing Address 290 County Road 343		
City, State, Zip Code Falkner, MS 38629-9724		
Name of Employer (Required) Hill Construction		
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. Bobby Martin	02/28/2011	\$1,000.00
Mailing Address 896 S Main Street		
City, State, Zip Code Ripley, MS 38663-2915		
Name of Employer (Required) The Peoples Bank		
Occupation (Required) President	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. Michael Dees	02/28/2011	\$500.00
Mailing Address PO Box 98		
City, State, Zip Code Ripley, MS 38663-0098		
Name of Employer (Required) Dees Oil Company		
Occupation (Required) owner	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. George Hightower	02/28/2011	\$500.00
Mailing Address PO Box 2174		
City, State, Zip Code Grenada, MS 38902-2174		
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 Mrs. Karen Green	03/01/2011	\$1,000.00
Mailing Address PO Box 2060		
City, State, Zip Code Grenada, MS 38902-2060		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Law Professor	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 Hankins Lumber Company, Inc.	03/01/2011	\$1,000.00
Mailing Address PO Box 1397		
City, State, Zip Code Grenada, MS 38902-1397		
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. Peggy Holmes	02/28/2011	\$250.00
Mailing Address 906 Mcalpine Drive		
City, State, Zip Code Amory, MS 38821-1928		
Name of Employer (Required) Amory High School		
Occupation (Required) Teacher	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. Raiford Hancock	03/01/2011	\$2,000.00
Mailing Address 1021 Highway 433 S		
City, State, Zip Code Benton, MS 39040-9130		
Name of Employer (Required) W.S. Red Hancock, Inc.		
Occupation (Required) Oilfield Construction	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 Mr. and Mrs. Stuart Irby	03/01/2011	\$1,000.00
Mailing Address 3940 Stuart Place		
City, State, Zip Code Jackson, MS 39211-6752		
Name of Employer (Required) Self		
Occupation (Required) Investments	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 Wellington Associates, Inc.	03/04/2011	\$2,500.00
Mailing Address PO Box 12029		
City, State, Zip Code Jackson, MS 39236-2029		
Name of Employer (Required)		
Occupation (Required)	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 Dr. Billy Walker	02/15/2011	\$500.00
Mailing Address 60 Saint Andrews Place		
City, State, Zip Code Jackson, MS 39211-2439		
Name of Employer (Required) Physician		
Occupation (Required) self	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Francis Lee	03/02/2011	\$1,000.00
Mailing Address 402 Daniel Drive		
City, State, Zip Code Brandon, MS 39047-7396		
Name of Employer (Required) First Tower Corp.		
Occupation (Required) President and CEO	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>Mmr. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Federated Insurance Co.	02/25/2011	\$1,000.00
Mailing Address PO Box 321422		
City, State, Zip Code Flowood, MS 39232-1422		
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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Federated Life Insurance Company	02/25/2011	\$1,000.00
Mailing Address PO Box 321422		
City, State, Zip Code Flowood, MS 39232-1422		
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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name GulfCo of Mississippi Inc.	02/25/2011	\$1,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name GulfCo of Louisiana Inc.	02/25/2011	\$1,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name First Tower Corp.	02/25/2011	\$1,000.00
Mailing Address Post Office Box 6000		
City, State, Zip Code Jackson, MS 39288		
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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tower Loan of Mississippi Inc.	02/25/2011	\$1,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tower Loan of Missouri Inc.	02/25/2011	\$1,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Mr. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tower Auto Loan, Inc.</u>	<u>02/25/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>6295 Old Canton Road Apt. 1B</u>		
City, State, Zip Code <u>Jackson, MS 39211-2933</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. Franc Lee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>First Tower Loan</u>	<u>02/25/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>Post Office Box 6000</u>		
City, State, Zip Code <u>Jackson, MS 39288</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Peter Austin</u>	<u>03/03/2011</u>	<u>\$250.00</u>
Mailing Address <u>1661 Cypress Ridge</u>		
City, State, Zip Code <u>Greenville, MS 38701-6979</u>		
Name of Employer (Required) <u>Delta Regional Medical Center</u>		
Occupation (Required) <u>Comptroller</u>	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 <u>Mrs. Melanie Barrett</u>	<u>03/03/2011</u>	<u>\$500.00</u>
Mailing Address <u>204 Ivy Brook Court</u>		
City, State, Zip Code <u>Madison, MS 39110-6516</u>		
Name of Employer (Required) <u>Covenant Pharmacy</u>		
Occupation (Required) <u>Pharmacist</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. David Stephens</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephens Printing	03/09/2011	\$1,500.00
Mailing Address 642 Highway 469 S		
City, State, Zip Code Florence, MS 39073-9064		
Name of Employer (Required)		
Occupation (Required)	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. James Colmer Jr.	03/07/2011	\$250.00
Mailing Address 2017 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7485		
Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A.		
Occupation (Required) Attorney	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 L Forrest Berry	03/03/2011	\$2,500.00
Mailing Address PO Box 9998		
City, State, Zip Code Jackson, MS 39286-0998		
Name of Employer (Required) Laurel Fuel Company		
Occupation (Required) CEO	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 Dr. Harry Collins	01/28/2011	\$250.00
Mailing Address 112 Deer Creek Drive		
City, State, Zip Code Scott, MS 38772-5505		
Name of Employer (Required) Monsanto		
Occupation (Required) Independent Contractor	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 George Byars	02/07/2011	\$250.00
Mailing Address 3742 River Pine Drive		
City, State, Zip Code Moss Point, MS 39563-5016		
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 Mr. James Heidelberg	03/08/2011	\$500.00
Mailing Address 1300 Driftwood Street		
City, State, Zip Code Pascagoula, MS 39567-7592		
Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A.		
Occupation (Required) Attorney	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. B.J. Canup	03/09/2011	\$250.00
Mailing Address 102 Francis Drive		
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required) Tremont Floral		
Occupation (Required) Architect	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. Eric Holland	03/09/2011	\$1,000.00
Mailing Address PO Box 127		
City, State, Zip Code Fulton, MS 38843-0127		
Name of Employer (Required) Daniel Healthcare		
Occupation (Required) Administrator	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Chip Crane	03/09/2011	\$1,000.00
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) President	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 Larry Montgomery	03/09/2011	\$1,000.00
Mailing Address 101 Francis Drive		
City, State, Zip Code Fulton, MS 38843-6615		
Name of Employer (Required) Montgomery Enterprises		
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. Johnny Crane	03/09/2011	\$2,000.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) FL Crane & Sons		
Occupation (Required) Contractor	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 Mr. Luke Montgomery	03/09/2011	\$1,000.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required) Montgomery Enterprises		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,400.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Harry M. Walker and Mr. Jer</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Excellance in Government PAC	03/08/2011	\$5,000.00
Mailing Address PO Box 291		
City, State, Zip Code Jackson, MS 39205-0291		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Samuel Haskell III	03/07/2011	\$2,500.00
Mailing Address 415 Park Drive		
City, State, Zip Code Oxford, MS 38655-2820		
Name of Employer (Required) Self		
Occupation (Required) Self	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. Sara E. Jones	03/07/2011	\$1,000.00
Mailing Address PO Box 1062		
City, State, Zip Code Yazoo City, MS 39194-1062		
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. Hal Miller	03/10/2011	\$1,000.00
Mailing Address PO Box 1123		
City, State, Zip Code Jackson, MS 39215-1123		
Name of Employer (Required) Miller Transporters		
Occupation (Required) Executive Vice President	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Marcus Lea	03/08/2011	\$25.00
Mailing Address 3082 Wallace Drive SW		
City, State, Zip Code Bogue Chitto, MS 39629-9472		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$225.00
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. Patrick Nelson	03/11/2011	\$250.00
Mailing Address PO Box 246		
City, State, Zip Code Southaven, MS 38671-0003		
Name of Employer (Required) Entergy		
Occupation (Required) Community Relations	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. Lesley Gaynor Murray	02/24/2011	\$500.00
Mailing Address 300 Sherborne Place		
City, State, Zip Code Flowood, MS 39232-8959		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stribling Equipment, LLC	03/03/2011	\$500.00
Mailing Address PO Box 6038		
City, State, Zip Code Jackson, MS 39288-6038		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Xan Robertson	03/04/2011	\$500.00
Mailing Address 3305 Old Highway 61 S		
City, State, Zip Code Leland, MS 38756-9797		
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 Dr. Arvis Hawkins	03/04/2011	\$500.00
Mailing Address 105 Bayou Road		
City, State, Zip Code Greenville, MS 38701-7702		
Name of Employer (Required) Greenville Primary Care Clinic		
Occupation (Required) Physican	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. Harold Blakely	03/03/2011	\$500.00
Mailing Address 5357 Cliff Gookin Boulevard		
City, State, Zip Code Tupelo, MS 38801-7085		
Name of Employer (Required) Delta Area Hospice		
Occupation (Required) Pharmacist	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. Paul Watson	02/28/2011	\$250.00
Mailing Address 1842 Lake Manor Drive		
City, State, Zip Code Greenville, MS 38701-7439		
Name of Employer (Required) Washington Co.		
Occupation (Required) Supervisor	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2011through 04/30/2011

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>Johnny and Renee McRight</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mcright Services, LLC	02/15/2011	\$1,000.00
Mailing Address PO Box 4812		
City, State, Zip Code Greenville, MS 38704-4812		
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 Suresh Chawla	03/02/2011	\$1,000.00
Mailing Address 902 Jane Lane		
City, State, Zip Code Greenwood, MS 38930-2510		
Name of Employer (Required) Self		
Occupation (Required) Investor	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 WWB, Inc.	02/22/2011	\$250.00
Mailing Address PO Box 5563		
City, State, Zip Code Greenville, MS 38704-5563		
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 Heather Ashley Montgomery	03/10/2011	\$500.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
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 01/01/2011 through 04/30/2011

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. Luke Montgomery	03/10/2011	\$1,400.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required) Montgomery Enterprises		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,400.00
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 Delois Montgomery	03/10/2011	\$1,000.00
Mailing Address 101 Francis Drive		
City, State, Zip Code Fulton, MS 38843-6615		
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. John Phillips III	03/10/2011	\$1,000.00
Mailing Address 4042 Highway 16 W		
City, State, Zip Code Yazoo City, MS 39194-9243		
Name of Employer (Required) Self		
Occupation (Required) farmer	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 Maxey II	03/09/2011	\$1,000.00
Mailing Address 2201 Eastover Drive		
City, State, Zip Code Jackson, MS 39211-6722		
Name of Employer (Required) The Maxey Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Mr. Jim Sheble</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nucor Steel Recyclers of Mississippi PAC</u>	03/11/2011	\$1,000.00
Mailing Address <u>3630 Fourth Street</u>		
City, State, Zip Code <u>Flowood, MS 39232-2000</u>		
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 <u>Mr. Ralph McLain</u>	03/11/2011	\$250.00
Mailing Address <u>PO Box 9436</u>		
City, State, Zip Code <u>Columbus, MS 39705-0019</u>		
Name of Employer (Required) <u>Seld</u>		
Occupation (Required) <u>Telecommunications</u>	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>Ron and Tawana Williams, Bran</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hazmat Services, Inc.</u>	03/10/2011	\$250.00
Mailing Address <u>PO Box 2398</u>		
City, State, Zip Code <u>Pascagoula, MS 39569-2398</u>		
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 <u>Mr. Scott M Smith</u>	03/14/2011	\$500.00
Mailing Address <u>1007 Woodview Drive</u>		
City, State, Zip Code <u>Morgan City, LA 70380-8046</u>		
Name of Employer (Required) <u>Teche Regional</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. Davis Richards III	03/14/2011	\$500.00
Mailing Address 2648 W Lakeshore Drive		
City, State, Zip Code Starkville, MS 39759-8315		
Name of Employer (Required) Health Managment Associates, Inc.		
Occupation (Required) Government Relations	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 Alan Levine	03/14/2011	\$500.00
Mailing Address 3226 Broad Magnolia Court		
City, State, Zip Code Baton Rouge, LA 70810-8390		
Name of Employer (Required) Health Managment Associates, Inc.		
Occupation (Required) Executive	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 Joe D. Pinion	03/14/2011	\$500.00
Mailing Address 1686 Sunflower Circle		
City, State, Zip Code Tupelo, MS 38801-8191		
Name of Employer (Required) Health Managment Associates		
Occupation (Required) Div. 4 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 Kelly Curry	03/14/2011	\$500.00
Mailing Address 2325 Mont Claire Drive Unit 202		
City, State, Zip Code Naples, FL 34109-4334		
Name of Employer (Required) Health Managment Associates, Inc.		
Occupation (Required) CFO	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Health Management Associates Ms Pac	03/14/2011	\$20,000.00
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	\$20,000.00
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. Don Shelton	03/14/2011	\$500.00
Mailing Address PO Box 1011		
City, State, Zip Code Columbus, MS 39703-1011		
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 Mr. Frank Reid	03/14/2011	\$250.00
Mailing Address 324 Eastwood Avenue		
City, State, Zip Code Ridgeland, MS 39157-3514		
Name of Employer (Required) Climate Masters		
Occupation (Required) Manager	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 Atmos Energy Corp Pac	02/23/2011	\$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	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. R. Clark	03/15/2011	\$250.00
Mailing Address 3 Cherokee Circle		
City, State, Zip Code Hattiesburg, MS 39401-7072		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Gerald Crystal	03/15/2011	\$200.00
Mailing Address 1404 Allen Street		
City, State, Zip Code Jackson, MS 39201-6201		
Name of Employer (Required) Jackson Iron		
Occupation (Required) Executive	Aggregate Year-to-date	\$300.00
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. Matt Holleman, III</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Galaxie Corporation	03/08/2011	\$625.00
Mailing Address PO Box 12485		
City, State, Zip Code Jackson, MS 39236-2485		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$625.00
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. Matt Holleman, III</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comet Street, Inc.	03/08/2011	\$625.00
Mailing Address PO Box 13609		
City, State, Zip Code Jackson, MS 39236-3609		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$625.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Matt Holleman, III</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Street Corp.	03/08/2011	\$625.00
Mailing Address PO Box 12485		
City, State, Zip Code Jackson, MS 39236-2485		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$625.00
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. Matt Holleman, III</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bay Street Corp.	03/08/2011	\$625.00
Mailing Address PO Box 16505		
City, State, Zip Code Jackson, MS 39236-6505		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$625.00
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. Kay Atwood-Van Skiver	03/14/2011	\$1,000.00
Mailing Address 212 Duck Cove		
City, State, Zip Code Madison, MS 39110-9692		
Name of Employer (Required) Atwood Fence Co.		
Occupation (Required) Contractor	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. T.H. Kendall III	03/15/2011	\$500.00
Mailing Address PO Box 96		
City, State, Zip Code Bolton, MS 39041-0096		
Name of Employer (Required) Gaddis Farms		
Occupation (Required) Farmer/Banker	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Jack Reed Sr.	03/14/2011	\$250.00
Mailing Address PO Box 230		
City, State, Zip Code Tupelo, MS 38802-0230		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Dewey Lane	03/14/2011	\$250.00
Mailing Address PO Box 1245		
City, State, Zip Code Pascagoula, MS 39568-1245		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Joe Sanderson Jr.	03/17/2011	\$10,000.00
Mailing Address PO Box 988		
City, State, Zip Code Laurel, MS 39441-0988		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Kelley Williams	03/16/2011	\$2,500.00
Mailing Address 2030 Eastover Drive		
City, State, Zip Code Jackson, MS 39211-6717		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Olivia Host	03/16/2011	\$1,000.00
Mailing Address 270 Hidden Oaks Drive		
City, State, Zip Code Ridgeland, MS 39157-7000		
Name of Employer (Required) BKD		
Occupation (Required) CPA	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. Francis Ware	03/24/2011	\$1,000.00
Mailing Address 271 Highland Place Drive		
City, State, Zip Code Jackson, MS 39211-5910		
Name of Employer (Required) First Commercial		
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. Thomas Black	03/17/2011	\$1,000.00
Mailing Address 2066 Culleywood Road		
City, State, Zip Code Jackson, MS 39211-5840		
Name of Employer (Required) Harrell Construction Group		
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. Robert Wells	03/17/2011	\$10,000.00
Mailing Address 226 Westfield Road		
City, State, Zip Code Ridgeland, MS 39157-9492		
Name of Employer (Required) Young, Williams		
Occupation (Required) Attorney	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Tim Ford	03/15/2011	\$5,000.00
Mailing Address 401 E Capitol Street Suite 200		
City, State, Zip Code Jackson, MS 39201-2608		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. Armin Moeller Jr.	03/16/2011	\$1,000.00
Mailing Address 346 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2521		
Name of Employer (Required) Balch & Bingham		
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. and Mrs. Christian Waddell	03/18/2011	\$1,000.00
Mailing Address 1600 Linden Place		
City, State, Zip Code Jackson, MS 39202-1215		
Name of Employer (Required) Balch & Bingham		
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. William C Reeves	03/10/2011	\$1,000.00
Mailing Address 401 E Capitol Street Suite 200		
City, State, Zip Code Jackson, MS 39201-2608		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. William Mounger II</u>	03/11/2011	\$1,000.00
Mailing Address <u>4781 E Massena Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-4931</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Investor</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. William Billingsley</u>	03/17/2011	\$1,000.00
Mailing Address <u>569 N Old Canton Road</u>		
City, State, Zip Code <u>Madison, MS 39110-8111</u>		
Name of Employer (Required) <u>Home Health Care Affiliates, Inc.</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Maston Ballew III</u>	03/17/2011	\$500.00
Mailing Address <u>450 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2523</u>		
Name of Employer (Required) <u>Security Ballew</u>		
Occupation (Required) <u>Investor</u>	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>Jim Hill, President/CEO</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>First Heritage Credit, LLC</u>	03/17/2011	\$1,000.00
Mailing Address <u>605 Crescent Boulevard Suite 101</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8659</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 01/01/2011 through 04/30/2011

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. Walter Denny Jr.	03/17/2011	\$500.00
Mailing Address 800 Woodlands Parkway Suite 118		
City, State, Zip Code Ridgeland, MS 39157-5200		
Name of Employer (Required) The Woodlands Office Park		
Occupation (Required) CPA	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. Floyd Sulser Jr.	03/18/2011	\$1,000.00
Mailing Address 105 Bridgeview Circle		
City, State, Zip Code Ridgeland, MS 39157-8617		
Name of Employer (Required) Southern Lumber Company		
Occupation (Required) President	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. J Edward Hill	03/15/2011	\$1,000.00
Mailing Address 1376 Country Wood Cove		
City, State, Zip Code Tupelo, MS 38801-8459		
Name of Employer (Required) Hill Construction		
Occupation (Required) Manager	Aggregate Year-to-date	\$1,100.00
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 Brevard	03/14/2011	\$500.00
Mailing Address 805 Oak Grove Road		
City, State, Zip Code Tupelo, MS 38804-2031		
Name of Employer (Required) B&B Concrete		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. W. Gregg Cowser	03/15/2011	\$250.00
Mailing Address 4525 East Drive		
City, State, Zip Code Belden, MS 38826-9598		
Name of Employer (Required) BancorpSouth		
Occupation (Required) Banker	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. Dennis Bruns	03/15/2011	\$500.00
Mailing Address 31 Eastbrooke Circle		
City, State, Zip Code Madison, MS 39110-6536		
Name of Employer (Required) River Oaks Hospital		
Occupation (Required) President and 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. C.T. Finnegan	03/15/2011	\$500.00
Mailing Address PO Box 86		
City, State, Zip Code Hattiesburg, MS 39403-0086		
Name of Employer (Required) Finlo Construction Company, Inc.		
Occupation (Required) Owner	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 Dr. Joe Bailey III	03/16/2011	\$250.00
Mailing Address 2306 Parkway Drive		
City, State, Zip Code Tupelo, MS 38804-1114		
Name of Employer (Required) Gilmore Memorial Regional Medical Center		
Occupation (Required) Doctor	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Colin Maloney</u>	<u>03/16/2011</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 1366</u>		
City, State, Zip Code <u>Tupelo, MS 38802-1366</u>		
Name of Employer (Required) <u>DBA Boar's Head Bed and Breakfast</u>		
Occupation (Required) <u>Owner</u>	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) <u>Josh Smith</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Insurance And Risk Managers</u>	<u>03/17/2011</u>	<u>\$300.00</u>
Mailing Address <u>PO Box 910</u>		
City, State, Zip Code <u>Brookhaven, MS 39602-0910</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Scott Coopwood</u>	<u>03/17/2011</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 117</u>		
City, State, Zip Code <u>Cleveland, MS 38732-0117</u>		
Name of Employer (Required) <u>Coopwood Communications</u>		
Occupation (Required) <u>owner</u>	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 <u>Mr. Julius Ridgway Sr.</u>	<u>03/18/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>362 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2521</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Oil and Gas Exploration</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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. C.M. Waycaster	03/18/2011	\$250.00
Mailing Address 2808 Saint Andrews Drive		
City, State, Zip Code Belden, MS 38826-9537		
Name of Employer (Required) Renasant Bank		
Occupation (Required) Banker	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. Garland Brown	03/17/2011	\$500.00
Mailing Address 3217 Highway 51 SE		
City, State, Zip Code Bogue Chitto, MS 39629-9518		
Name of Employer (Required) Self		
Occupation (Required) Forester	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. William Beck	03/21/2011	\$1,000.00
Mailing Address 102 Woodmont Cove		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) Packaging Research and Design		
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. Gene Eason	03/21/2011	\$1,000.00
Mailing Address 123 Noahs Mill Road		
City, State, Zip Code Madison, MS 39110-7674		
Name of Employer (Required) Outback Steakhouse		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Terry and Traci Godfrey</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Airflo Sales, Inc.</u>	03/18/2011	\$300.00
Mailing Address <u>PO Box 1722</u>		
City, State, Zip Code <u>Madison, MS 39130-1722</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Dewey Lane</u>	03/07/2011	\$500.00
Mailing Address <u>PO Box 1245</u>		
City, State, Zip Code <u>Pascagoula, MS 39568-1245</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	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 <u>Mr. Philip Friedman</u>	03/07/2011	\$500.00
Mailing Address <u>43503 Butler Place</u>		
City, State, Zip Code <u>Leesburg, VA 20176-7428</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Investor</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Sarah Young</u>	03/22/2011	\$1,000.00
Mailing Address <u>4702 Calnita Place</u>		
City, State, Zip Code <u>Jackson, MS 39211-5803</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. James Morris	03/18/2011	\$250.00
Mailing Address PO Box 1897		
City, State, Zip Code Brandon, MS 39043-1897		
Name of Employer (Required) Procon, Inc.		
Occupation (Required) Construction	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. William Ray	03/22/2011	\$1,000.00
Mailing Address 193 Belle Pointe		
City, State, Zip Code Madison, MS 39110-8288		
Name of Employer (Required) Bank Plus		
Occupation (Required) CEO	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. Tally Riddell	03/21/2011	\$250.00
Mailing Address 1423 County Road 88		
City, State, Zip Code New Albany, MS 38652-9711		
Name of Employer (Required) BancorpSouth		
Occupation (Required) Banker	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. Joe Tatum	03/21/2011	\$250.00
Mailing Address 2600 Mimosa Lane		
City, State, Zip Code Hattiesburg, MS 39402-2558		
Name of Employer (Required) Tatum Development Services		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Joe R Goodwin	03/22/2011	\$300.00
Mailing Address 103 Windsong Cove		
City, State, Zip Code Ridgeland, MS 39157-8737		
Name of Employer (Required) Self		
Occupation (Required) Insurance	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Honorable Merle Flowers	03/23/2011	\$10,000.00
Mailing Address PO Box 750		
City, State, Zip Code Southaven, MS 38671-0008		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Senator	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Anthony Everett	03/21/2011	\$300.00
Mailing Address 123 Eastside Drive		
City, State, Zip Code Brandon, MS 39047-9029		
Name of Employer (Required) Retired		
Occupation (Required) Ins. Exec.	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Horsman	03/23/2011	\$300.00
Mailing Address 484 Chapel Hill Road		
City, State, Zip Code Flora, MS 39071-9324		
Name of Employer (Required) Southern Cross Insurance		
Occupation (Required) Underwriter	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Taylor	03/17/2011	\$300.00
Mailing Address PO Box 26		
City, State, Zip Code Laurel, MS 39441-0026		
Name of Employer (Required) Terry Ins. Agency		
Occupation (Required) Ins. Agent	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Haden Hughes	03/23/2011	\$500.00
Mailing Address 48 Avery Circle		
City, State, Zip Code Jackson, MS 39211-2403		
Name of Employer (Required) Mathison Insurance Partners		
Occupation (Required) Vice 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. J. Stacy Davidson	03/23/2011	\$500.00
Mailing Address 905 Luckney Road		
City, State, Zip Code Brandon, MS 39047-8799		
Name of Employer (Required) Self		
Occupation (Required) Telecommunications	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>Steve Davenport</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Telesouth Communications, Inc.	03/23/2011	\$1,000.00
Mailing Address 6311 Ridgewood Road		
City, State, Zip Code Jackson, MS 39211-2035		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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	03/22/2011	\$1,000.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Premier Ford, Lincoln, Mercury		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
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>James Threadgill and Aubrey Patterson</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bancorpsouth Bank Pac	03/16/2011	\$2,500.00
Mailing Address PO Box 789		
City, State, Zip Code Tupelo, MS 38802-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,896.62
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. W. Threadgill	03/17/2011	\$250.00
Mailing Address 3119 Plantation Circle E		
City, State, Zip Code Tupelo, MS 38804-9799		
Name of Employer (Required) Bancorp South		
Occupation (Required) 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. Aubrey Patterson	03/21/2011	\$500.00
Mailing Address 1 Overdale Drive		
City, State, Zip Code Tupelo, MS 38804-1237		
Name of Employer (Required) Bancorpsouth		
Occupation (Required) President/ceo	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Gloria M. Walker	03/28/2011	\$500.00
Mailing Address 3974 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6703		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Dan Grafton	03/23/2011	\$500.00
Mailing Address 1228 Stokes Road		
City, State, Zip Code Canton, MS 39046-8002		
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) <u>Mr. Victor J. Walsh</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Millette Administrators, Inc.	03/25/2011	\$1,000.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
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 Lynette Anderson	03/21/2011	\$250.00
Mailing Address 610 Highway 44		
City, State, Zip Code Sumrall, MS 39482-4302		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. William Rogers	03/24/2011	\$500.00
Mailing Address 901 Stratford Lane		
City, State, Zip Code Amory, MS 38821-2008		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Thomas Poss	03/24/2011	\$300.00
Mailing Address 200 8th Street N		
City, State, Zip Code Amory, MS 38821-2437		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Trautman	03/24/2011	\$250.00
Mailing Address 1113 Hatley Road		
City, State, Zip Code Amory, MS 38821-4624		
Name of Employer (Required) FFM		
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 L. Dwayne Blaylock	03/24/2011	\$500.00
Mailing Address 10 Azalea Lane		
City, State, Zip Code Amory, MS 38821-8700		
Name of Employer (Required) Gilmore Memorial Regional Medical Center		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Phillip M. Faulkner	03/24/2011	\$500.00
Mailing Address 60224 Hatley Road		
City, State, Zip Code Amory, MS 38821-7213		
Name of Employer (Required) Nautic Star Boats		
Occupation (Required) Owner	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. Sam P. Gardner Jr.	03/25/2011	\$300.00
Mailing Address 158 Sycamore Ridge		
City, State, Zip Code Madison, MS 39110-7069		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Beth T. Little	03/25/2011	\$300.00
Mailing Address 333 Coventry Court		
City, State, Zip Code Brandon, MS 39047-8028		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Christopher Boone	03/25/2011	\$1,000.00
Mailing Address 103 Parkdale Place		
City, State, Zip Code Madison, MS 39110-8477		
Name of Employer (Required) Stewart Sneed Hewes		
Occupation (Required) Chief Marketing Officer	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Wilton Johnson III	03/17/2011	\$1,000.00
Mailing Address 1620 Belmont Street		
City, State, Zip Code Jackson, MS 39202-1203		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Alan L. Moore	03/11/2011	\$1,000.00
Mailing Address 1510 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1819		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
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. Stephen Edds	03/16/2011	\$2,500.00
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	Aggregate Year-to-date	\$5,500.00
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. Lee Harrell	03/16/2011	\$300.00
Mailing Address 106 Winchester Lane		
City, State, Zip Code Brandon, MS 39042-3239		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. David Maron	03/18/2011	\$500.00
Mailing Address 213 Kingsbridge Road		
City, State, Zip Code Madison, MS 39110-8486		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	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. Jeffrey Wagner	03/15/2011	\$500.00
Mailing Address 1702 N State Street		
City, State, Zip Code Jackson, MS 39202-1143		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	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. William S Painter	03/15/2011	\$500.00
Mailing Address 4268 I 55 N		
City, State, Zip Code Jackson, MS 39211-6391		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	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. Scott Newton	03/24/2011	\$1,000.00
Mailing Address 206 Bellewether Pass		
City, State, Zip Code Ridgeland, MS 39157-8763		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. William Mendenhall	03/15/2011	\$500.00
Mailing Address 215 Oxford Place		
City, State, Zip Code Ridgeland, MS 39157-9487		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baker Donelson Mississippi Pac	03/16/2011	\$10,000.00
Mailing Address PO Box 14167		
City, State, Zip Code Jackson, MS 39236-4167		
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 L. Dwayne Blaylock	03/24/2011	\$500.00
Mailing Address 10 Azalea Lane		
City, State, Zip Code Amory, MS 38821-8700		
Name of Employer (Required) Gilmore Memorial Regional Medical Center		
Occupation (Required) CEO	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 Ms. Julie Jackson	03/25/2011	\$250.00
Mailing Address 147 W Elbridge Way		
City, State, Zip Code Canton, MS 39046-5508		
Name of Employer (Required) Gulf South Capital		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Harold Weess	03/25/2011	\$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	\$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. Lester Spell Jr.	03/27/2011	\$250.00
Mailing Address 1 Tram Road		
City, State, Zip Code Richland, MS 39218-6011		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Commissioner of Agriculture	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. Elizabeth Buyan	03/28/2011	\$250.00
Mailing Address 4006 Oakridge Drive		
City, State, Zip Code Jackson, MS 39216-3413		
Name of Employer (Required) Mississippi Opera		
Occupation (Required) Executive Director	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. Gary Herring	03/26/2011	\$500.00
Mailing Address 184 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9578		
Name of Employer (Required) First Presbyterian Day School		
Occupation (Required) Headmaster	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. R. Mark Fields	03/25/2011	\$500.00
Mailing Address 200 Agency Burn		
City, State, Zip Code Ridgeland, MS 39157-9740		
Name of Employer (Required) Viking Investments, LLC		
Occupation (Required) Executive	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>Mr. Scott Swanson</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Empire Truck Sales, Llc	03/28/2011	\$1,000.00
Mailing Address PO Box 54325		
City, State, Zip Code Jackson, MS 39288-4325		
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 Mary Phillips Burrow	03/28/2011	\$300.00
Mailing Address 1202 Gallery Street		
City, State, Zip Code Pascagoula, MS 39581-2310		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John Kinard	03/28/2011	\$250.00
Mailing Address PO Box 1618		
City, State, Zip Code Pascagoula, MS 39568-1618		
Name of Employer (Required) Dogan & Wilkerson		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>John Arledge</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	03/25/2011	\$2,500.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Ronald G. Smith</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	03/17/2011	\$5,000.00
Mailing Address PO Box 1200		
City, State, Zip Code Jackson, MS 39215-1200		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Earle Jones	03/29/2011	\$500.00
Mailing Address 2552 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6624		
Name of Employer (Required) MMI Hotel Group, Co		
Occupation (Required) Chairman	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>Jim Waide and Rachel Pierce</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waide And Associates PA	03/28/2011	\$500.00
Mailing Address 322 N Spring St.		
City, State, Zip Code Tupelo, MS 38804-3955		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Correnti	04/01/2011	\$1,000.00
Mailing Address 336 Steeplechase Drive		
City, State, Zip Code Columbus, MS 39705-1286		
Name of Employer (Required) Self		
Occupation (Required) Investor	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. Mark Jordan	03/30/2011	\$1,000.00
Mailing Address PO Box 328		
City, State, Zip Code Madison, MS 39130-0328		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	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. Leonard Roberts	03/30/2011	\$500.00
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	\$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 Russell Newman	03/30/2011	\$1,000.00
Mailing Address 801 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6621		
Name of Employer (Required) Accredited		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tonya Malone</u>	<u>03/30/2011</u>	<u>\$250.00</u>
Mailing Address <u>504 Jasper Circle</u>		
City, State, Zip Code <u>Flowood, MS 39232-5006</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Nurse</u>	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>Josh and Susan Thrash; Tommy</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thrash Commercial Contractos Inc.</u>	<u>03/31/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>211 Commerce Drive</u>		
City, State, Zip Code <u>Brandon, MS 39042-2432</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>Brent and Scarlett Johnston</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Omega Group, Inc.</u>	<u>03/30/2011</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 4896</u>		
City, State, Zip Code <u>Jackson, MS 39296-4896</u>		
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 <u>Mrs. Amy Weeks</u>	<u>03/31/2011</u>	<u>\$250.00</u>
Mailing Address <u>503 Assurance Circle</u>		
City, State, Zip Code <u>Brandon, MS 39042-2173</u>		
Name of Employer (Required) <u>Brunini Grantham Grower and Hewes</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Overstreet	03/29/2011	\$1,000.00
Mailing Address 902 Muirfield Drive		
City, State, Zip Code Oxford, MS 38655-2593		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	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 Lisa Herrie-Dent	03/30/2011	\$250.00
Mailing Address 112 Haddington Cove		
City, State, Zip Code Madison, MS 39110-6878		
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. Mary Kelly	03/17/2011	\$2,500.00
Mailing Address 4455 Northover Drive		
City, State, Zip Code Jackson, MS 39211-6121		
Name of Employer (Required) Julep/Mint Restaurant		
Occupation (Required) Owner	Aggregate Year-to-date	\$4,056.28
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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. Fred Tatum	03/31/2011	\$200.00
Mailing Address 157 Timberton Drive		
City, State, Zip Code Hattiesburg, MS 39401-8209		
Name of Employer (Required) Self		
Occupation (Required) Retired-Physician	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Arthur Fokakis	04/01/2011	\$300.00
Mailing Address 120 Wildwood Trace		
City, State, Zip Code Hattiesburg, MS 39402-2350		
Name of Employer (Required) Asthma and Allergy Clinic of Hattiesburg, PLLC		
Occupation (Required) Physician	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Daniel Cash	04/01/2011	\$500.00
Mailing Address PO Box 663		
City, State, Zip Code Tupelo, MS 38802-0663		
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. Steve Wallace	04/02/2011	\$250.00
Mailing Address 4707 Butler Road		
City, State, Zip Code Tupelo, MS 38801-8494		
Name of Employer (Required) TRVMD		
Occupation (Required) Executive Director	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. Robin McCormick	04/01/2011	\$500.00
Mailing Address 2312 Rosedale Drive		
City, State, Zip Code West Point, MS 39773-9131		
Name of Employer (Required) Watkins, Ward & Stafford, PLLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Donna Ruth Roberts	03/30/2011	\$1,000.00
Mailing Address 503 N Lamar Boulevard		
City, State, Zip Code Oxford, MS 38655-3205		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Billy McBryde	03/31/2011	\$1,000.00
Mailing Address PO Box 9699		
City, State, Zip Code Columbus, MS 39705-0021		
Name of Employer (Required) Self		
Occupation (Required) Construction	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. James Morris	04/02/2011	\$500.00
Mailing Address PO Box 1897		
City, State, Zip Code Brandon, MS 39043-1897		
Name of Employer (Required) Procon, Inc.		
Occupation (Required) Construction	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) <u>John and Sharon Wood</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sharon Wood Agency Inc.	03/28/2011	\$500.00
Mailing Address 1490 W Government Street Suite 1		
City, State, Zip Code Brandon, MS 39042-3024		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>John and Sharon Wood</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wood Insulation Contractors, Inc.</u>	03/29/2011	\$500.00
Mailing Address <u>PO Box 54637</u>		
City, State, Zip Code <u>Pearl, MS 39288-4637</u>		
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 <u>Beverly Reeves</u>	04/04/2011	\$1,000.00
Mailing Address <u>4586 Spring Meadow Way S</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-6891</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	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. Tom Bryant</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pickering, Inc. Pac</u>	03/15/2011	\$500.00
Mailing Address <u>7900 Airways Boulevard Bldg. B</u>		
City, State, Zip Code <u>Southaven, MS 38671-4116</u>		
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 <u>John Price III</u>	04/04/2011	\$250.00
Mailing Address <u>PO Box 856</u>		
City, State, Zip Code <u>Senatobia, MS 38668-0856</u>		
Name of Employer (Required) <u>State Farm</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Rudy and Brooke Warnock</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Warnock & Associates, Llc</u>	04/04/2011	\$250.00
Mailing Address <u>PO Box 1623</u>		
City, State, Zip Code <u>Canton, MS 39046-1623</u>		
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 <u>Holli Blewett</u>	04/01/2011	\$250.00
Mailing Address <u>105 Chadwyck Place</u>		
City, State, Zip Code <u>Madison, MS 39110-6509</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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 <u>Dr. Lynn McMahan</u>	04/04/2011	\$2,500.00
Mailing Address <u>16 Chandeleur Point</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-8724</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	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 <u>Mr. Albert Clark</u>	04/04/2011	\$500.00
Mailing Address <u>PO Box 966</u>		
City, State, Zip Code <u>Starkville, MS 39760-0966</u>		
Name of Employer (Required) <u>C.C. Clark, Inc.</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Freddie Bagley	04/04/2011	\$500.00
Mailing Address 121 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
Name of Employer (Required) Community Bank		
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 William C Cummins	04/01/2011	\$250.00
Mailing Address 104 Shelley Lane		
City, State, Zip Code Brandon, MS 39047-9016		
Name of Employer (Required) Cummins Construction Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Hollis Shoemaker	04/04/2011	\$250.00
Mailing Address 604 Janson Court		
City, State, Zip Code Ridgeland, MS 39157-2910		
Name of Employer (Required) Shoemaker Holmes		
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 Mr. Forrest Rhemann Jr.	04/02/2011	\$500.00
Mailing Address 1781 Cleary Road		
City, State, Zip Code Florence, MS 39073-9287		
Name of Employer (Required) Petroleum Equipment Co.		
Occupation (Required) petroleum sales	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janet Tarpy	04/04/2011	\$250.00
Mailing Address 1013 Pinehurst Place		
City, State, Zip Code Mccomb, MS 39648-9558		
Name of Employer (Required) Self		
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 William Laws	04/04/2011	\$250.00
Mailing Address PO Box 867		
City, State, Zip Code Columbus, MS 39703-0867		
Name of Employer (Required) The Bridge Group		
Occupation (Required) Insurance Agent	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 Debbie West	04/04/2011	\$1,833.00
Mailing Address		
City, State, Zip Code		
Name of Employer (Required) State Farm		
Occupation (Required) Insurance	Aggregate Year-to-date	\$1,833.00
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. Jason Leach	04/05/2011	\$250.00
Mailing Address 2137 Sedona Hills Parkway		
City, State, Zip Code Las Cruces, NM 88011-4135		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. E.J. Gregory III	04/05/2011	\$250.00
Mailing Address 119 Westbury Circle		
City, State, Zip Code Oxford, MS 38655-6046		
Name of Employer (Required) Duncan Williams		
Occupation (Required) Investments	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. Johnny Morgan	04/05/2011	\$250.00
Mailing Address PO Box 309		
City, State, Zip Code Oxford, MS 38655-0309		
Name of Employer (Required) Morgan and White		
Occupation (Required) Insurance	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. Bradford Dye III	04/04/2011	\$500.00
Mailing Address 904 S 11th Street		
City, State, Zip Code Oxford, MS 38655-4316		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Helen Rebecca Meek	03/23/2011	\$1,000.00
Mailing Address 1 Oak Place		
City, State, Zip Code Oxford, MS 38655-2519		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Pat Tatum	03/18/2011	\$1,000.00
Mailing Address PO Box 408		
City, State, Zip Code Oxford, MS 38655-0408		
Name of Employer (Required) Oxford Insurance		
Occupation (Required) President	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. William Alias</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Security Credit Services, LLC	03/24/2011	\$1,000.00
Mailing Address PO Box 1156		
City, State, Zip Code Oxford, MS 38655-1156		
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. William Alias</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Security Holdings, LLC	03/24/2011	\$1,000.00
Mailing Address PO Box 1156		
City, State, Zip Code Oxford, MS 38655-1156		
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. William Alias</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Security Card Services, LLC	03/24/2011	\$1,000.00
Mailing Address PO Box 1211		
City, State, Zip Code Oxford, MS 38655-1211		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barry Bridgforth	04/04/2011	\$250.00
Mailing Address 3591 Bridgeforth Road		
City, State, Zip Code Olive Branch, MS 38654-9749		
Name of Employer (Required) Self		
Occupation (Required) Investor	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. Lewis Mallory Jr.	04/05/2011	\$500.00
Mailing Address 513 Greensboro Street		
City, State, Zip Code Starkville, MS 39759-2861		
Name of Employer (Required) Cadence Bank		
Occupation (Required) Banker	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 Shannon Elliott	04/04/2011	\$500.00
Mailing Address 127 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
Name of Employer (Required) Elliott Law Firm		
Occupation (Required) Attorney	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 Mayor Gary Rhoads	04/05/2011	\$250.00
Mailing Address 225 Birch Lane		
City, State, Zip Code Flowood, MS 39232-8412		
Name of Employer (Required) City of Flowood		
Occupation (Required) Mayor	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Delynn Burkhalter</u>	04/05/2011	\$250.00
Mailing Address <u>530 Greenbriar Drive</u>		
City, State, Zip Code <u>Columbus, MS 39705-1455</u>		
Name of Employer (Required) <u>Burkhalter Rigging</u>		
Occupation (Required) <u>CEO</u>	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 <u>Dr. R. Scott Runnels Jr.</u>	04/05/2011	\$1,000.00
Mailing Address <u>116 Sundial Road</u>		
City, State, Zip Code <u>Madison, MS 39110-9682</u>		
Name of Employer (Required) <u>Runnels Center of Plastic Surgery</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$6,000.00
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. Scott Woods</u>	04/05/2011	\$250.00
Mailing Address <u>112 Lone Wolf Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7028</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Engineer</u>	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 <u>Jane Wiggins</u>	04/06/2011	\$100.00
Mailing Address <u>703 Pine Way Hill</u>		
City, State, Zip Code <u>Flowood, MS 39232-9041</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Albert and Sherley Moore</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Albert D. Moore Insurance Agency, Inc.</u>	04/06/2011	\$1,000.00
Mailing Address <u>PO Box 5977</u>		
City, State, Zip Code <u>Pearl, MS 39288-5977</u>		
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 <u>Mr. Warren Hood Jr.</u>	04/06/2011	\$500.00
Mailing Address <u>3900 Jamestown Road</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-2339</u>		
Name of Employer (Required) <u>Hood Companies</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mack Grubbs</u>	04/06/2011	\$1,000.00
Mailing Address <u>1480 Highway 98 E</u>		
City, State, Zip Code <u>Columbia, MS 39429-8103</u>		
Name of Employer (Required) <u>Mack Grubbs Ford, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Allison Pittman</u>	04/06/2011	\$250.00
Mailing Address <u>PO Box 13768</u>		
City, State, Zip Code <u>Jackson, MS 39236-3768</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Investments</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Peder Johnson</u>	<u>04/07/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>4239 N Honeysuckle Lane</u>		
City, State, Zip Code <u>Jackson, MS 39211-6166</u>		
Name of Employer (Required) <u>BKD,LLP</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>David Burckel</u>	<u>04/08/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>67 Dover Trace</u>		
City, State, Zip Code <u>Hattiesburg, MS 39401-2902</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Land</u>	<u>04/05/2011</u>	<u>\$250.00</u>
Mailing Address <u>190 W Canebrake Boulevard</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-8304</u>		
Name of Employer (Required) <u>Self Employed</u>		
Occupation (Required) <u>Self Employed</u>	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 <u>Derek Arrington</u>	<u>04/07/2011</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 1150</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-1150</u>		
Name of Employer (Required) <u>Jackson, Bowman, Blumentritt & Arrington, PLLC</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Boyce Adams Jr.	04/07/2011	\$250.00
Mailing Address PO Box 8370		
City, State, Zip Code Columbus, MS 39705-0033		
Name of Employer (Required) Banktel		
Occupation (Required) Sales	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 Melanie Morgan	04/06/2011	\$250.00
Mailing Address 431 Heritage Place		
City, State, Zip Code Flowood, MS 39232-8302		
Name of Employer (Required) Trustmark		
Occupation (Required) Banker	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 Janet Harris	04/06/2011	\$250.00
Mailing Address 103 Hickory Cove		
City, State, Zip Code Brandon, MS 39047-8361		
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 Harold Walker	04/06/2011	\$250.00
Mailing Address 112 Lineage Lane		
City, State, Zip Code Flowood, MS 39232-8105		
Name of Employer (Required) Trustmark National Bank		
Occupation (Required) President	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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>Karen and Alan Wilson</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Wilson	03/31/2011	\$250.00
Mailing Address 4000 Lakeland Drive		
City, State, Zip Code Flowood, MS 39232-8891		
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 Baine Smith	04/06/2011	\$500.00
Mailing Address 107 Devlin Lane		
City, State, Zip Code Madison, MS 39110-6553		
Name of Employer (Required) Perdue Farms		
Occupation (Required) Sales	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. Mac Long	04/07/2011	\$250.00
Mailing Address 127 Glenwood Bend		
City, State, Zip Code Madison, MS 39110-6571		
Name of Employer (Required) Mac Long Homes, LLC		
Occupation (Required) President	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>Donna and George Edwards</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H & E Builders, Inc.	04/07/2011	\$500.00
Mailing Address PO Box 5325		
City, State, Zip Code Brandon, MS 39047-5325		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Mark Grubbs	04/08/2011	\$500.00
Mailing Address 102 Woodland Court		
City, State, Zip Code Clinton, MS 39056-9727		
Name of Employer (Required) Climate Masters		
Occupation (Required) Manager	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 George Gunn	04/07/2011	\$500.00
Mailing Address 5 Dogwood Hill Drive		
City, State, Zip Code Jackson, MS 39211-2201		
Name of Employer (Required) Trustmark		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Mccullough Jr.	04/06/2011	\$1,000.00
Mailing Address 2012 Nancy Drive		
City, State, Zip Code Tupelo, MS 38804-1030		
Name of Employer (Required) GLM Associates, LLC		
Occupation (Required) CEO	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 Antoinette M Hubble	04/08/2011	\$500.00
Mailing Address 1190 Deerfield		
City, State, Zip Code Summit, MS 39666-8108		
Name of Employer (Required) McComb Children's Clinic		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Chan Henry	04/08/2011	\$250.00
Mailing Address 149 Cedar Woods Cove		
City, State, Zip Code Madison, MS 39110-6505		
Name of Employer (Required) Self		
Occupation (Required) Physician	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. Roy N Moore	04/07/2011	\$250.00
Mailing Address 1000 Whispering Valley Cove		
City, State, Zip Code Oxford, MS 38655-7700		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Barbara Craft	04/08/2011	\$250.00
Mailing Address 10 Sheffield Place		
City, State, Zip Code Jackson, MS 39211-5747		
Name of Employer (Required) UMC		
Occupation (Required) Physician	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 Laurie Braun	04/08/2011	\$250.00
Mailing Address 706 Pine Way Hill		
City, State, Zip Code Flowood, MS 39232-8993		
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 01/01/2011 through 04/30/2011

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. James Rawlings	04/11/2011	\$250.00
Mailing Address 521 Louisiana Avenue		
City, State, Zip Code Mccomb, MS 39648-4032		
Name of Employer (Required) City of McComb		
Occupation (Required) Mayor	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. Gay Austin	04/10/2011	\$500.00
Mailing Address 405 Marion Avenue		
City, State, Zip Code Mccomb, MS 39648-2709		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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 Harry Rayburn	04/11/2011	\$500.00
Mailing Address 801 Oak Grove Road		
City, State, Zip Code Tupelo, MS 38804-2011		
Name of Employer (Required) Self		
Occupation (Required) Dentist	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>Leon and Amy Ellis</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ellis Construction Company, Inc.	04/07/2011	\$500.00
Mailing Address PO Box 871		
City, State, Zip Code Columbus, MS 39703-0871		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Elmer Mcinnis III	04/08/2011	\$250.00
Mailing Address 1605 Baywood Drive		
City, State, Zip Code Madison, MS 39110-6541		
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 William Lawrence	04/10/2011	\$500.00
Mailing Address 118 Lineage Lane		
City, State, Zip Code Flowood, MS 39232-8105		
Name of Employer (Required) Rankin Orthopedic		
Occupation (Required) Orthopedice Surgeon	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 Ravenstein	04/07/2011	\$250.00
Mailing Address 2377 Twin Lakes Circle		
City, State, Zip Code Jackson, MS 39211-6758		
Name of Employer (Required) Juniker Jewelers		
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 George H. Leggett III	04/12/2011	\$250.00
Mailing Address 215 Magnolia Street		
City, State, Zip Code Magnolia, MS 39652-2827		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Todd Carlisle	04/12/2011	\$250.00
Mailing Address 601 Burke Avenue		
City, State, Zip Code Mccomb, MS 39648-2967		
Name of Employer (Required) Self		
Occupation (Required) Sales	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>Jason Vann</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name City Paint & Glass, Inc.	04/12/2011	\$250.00
Mailing Address 334 25th Street		
City, State, Zip Code Mccomb, MS 39648-5510		
Name of Employer (Required)		
Occupation (Required)	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>Jeff Michael</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Celebrity Coaches, Llc	04/08/2011	\$1,000.00
Mailing Address 106 Celebrity Drive		
City, State, Zip Code Tupelo, MS 38804-4906		
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. David Rotolo	04/12/2011	\$500.00
Mailing Address 102 Cherry Laurel Court		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Billy Coleman	04/12/2011	\$250.00
Mailing Address 1755 Holloman Road		
City, State, Zip Code Columbus, MS 39705		
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 Mr. and Mrs. J. Kennedy	03/31/2011	\$250.00
Mailing Address 815 8th Street N		
City, State, Zip Code Columbus, MS 39701-4031		
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 Will Cooper	04/12/2011	\$250.00
Mailing Address PO Box 1827		
City, State, Zip Code Columbus, MS 39703-1827		
Name of Employer (Required) Gholson Hicks & Nichols		
Occupation (Required) Attorney	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 Justin Shelton	04/12/2011	\$250.00
Mailing Address 811 6th Avenue N		
City, State, Zip Code Columbus, MS 39701-4619		
Name of Employer (Required) Justin International Products		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Shane Tompkins</u>	04/12/2011	\$250.00
Mailing Address <u>115 5th Avenue S</u>		
City, State, Zip Code <u>Columbus, MS 39701-5646</u>		
Name of Employer (Required) <u>Studdard Law Firm</u>		
Occupation (Required) <u>Attorney</u>	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 <u>John Crowell</u>	04/07/2011	\$100.00
Mailing Address <u>PO Box 1827</u>		
City, State, Zip Code <u>Columbus, MS 39703-1827</u>		
Name of Employer (Required) <u>Nichols Crowell Gillis Cooper</u>		
Occupation (Required) <u>Attorney</u>	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 <u>James Stafford</u>	04/09/2011	\$300.00
Mailing Address <u>PO Box 1216</u>		
City, State, Zip Code <u>West Point, MS 39773-1216</u>		
Name of Employer (Required) <u>Watkins, Ward & Stafford, PLLC</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$800.00
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>Cooper Callaway</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Callaway Orthodontics, Inc.</u>	04/12/2011	\$250.00
Mailing Address <u>100 Starr Avenue Suite D</u>		
City, State, Zip Code <u>Starkville, MS 39759-4032</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Dr. John Starr, Jr.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Golden Triangle Periodontal Ctr.</u>	04/12/2011	\$250.00
Mailing Address <u>2900 Bluecutt Road Suite 3</u>		
City, State, Zip Code <u>Columbus, MS 39705-1470</u>		
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 <u>Ellen Mozingo</u>	04/10/2011	\$250.00
Mailing Address <u>2442 Wild Valley Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6224</u>		
Name of Employer (Required) <u>Mozingo Clothiers</u>		
Occupation (Required) <u>Partner</u>	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 <u>Mike James</u>	04/12/2011	\$500.00
Mailing Address <u>435 Wimbledon Drive</u>		
City, State, Zip Code <u>Brandon, MS 39047-7303</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	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>Patrick Floyd and Shelley Brown</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Appraisal And Management Service</u>	04/11/2011	\$500.00
Mailing Address <u>1139 Old Fannin Road Suite G</u>		
City, State, Zip Code <u>Brandon, MS 39047-9258</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Albert Gayden Ward Jr.</u>	03/09/2011	\$1,000.00
Mailing Address <u>4266 I 55 N Suite 200</u>		
City, State, Zip Code <u>Jackson, MS 39211-6393</u>		
Name of Employer (Required) <u>Coker and Palmer</u>		
Occupation (Required) <u>Investments</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Danielle Linton</u>	04/10/2011	\$1,000.00
Mailing Address <u>15558 Allison Hardy Road</u>		
City, State, Zip Code <u>Columbus, MS 39701</u>		
Name of Employer (Required) <u>Homemaker</u>		
Occupation (Required) <u>Homemaker</u>	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>Dr. and Mrs. James S. Brown, III</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Eye & Laser Center Of Starkville</u>	04/11/2011	\$1,000.00
Mailing Address <u>192 Wood Ridge Road</u>		
City, State, Zip Code <u>Starkville, MS 39759-7566</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Dolly Marascalco</u>	04/13/2011	\$500.00
Mailing Address <u>2585 Jackson Avenue Extension</u>		
City, State, Zip Code <u>Grenada, MS 38901-9331</u>		
Name of Employer (Required) <u>Sav Mor Drug Store</u>		
Occupation (Required) <u>owner</u>	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Dolly Marascalco	04/12/2011	\$1,000.00
Mailing Address 2585 Jackson Avenue Extension		
City, State, Zip Code Grenada, MS 38901-9331		
Name of Employer (Required) Sav Mor Drug Store		
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. C.J. Buddy Edens, Jr.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Assoc. Builders & Contractors, Inc.	04/12/2011	\$2,500.00
Mailing Address PO Box 16522		
City, State, Zip Code Jackson, MS 39236-6522		
Name of Employer (Required)		
Occupation (Required)	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. Mary Lillian Wade	04/02/2011	\$250.00
Mailing Address 608 9th Street N		
City, State, Zip Code Columbus, MS 39701-4024		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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. Daniel B Rogers	04/01/2011	\$500.00
Mailing Address 1 Old Rogers Place		
City, State, Zip Code Amory, MS 38821-1323		
Name of Employer (Required) Jesco Inc.		
Occupation (Required) Engineer	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Jeffrey Laseter	04/13/2011	\$250.00
Mailing Address 157 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9236		
Name of Employer (Required) New South Neuro Spine		
Occupation (Required) Physician	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. Charles Renfrow	04/13/2011	\$1,000.00
Mailing Address 133 Northlake Drive		
City, State, Zip Code Madison, MS 39110-5003		
Name of Employer (Required) Terry Investments LLC		
Occupation (Required) Real Estate Investments	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. Benji F. Nelson III	04/12/2011	\$500.00
Mailing Address 118 Southern Ridge Drive		
City, State, Zip Code Madison, MS 39110-9436		
Name of Employer (Required) Ben Nelson Golf Carts		
Occupation (Required) Owner	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. Denton Rogers Jr.	04/13/2011	\$1,000.00
Mailing Address 101 Arbor Lane		
City, State, Zip Code Indianola, MS 38751-2567		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$1,100.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. E Bruce Martin	04/13/2011	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Rosenbaum Insurance		
Occupation (Required) Insurance	Aggregate Year-to-date	\$4,500.00
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. Gail Collins	04/13/2011	\$250.00
Mailing Address 197 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9236		
Name of Employer (Required) Self		
Occupation (Required) Investor	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. Michael Belote	04/13/2011	\$250.00
Mailing Address 2132 Highway 570 W		
City, State, Zip Code Summit, MS 39666-7101		
Name of Employer (Required) Southwest Distributors Inc.		
Occupation (Required) 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. J.W. Burt Jr.	04/14/2011	\$250.00
Mailing Address 277 S Cherry Street		
City, State, Zip Code Magnolia, MS 39652-3017		
Name of Employer (Required) Wellington Associates		
Occupation (Required) Insurance	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Ashley Ogden	04/14/2011	\$2,000.00
Mailing Address 500 E Capitol Street Suite 3		
City, State, Zip Code Jackson, MS 39201-2703		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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) <u>Mr. David Watkins</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watkins Partners	04/11/2011	\$1,000.00
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	\$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. Charles Peoples	04/14/2011	\$500.00
Mailing Address 114 Harbortowne Road		
City, State, Zip Code Ridgeland, MS 39157-2912		
Name of Employer (Required) Peoples Construction Corp.		
Occupation (Required) COO	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. Joe Usry	04/09/2011	\$1,000.00
Mailing Address 603 Little Pine Cove		
City, State, Zip Code Flowood, MS 39232-9080		
Name of Employer (Required) Self		
Occupation (Required) Auto	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bettye Webster</u>	<u>03/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>241 Green T Lake E</u>		
City, State, Zip Code <u>Hernando, MS 38632-4505</u>		
Name of Employer (Required) <u>Accents on the Square</u>		
Occupation (Required) <u>Partner</u>	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>Fuel Time, LLC</u>	<u>04/17/2011</u>	<u>\$500.00</u>
Mailing Address <u>1918 Highway 471</u>		
City, State, Zip Code <u>Brandon, MS 39047-7938</u>		
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 <u>J & R International IV, LLC</u>	<u>04/17/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>Lakeside Express 550 Hwy 80 W.</u>		
City, State, Zip Code <u>Clinton, MS 39056</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dinesh Goel</u>	<u>04/17/2011</u>	<u>\$1,500.00</u>
Mailing Address <u>PO Box 16594</u>		
City, State, Zip Code <u>Jackson, MS 39236-6594</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Vikram Malholtra	04/17/2011	\$3,000.00
Mailing Address 120 Woodland Hills Boulevard		
City, State, Zip Code Madison, MS 39110-7820		
Name of Employer (Required) Heritage		
Occupation (Required) Banker	Aggregate Year-to-date	\$3,000.00
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. Ray Harrigill	04/17/2011	\$3,000.00
Mailing Address 106 Gabriel Place		
City, State, Zip Code Madison, MS 39110-8532		
Name of Employer (Required) Sunray Companies		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. S.L. Sethi	04/17/2011	\$3,000.00
Mailing Address 100 Trey Cove		
City, State, Zip Code Madison, MS 39110-7869		
Name of Employer (Required) Jackie's International		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,000.00
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 Som Budhreja	04/17/2011	\$1,000.00
Mailing Address 2037 Blocker Road		
City, State, Zip Code Crystal Springs, MS 39059-9237		
Name of Employer (Required) Quick-E-Z Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 01/01/2011 through 04/30/2011

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 Shanta S. Khanna	04/17/2011	\$351.00
Mailing Address 405 Ashstead Court		
City, State, Zip Code Ridgeland, MS 39157-4137		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$351.00
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. Sunder Jagwani	04/17/2011	\$300.00
Mailing Address 39 Polo Drive		
City, State, Zip Code Jackson, MS 39211-2442		
Name of Employer (Required) VA Hospital/St. Dominics		
Occupation (Required) Radiologist	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sumesh Arora	04/17/2011	\$400.00
Mailing Address 462 Cherry Hill Drive		
City, State, Zip Code Madison, MS 39110-7500		
Name of Employer (Required) Startegic Biomass Initiative		
Occupation (Required) Director	Aggregate Year-to-date	\$400.00
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 Jitender Khanna	04/17/2011	\$251.00
Mailing Address 405 Ashstead Court		
City, State, Zip Code Ridgeland, MS 39157-4137		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$251.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Avinash Gulanikar	04/17/2011	\$250.00
Mailing Address 204 Valley Road		
City, State, Zip Code Ridgeland, MS 39157-9105		
Name of Employer (Required) Hinds Urology Clinic		
Occupation (Required) Physician	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 Aruna Nayyar	04/17/2011	\$250.00
Mailing Address 621 Turnberry Lane		
City, State, Zip Code Ridgeland, MS 39157-2800		
Name of Employer (Required) Aruna Sojo Investments, Inc.		
Occupation (Required) Treasurer/Secretary/Director	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 Satpal Singh	04/17/2011	\$251.00
Mailing Address 740 Versailles Drive		
City, State, Zip Code Ridgeland, MS 39157-5129		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$251.00
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. Parvesh Goel	04/17/2011	\$500.00
Mailing Address PO Box 607		
City, State, Zip Code Canton, MS 39046-0607		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Harish Madnani</u>	<u>04/17/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 392</u>		
City, State, Zip Code <u>Tylertown, MS 39667-0392</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Veui Psychiatry Associates PLLC</u>	<u>04/17/2011</u>	<u>\$500.00</u>
Mailing Address <u>509 Silverstone Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7646</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Harold Lewis</u>	<u>04/14/2011</u>	<u>\$1,500.00</u>
Mailing Address <u>PO Box 686</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-0686</u>		
Name of Employer (Required) <u>McDaniel Timber Company</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	\$1,600.00
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>Harold and Dot Lewis</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Development, Drilling, & Monitoring, Inc.</u>	<u>04/14/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 686</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-0686</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 01/01/2011 through 04/30/2011

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. Denny Terry</u>	04/15/2011	\$1,000.00
Mailing Address <u>PO Box 1557</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-1557</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Teresa Dottley</u>	04/14/2011	\$250.00
Mailing Address <u>135 Cedar Woods Cove</u>		
City, State, Zip Code <u>Madison, MS 39110-6505</u>		
Name of Employer (Required) <u>Dottley's Spice Mart, Inc.</u>		
Occupation (Required) <u>Director</u>	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 <u>James Lowe</u>	04/14/2011	\$500.00
Mailing Address <u>405 Devonport Circle</u>		
City, State, Zip Code <u>Raymond, MS 39154-9676</u>		
Name of Employer (Required) <u>Construction by Design</u>		
Occupation (Required) <u>Incorporator</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Hal Parker</u>	04/16/2011	\$1,000.00
Mailing Address <u>2820 Narrow Gauge Road</u>		
City, State, Zip Code <u>Bolton, MS 39041-9774</u>		
Name of Employer (Required) <u>Parker Development</u>		
Occupation (Required) <u>Developer</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Gabe Baldwin	04/28/2011	\$250.00
Mailing Address 115 Royal Lytham		
City, State, Zip Code Jackson, MS 39211-2516		
Name of Employer (Required) Bankplus		
Occupation (Required) Banker	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 Joan Blanks	04/18/2011	\$300.00
Mailing Address 504 Spring Lake Drive		
City, State, Zip Code Pearl, MS 39208-6669		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Thomas	04/18/2011	\$250.00
Mailing Address PO Box 2827		
City, State, Zip Code Madison, MS 39130-2827		
Name of Employer (Required) Self		
Occupation (Required) Roof Contractor	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>Billy and Kay Pape</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Pape Plumbing Inc.	04/18/2011	\$1,000.00
Mailing Address 565 Port Gibson Street		
City, State, Zip Code Raymond, MS 39154-9736		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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. Sara Rogers	04/18/2011	\$250.00
Mailing Address PO Box 436		
City, State, Zip Code Liberty, MS 39645-0436		
Name of Employer (Required) Sara E. Jones		
Occupation (Required) Attorney	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Good Government PAC	04/14/2011	\$2,000.00
Mailing Address PO Box 4019		
City, State, Zip Code Gulfport, MS 39502-4019		
Name of Employer (Required)		
Occupation (Required)	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 Veu Psychiatry Associates PLLC	04/19/2011	\$500.00
Mailing Address 509 Silverstone Drive		
City, State, Zip Code Madison, MS 39110-7646		
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 Dr. Harish Madhani	04/17/2011	\$1,000.00
Mailing Address PO Box 392		
City, State, Zip Code Tylertown, MS 39667-0392		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Curtis Optometry Clinic & Dispensary, P.A.	04/13/2011	\$250.00
Mailing Address PO Box 9099		
City, State, Zip Code Columbus, MS 39705-0038		
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 John Hairston	04/13/2011	\$1,000.00
Mailing Address PO Box 4019		
City, State, Zip Code Gulfport, MS 39502-4019		
Name of Employer (Required) Hancock 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 Tiffany Francis	04/11/2011	\$500.00
Mailing Address 345 Kingsbridge Road		
City, State, Zip Code Madison, MS 39110-8488		
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 J. David Coker	04/15/2011	\$250.00
Mailing Address 139 Fenwick Circle		
City, State, Zip Code Madison, MS 39110-7779		
Name of Employer (Required) Coker and Palmer		
Occupation (Required) President	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Jeffery M. Allen	04/19/2011	\$250.00
Mailing Address 129 Ralph Rawls Road		
City, State, Zip Code Hattiesburg, MS 39402-1063		
Name of Employer (Required) Nicholson & Co.		
Occupation (Required) CPA	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 Robert Jones	04/18/2011	\$500.00
Mailing Address 205 Ball Avenue		
City, State, Zip Code Tylertown, MS 39667-2103		
Name of Employer (Required) Jones Furniture		
Occupation (Required) Owner	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. Cindy Pigott	04/19/2011	\$500.00
Mailing Address 105 Eli Pigott Road		
City, State, Zip Code Tylertown, MS 39667-5043		
Name of Employer (Required) Pigott Oil Company		
Occupation (Required) Treasurer/Sec./Director	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 Larry Montgomery	04/19/2011	\$500.00
Mailing Address 262 Airline Highway		
City, State, Zip Code Tylertown, MS 39667-5011		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Walhall County	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 C&S Inc.	04/19/2011	\$500.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
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 Western Resources, Inc.	04/19/2011	\$1,000.00
Mailing Address PO Box 246		
City, State, Zip Code Tylertown, MS 39667-0246		
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 Pigott Oil	04/19/2011	\$1,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
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 Market Max LLC	04/19/2011	\$3,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Dixie Springs Cafe	03/31/2011	\$250.00
Mailing Address PO Box 220		
City, State, Zip Code Summit, MS 39666-0220		
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 Floyd Carey M.D.	04/19/2011	\$250.00
Mailing Address PO Box 326		
City, State, Zip Code Summit, MS 39666-0326		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 Kent Kebert	04/19/2011	\$250.00
Mailing Address 2603 Seminole Drive		
City, State, Zip Code Mccomb, MS 39648-6001		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 F.J. Montalvo	04/19/2011	\$250.00
Mailing Address PO Box 504		
City, State, Zip Code Mccomb, MS 39649-0504		
Name of Employer (Required) Montalvo Oil		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Allison Williams	04/19/2011	\$500.00
Mailing Address 1155 Caston Road		
City, State, Zip Code Mccomb, MS 39648-8760		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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 Dr. Lawrence Stewart	04/19/2011	\$1,000.00
Mailing Address 410 Cherokee Drive		
City, State, Zip Code Mccomb, MS 39648-6016		
Name of Employer (Required) SW MS Ear Nose and Throat		
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 Thomas Armstrong	04/19/2011	\$250.00
Mailing Address PO Box 2299		
City, State, Zip Code Natchez, MS 39121-2299		
Name of Employer (Required) Armstrong Foundation		
Occupation (Required) 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 Mrs. Mary Kelly	04/22/2011	\$1,556.28
Mailing Address 4455 Northover Drive		
City, State, Zip Code Jackson, MS 39211-6121		
Name of Employer (Required) Julep/Mint Restaurant		
Occupation (Required) Owner	Aggregate Year-to-date	\$4,056.28

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. and Mrs. James Herring</u>	04/15/2011	\$250.00
Mailing Address <u>232 E Semmes Street</u>		
City, State, Zip Code <u>Canton, MS 39046-4530</u>		
Name of Employer (Required) <u>Herring, Long, and Crews</u>		
Occupation (Required) <u>Attorney</u>	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 <u>APAC - Mississippi Inc</u>	04/22/2011	\$750.00
Mailing Address <u>PO Box 24508</u>		
City, State, Zip Code <u>Jackson, MS 39225-4508</u>		
Name of Employer (Required)		
Occupation (Required)	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 <u>Mr. Ben Craddock</u>	04/10/2011	\$250.00
Mailing Address <u>2427 Culleywood Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-4918</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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 <u>Steve Mckinney</u>	04/18/2011	\$250.00
Mailing Address <u>1254 Pecan Lane</u>		
City, State, Zip Code <u>West Point, MS 39773-3949</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Jackie Edwards	04/20/2011	\$250.00
Mailing Address 940 E Broad Street		
City, State, Zip Code West Point, MS 39773-3234		
Name of Employer (Required) MS Dept. of Health		
Occupation (Required) Executive Director	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. Rick Faucette	04/19/2011	\$1,000.00
Mailing Address 1121 Bienville Street		
City, State, Zip Code Tupelo, MS 38801-2403		
Name of Employer (Required) Faucette Petroleum and Supply Co. Inc.		
Occupation (Required) President	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. Albert Clark	04/19/2011	\$1,000.00
Mailing Address PO Box 966		
City, State, Zip Code Starkville, MS 39760-0966		
Name of Employer (Required) C.C. Clark, Inc.		
Occupation (Required) Vice President	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. Eric Hallberg	04/19/2011	\$1,000.00
Mailing Address 104 S Primrose Lane		
City, State, Zip Code Starkville, MS 39759-4361		
Name of Employer (Required) Cappe's Steakhouse		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Irene A. Mccraw	04/20/2011	\$250.00
Mailing Address 1389 Greens Creek Road		
City, State, Zip Code Carson, MS 39427-6180		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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. Thomas Byrd	04/19/2011	\$250.00
Mailing Address 2381 Tiffany Circle		
City, State, Zip Code Florence, MS 39073-8976		
Name of Employer (Required) Self		
Occupation (Required) Physician	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>Harold and Betty Markham</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cal-Mar Construction Company, LLC	04/20/2011	\$250.00
Mailing Address PO Box 6192		
City, State, Zip Code Jackson, MS 39288-6192		
Name of Employer (Required)		
Occupation (Required)	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>Johnny and Renee McRight</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mcright Services, LLC	04/20/2011	\$2,500.00
Mailing Address PO Box 4812		
City, State, Zip Code Greenville, MS 38704-4812		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Elaine Crystal</u>	<u>04/20/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>242 Eastbrooke Street</u>		
City, State, Zip Code <u>Jackson, MS 39216-4716</u>		
Name of Employer (Required) <u>Briarwood Properties LLC</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. R.D. Bobby Downing</u>	<u>04/20/2011</u>	<u>\$500.00</u>
Mailing Address <u>1736 Cleary Road</u>		
City, State, Zip Code <u>Florence, MS 39073-9288</u>		
Name of Employer (Required) <u>Mississippi Mechanical, Inc.</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Leland Speed</u>	<u>04/20/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 22728</u>		
City, State, Zip Code <u>Jackson, MS 39225-2728</u>		
Name of Employer (Required) <u>State of Mississippi</u>		
Occupation (Required) <u>Director of MDA</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Wayne Washington</u>	<u>04/19/2011</u>	<u>\$500.00</u>
Mailing Address <u>2301 Country Club Road</u>		
City, State, Zip Code <u>Tupelo, MS 38804-1103</u>		
Name of Employer (Required) <u>Washington Insurance and Association</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$600.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Nat S. Rogers</u>	<u>04/18/2011</u>	<u>\$250.00</u>
Mailing Address <u>200 Dominican Drive # 5210</u>		
City, State, Zip Code <u>Madison, MS 39110-8630</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Robert Whitwell</u>	<u>04/19/2011</u>	<u>\$250.00</u>
Mailing Address <u>248 Saint Andrews Circle</u>		
City, State, Zip Code <u>Oxford, MS 38655-2506</u>		
Name of Employer (Required) <u>Farese, Farese & Farese PA</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. William Kennedy</u>	<u>04/20/2011</u>	<u>\$250.00</u>
Mailing Address <u>13 Kennedy Road</u>		
City, State, Zip Code <u>Inverness, MS 38753-9545</u>		
Name of Employer (Required) <u>Jimmy Sanders, Inc.</u>		
Occupation (Required) <u>Agriculture</u>	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 <u>Dr. Fred Tatum</u>	<u>04/18/2011</u>	<u>\$100.00</u>
Mailing Address <u>157 Timberton Drive</u>		
City, State, Zip Code <u>Hattiesburg, MS 39401-8209</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Retired-Physician</u>	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Gerald Crystal</u>	<u>04/20/2011</u>	<u>\$100.00</u>
Mailing Address <u>1404 Allen Street</u>		
City, State, Zip Code <u>Jackson, MS 39201-6201</u>		
Name of Employer (Required) <u>Jackson Iron</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Wade Creekmore Jr.</u>	<u>04/01/2011</u>	<u>\$5,000.00</u>
Mailing Address <u>1018 Highland Parkway Suite 500</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2089</u>		
Name of Employer (Required) <u>Telepak Networks</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Creekmore</u>	<u>04/01/2011</u>	<u>\$5,000.00</u>
Mailing Address <u>4658 Old Canton Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-5517</u>		
Name of Employer (Required) <u>Telepak Networks</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Camille B. Catchings</u>	<u>04/12/2011</u>	<u>\$250.00</u>
Mailing Address <u>147 Northlake Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-5003</u>		
Name of Employer (Required) <u>Homemakers</u>		
Occupation (Required) <u>Homemakers</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Anthony Sherman</u>	04/15/2011	\$250.00
Mailing Address <u>3975 Northeast Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6329</u>		
Name of Employer (Required) <u>Brunini Law Firm</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. Walter Weems</u>	04/15/2011	\$500.00
Mailing Address <u>PO Box 119</u>		
City, State, Zip Code <u>Jackson, MS 39205-0119</u>		
Name of Employer (Required) <u>Brunini Grantham Grower and Hewes</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John Brunini</u>	04/21/2011	\$500.00
Mailing Address <u>708 Welford Court</u>		
City, State, Zip Code <u>Madison, MS 39110-7582</u>		
Name of Employer (Required) <u>Brunini Grantham Grower & Hewes</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. Granville Tate Jr.</u>	04/15/2011	\$500.00
Mailing Address <u>1716 Saint Ann Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-1255</u>		
Name of Employer (Required) <u>Brunini Grantham Grower & Hewes</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Ed Brunini Jr.	04/15/2011	\$500.00
Mailing Address PO Box 119		
City, State, Zip Code Jackson, MS 39205-0119		
Name of Employer (Required) Brunini Grantham Grower & Hewes		
Occupation (Required) Attorney	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 Clyde Copeland	04/20/2011	\$500.00
Mailing Address 106 Glenwood Bend		
City, State, Zip Code Madison, MS 39110-6575		
Name of Employer (Required) Harris Jernigan & Geno		
Occupation (Required) Attorney	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 MMC Materials, Inc.	04/07/2011	\$500.00
Mailing Address PO Box 2569		
City, State, Zip Code Madison, MS 39130-2569		
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 James Fly	04/21/2011	\$1,000.00
Mailing Address PO Box 13369		
City, State, Zip Code Jackson, MS 39236-3369		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Charles McClintock	04/17/2011	\$1,000.00
Mailing Address 115 Devlin Lane		
City, State, Zip Code Madison, MS 39110-6553		
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 Wenton Walker	04/11/2011	\$1,000.00
Mailing Address 208 Ivy Brook Court		
City, State, Zip Code Madison, MS 39110-6516		
Name of Employer (Required) Diversified Technologies Inc		
Occupation (Required) President/Co-Owner	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 Tellus Operating Group, LLC	04/15/2011	\$1,000.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
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 Unknown Anonymous	04/21/2011	\$200.00
Mailing Address Unknown		
City, State, Zip Code		
Name of Employer (Required) N/A		
Occupation (Required) N/A	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Neely'S Starter Alternator Service, Inc.	04/19/2011	\$300.00
Mailing Address 151 Linda Jo Drive		
City, State, Zip Code Richland, MS 39218-9224		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
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 Deruiter Johnston & Steen Llc	04/21/2011	\$750.00
Mailing Address PO Box 2528		
City, State, Zip Code Madison, MS 39130-2528		
Name of Employer (Required)		
Occupation (Required)	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 Dr. James Anthony Presley	04/15/2011	\$500.00
Mailing Address 125 W Harper Street		
City, State, Zip Code Richland, MS 39218-4406		
Name of Employer (Required) Self		
Occupation (Required) Dentist	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. Greg J. Lofton	04/20/2011	\$250.00
Mailing Address 1265 Jackson Liberty Drive NW		
City, State, Zip Code Brookhaven, MS 39601-8371		
Name of Employer (Required) Southern A/C Supply Inc.		
Occupation (Required) Manager	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Hal David Gober</u>	04/20/2011	\$250.00
Mailing Address <u>112 Deertrail Lane</u>		
City, State, Zip Code <u>Madison, MS 39110-9308</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	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 <u>Bradys Heating & Cooling, LLC</u>	04/19/2011	\$250.00
Mailing Address <u>546 Antloch Shiloh Road</u>		
City, State, Zip Code <u>Pelahatchie, MS 39145-3362</u>		
Name of Employer (Required)		
Occupation (Required)	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. Lonnie Westbrook</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Elcon Electrical Contractors, Inc.</u>	04/21/2011	\$500.00
Mailing Address <u>PO Box 1921</u>		
City, State, Zip Code <u>Brandon, MS 39043-1921</u>		
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) <u>Bub Holloway</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brandon Lighting, Inc.</u>	04/21/2011	\$500.00
Mailing Address <u>PO Box 542</u>		
City, State, Zip Code <u>Brandon, MS 39043-0542</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 <u>Metal Management Mississippi, Inc.</u>	04/19/2011	\$500.00
Mailing Address <u>300 Nissan Drive</u>		
City, State, Zip Code <u>Canton, MS 39046-8562</u>		
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 <u>Andrew Kellum</u>	04/03/2011	\$500.00
Mailing Address <u>139 Chickasaw Trail</u>		
City, State, Zip Code <u>Salttillo, MS 38866-9784</u>		
Name of Employer (Required) <u>Hematology Oncology Associates</u>		
Occupation (Required) <u>Oncologist</u>	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 <u>98 Check Service</u>	04/21/2011	\$1,000.00
Mailing Address <u>913A S Locust Street</u>		
City, State, Zip Code <u>Mccomb, MS 39648-4817</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>Summit Check Cash Inc.</u>	04/21/2011	\$1,000.00
Mailing Address <u>PO Box 1111</u>		
City, State, Zip Code <u>Summit, MS 39666-1111</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input 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>South Ms Title Company, Inc.</u>	<u>04/21/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1703</u>		
City, State, Zip Code <u>Mccomb, MS 39649-1703</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Henry Tyler</u>	<u>04/20/2011</u>	<u>\$100.00</u>
Mailing Address <u>137 Bridgewater Crossing</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8602</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$350.00
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>Henry and Georgie Barbour</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Heidelberg Group, Inc.</u>	<u>04/23/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>685 Woodland Drive</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-9710</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Lynn Wentworth</u>	<u>04/17/2011</u>	<u>\$250.00</u>
Mailing Address <u>164 Ashton Park Boulevard</u>		
City, State, Zip Code <u>Madison, MS 39110-8475</u>		
Name of Employer (Required) <u>Aflac</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Comfort Designs, Inc.</u>	<u>04/22/2011</u>	<u>\$500.00</u>
Mailing Address <u>1732 Old Whitfield Road</u>		
City, State, Zip Code <u>Pearl, MS 39208-9135</u>		
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 <u>Mr. Christopher Allen</u>	<u>04/21/2011</u>	<u>\$250.00</u>
Mailing Address <u>14 Sheffield Court</u>		
City, State, Zip Code <u>Jackson, MS 39211-5738</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Medical Sales</u>	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 <u>William Mcnamara</u>	<u>04/22/2011</u>	<u>\$250.00</u>
Mailing Address <u>45 Moss Forest Circle</u>		
City, State, Zip Code <u>Jackson, MS 39211-2906</u>		
Name of Employer (Required) <u>Executive Planning Group</u>		
Occupation (Required) <u>owner</u>	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 <u>Mr. Philip Chapman</u>	<u>04/21/2011</u>	<u>\$250.00</u>
Mailing Address <u>239 Lighthouse Lane</u>		
City, State, Zip Code <u>Brandon, MS 39047-7019</u>		
Name of Employer (Required) <u>Mitchell Day Health Law Firm</u>		
Occupation (Required) <u>attorney</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wier Boerner Architecture</u> Mailing Address <u>2906 N State Street Suite 106</u> City, State, Zip Code <u>Jackson, MS 39216-4239</u> Name of Employer (Required) _____ Occupation (Required) _____	04/22/2011	\$250.00
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 <u>Electric Power Assoc Of Mississippi State Pac</u> Mailing Address <u>PO Box 3300</u> City, State, Zip Code <u>Ridgeland, MS 39158-3300</u> Name of Employer (Required) _____ Occupation (Required) _____	04/25/2011	\$2,500.00
Aggregate Year-to-date		\$2,500.00
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 <u>Deviney Construction Company, Inc.</u> Mailing Address <u>PO Box 6717</u> City, State, Zip Code <u>Jackson, MS 39282-6717</u> Name of Employer (Required) _____ Occupation (Required) _____	04/12/2011	\$1,000.00
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>Deviney Equipment</u> Mailing Address <u>PO Box 7179</u> City, State, Zip Code <u>Jackson, MS 39282-7179</u> Name of Employer (Required) _____ Occupation (Required) _____	04/12/2011	\$1,000.00
Aggregate Year-to-date		\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Deviney Brothers, Inc.</u>	04/11/2011	\$5,000.00
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
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>Magnolia Tree Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jackson Excavating</u>	04/11/2011	\$1,000.00
Mailing Address <u>1059 Deviney Drive</u>		
City, State, Zip Code <u>Raymond, MS 39154-8387</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard Black</u>	04/19/2011	\$1,000.00
Mailing Address <u>111 Mcnamara Road</u>		
City, State, Zip Code <u>Canton, MS 39046-8950</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dana Lomax</u>	04/21/2011	\$1,000.00
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
Name of Employer (Required) <u>Deviney Construction</u>		
Occupation (Required) <u>Treasurer</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. William Deviney III	04/21/2011	\$1,000.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required) Deviney Construction Co.		
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 Mrs. Susanna D. Travis	03/17/2011	\$1,000.00
Mailing Address 1972 Petit Bois Street N		
City, State, Zip Code Jackson, MS 39211-6707		
Name of Employer (Required) Self		
Occupation (Required) Investments	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 Baker Services	04/13/2011	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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. A.D. Buffington	04/25/2011	\$250.00
Mailing Address 1007 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6623		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$450.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Vanessa Phipps Henderson</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Health Care Association</u>	<u>04/25/2011</u>	<u>\$25,000.00</u>
Mailing Address <u>1076 Highland Parkway Suite 125</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8831</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$25,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Coltharp</u>	<u>04/25/2011</u>	<u>\$250.00</u>
Mailing Address		
City, State, Zip Code <u>Nashville, TN 37220</u>		
Name of Employer (Required) <u>Saint Thomas Hospital</u>		
Occupation (Required) <u>Cardiac Surgeon</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Matthew Mclaughlin</u>	<u>04/25/2011</u>	<u>\$250.00</u>
Mailing Address <u>1609 Lyncrest Avenue</u>		
City, State, Zip Code <u>Jackson, MS 39202-1224</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Vinod K. Anand</u>	<u>04/19/2011</u>	<u>\$2,001.00</u>
Mailing Address <u>501 Marshall Street Suite 602</u>		
City, State, Zip Code <u>Jackson, MS 39202-1659</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physican</u>	Aggregate Year-to-date	<u>\$2,001.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Randall Roberson	04/23/2011	\$250.00
Mailing Address 1827 Linden Place		
City, State, Zip Code Jackson, MS 39202-1220		
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. Mary Melissa Covington	04/17/2011	\$250.00
Mailing Address 1611 Lissa Drive		
City, State, Zip Code Mccomb, MS 39648-2007		
Name of Employer (Required) First Bank		
Occupation (Required) Banker	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 Richard Kuebler	04/21/2011	\$250.00
Mailing Address 108 Bradford Green		
City, State, Zip Code Madison, MS 39110-9074		
Name of Employer (Required) LSU Medical Center		
Occupation (Required) Physican	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. Kim Bennett	04/26/2011	\$1,500.00
Mailing Address 390 Briarbend Drive		
City, State, Zip Code Columbus, MS 39705-1410		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Renasant Bank PAC</u>	<u>04/26/2011</u>	<u>\$396.62</u>
Mailing Address <u>PO Box 709</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0709</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,896.62
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>James Threadgill and Aubrey Pe</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bancorpsouth Bank Pac</u>	<u>04/26/2011</u>	<u>\$396.62</u>
Mailing Address <u>PO Box 789</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0789</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,896.62
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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. Susan Gibbes</u>	<u>04/26/2011</u>	<u>\$550.00</u>
Mailing Address <u>516 West Avenue N</u>		
City, State, Zip Code <u>Mccomb, MS 39648-2868</u>		
Name of Employer (Required) <u>Holmes Stationers</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$550.00
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>Monica Harrigill</u>	<u>04/27/2011</u>	<u>\$1,500.00</u>
Mailing Address <u>106 Gabriel Place</u>		
City, State, Zip Code <u>Madison, MS 39110-8532</u>		
Name of Employer (Required) <u>Jackie's International</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Oscar Miskelly	04/23/2011	\$250.00
Mailing Address 513 Pine Hill Place		
City, State, Zip Code Flowood, MS 39232-8995		
Name of Employer (Required) Miskelly Furniture		
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 Mr. Stevens Hollister	04/26/2011	\$250.00
Mailing Address 2103 Silver Lane		
City, State, Zip Code Madison, MS 39110-8983		
Name of Employer (Required) Plains All American Pipeline		
Occupation (Required) Sr. Marketing Rep.	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 Mississippi Chiropractors, Pac	04/26/2011	\$500.00
Mailing Address 4294 Lakeland Drive		
City, State, Zip Code Flowood, MS 39232-9509		
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 John Lewis	04/06/2011	\$400.00
Mailing Address 604 Troon Road		
City, State, Zip Code Oxford, MS 38655-3571		
Name of Employer (Required) Security Check		
Occupation (Required) Officer	Aggregate Year-to-date	\$400.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. William Alias Jr.	04/15/2011	\$400.00
Mailing Address PO Box 1544		
City, State, Zip Code Oxford, MS 38655-1544		
Name of Employer (Required) Security Holdings, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$400.00
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 Alias III	04/15/2011	\$400.00
Mailing Address 407 Turnberry Circle		
City, State, Zip Code Oxford, MS 38655-2569		
Name of Employer (Required) Security Holdings, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$400.00
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 Scott Reed	04/10/2011	\$250.00
Mailing Address 1854 Legion Lake Road		
City, State, Zip Code Tupelo, MS 38804-1312		
Name of Employer (Required) Hardy Reed		
Occupation (Required) Fin. Cons.	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 Moffat III	04/22/2011	\$100.00
Mailing Address 5225 Runnymede Road		
City, State, Zip Code Jackson, MS 39211-4634		
Name of Employer (Required) Telecome Executive		
Occupation (Required) TEC	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kyle Chandler</u>	<u>04/26/2011</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 172</u>		
City, State, Zip Code <u>West Point, MS 39773-0172</u>		
Name of Employer (Required) <u>Galloway Chandler Insurance</u>		
Occupation (Required) <u>Insurance Agent</u>	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 <u>Mr. Ben Perry Green</u>	<u>04/23/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 1337</u>		
City, State, Zip Code <u>West Point, MS 39773-1337</u>		
Name of Employer (Required) <u>Renasant Bank</u>		
Occupation (Required) <u>Banker</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Crowell</u>	<u>04/26/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 1827</u>		
City, State, Zip Code <u>Columbus, MS 39703-1827</u>		
Name of Employer (Required) <u>Nichols Crowell Gillis Cooper</u>		
Occupation (Required) <u>Attorney</u>	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 <u>James Stafford</u>	<u>04/26/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 1216</u>		
City, State, Zip Code <u>West Point, MS 39773-1216</u>		
Name of Employer (Required) <u>Watkins, Ward & Stafford, PLLC</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$800.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Gale Griggs	04/21/2011	\$500.00
Mailing Address 570 W Broad Street		
City, State, Zip Code West Point, MS 39773-2702		
Name of Employer (Required) Car Quest Auto Parts		
Occupation (Required) Owner	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 Larry Barton	04/17/2011	\$500.00
Mailing Address PO Box 1434		
City, State, Zip Code West Point, MS 39773-1434		
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 Thomas Elmore	04/25/2011	\$500.00
Mailing Address PO Box 36		
City, State, Zip Code Aberdeen, MS 39730-0036		
Name of Employer (Required) Eutaw Construction		
Occupation (Required) Owner	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. Steve White	04/19/2011	\$500.00
Mailing Address 1323 Oak Drive		
City, State, Zip Code West Point, MS 39773-3927		
Name of Employer (Required) Cash and Carry Cleaners		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Bryan</u>	<u>04/26/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 636</u>		
City, State, Zip Code <u>West Point, MS 39773-0636</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Investor</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Jack Weimer</u>	<u>04/26/2011</u>	<u>\$500.00</u>
Mailing Address <u>2305 Dogwood Drive</u>		
City, State, Zip Code <u>West Point, MS 39773-9207</u>		
Name of Employer (Required) <u>Southern Ionics Inc.</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Stefan Mitchener</u>	<u>04/26/2011</u>	<u>\$500.00</u>
Mailing Address <u>2137 Oak Ridge Drive</u>		
City, State, Zip Code <u>West Point, MS 39773-8507</u>		
Name of Employer (Required) <u>South Group Insurance</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Billy Milican</u>	<u>04/15/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 387</u>		
City, State, Zip Code <u>West Point, MS 39773-0387</u>		
Name of Employer (Required) <u>Royal Trucking Company</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Milton O. Sundbeck	04/26/2011	\$4,000.00
Mailing Address PO Box 1217		
City, State, Zip Code West Point, MS 39773-1217		
Name of Employer (Required) The Ritz		
Occupation (Required) Owner	Aggregate Year-to-date	\$4,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Old Waverly Golf Club Waverly Partners, L.P.	04/26/2011	\$1,000.00
Mailing Address 1802 Magnolia Drive		
City, State, Zip Code West Point, MS 39773-9118		
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 Michael Dunlap	04/25/2011	\$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	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. Justin Stoll	04/19/2011	\$250.00
Mailing Address PO Box 409		
City, State, Zip Code Tylertown, MS 39667-0409		
Name of Employer (Required) State Farm Insurance		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard Puckett</u>	<u>04/27/2011</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 7893</u>		
City, State, Zip Code <u>Jackson, MS 39284-7893</u>		
Name of Employer (Required) <u>Puckett Machinery</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thomas Phillips</u>	<u>04/27/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2069</u>		
City, State, Zip Code <u>Columbus, MS 39704-2069</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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>Mississippi Coalition For Progress</u>	<u>04/27/2011</u>	<u>\$15,000.00</u>
Mailing Address <u>PO Box 1591</u>		
City, State, Zip Code <u>Jackson, MS 39215-1591</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
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>Chhabra & Gibbs, Pa</u>	<u>04/15/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>120 N Congress Street Suite 200</u>		
City, State, Zip Code <u>Jackson, MS 39201-2684</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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. Gary Cirilli</u>	<u>04/25/2011</u>	<u>\$250.00</u>
Mailing Address <u>119 Bridgeview Circle</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8617</u>		
Name of Employer (Required) <u>Radiological Group</u>		
Occupation (Required) <u>Radiologist</u>	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 <u>Andrew Smith</u>	<u>04/24/2011</u>	<u>\$250.00</u>
Mailing Address <u>1211 Wood Duck Cove</u>		
City, State, Zip Code <u>Oxford, MS 38655-7347</u>		
Name of Employer (Required) <u>AES Mgmt.</u>		
Occupation (Required) <u>Owner/Operator McDonalds</u>	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 <u>Elliott B. Nipper</u>	<u>04/25/2011</u>	<u>\$2,500.00</u>
Mailing Address <u>29 Park Place Apt. 2103</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-5904</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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 <u>Dr. Fred Drews</u>	<u>04/28/2011</u>	<u>\$750.00</u>
Mailing Address <u>2609 Mimosa Lane</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-2559</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$750.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Gary Williams</u>	<u>04/28/2011</u>	<u>\$250.00</u>
Mailing Address <u>202 Fawn Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-6369</u>		
Name of Employer (Required) <u>Rainer Law</u>		
Occupation (Required) <u>Attorney</u>	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>Katherine King</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Red Stick Travel</u>	<u>04/27/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>420 Mossy Oak Avenue</u>		
City, State, Zip Code <u>Baton Rouge, LA 70810-4855</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Doris Cooper</u>	<u>04/14/2011</u>	<u>\$4,000.00</u>
Mailing Address <u>14203 Audubon Trace</u>		
City, State, Zip Code <u>Saint Francisville, LA 70775-7323</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Healthcare</u>	Aggregate Year-to-date	\$4,000.00
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>Megan Thomas</u>	<u>04/14/2011</u>	<u>\$2,000.00</u>
Mailing Address <u>14425 Rue Deschenes</u>		
City, State, Zip Code <u>French Settlement, LA 70733-2513</u>		
Name of Employer (Required) <u>Health Care Consultant</u>		
Occupation (Required) <u>Self Employed</u>	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bradley C. Hutcherson</u>	<u>04/14/2011</u>	<u>\$2,000.00</u>
Mailing Address <u>14425 Rue Deschenes</u>		
City, State, Zip Code <u>French Settlement, LA 70733-2513</u>		
Name of Employer (Required) <u>Petrochemical</u>		
Occupation (Required) <u>Self Employed</u>	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 <u>Mrs. Laurie Williams</u>	<u>03/16/2011</u>	<u>\$300.00</u>
Mailing Address <u>820 Northbay Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-8046</u>		
Name of Employer (Required) <u>Copeland Cook Taylor and Bush</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$300.00
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>Shelter Insurance State Pac</u>	<u>03/24/2011</u>	<u>\$500.00</u>
Mailing Address <u>1817 W Broadway</u>		
City, State, Zip Code <u>Columbia, MO 65203-1107</u>		
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 <u>Greg Copeland</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>360 Long Cove Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-9183</u>		
Name of Employer (Required) <u>Copeland Cook Taylor and Bush</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Danny Gallagher</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address _____		
City, State, Zip Code _____		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Galloway</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>17 Baytowne Row</u>		
City, State, Zip Code <u>Madison, MS 39110-9179</u>		
Name of Employer (Required) <u>Galloway Chandler Insurance</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Cecil Harper</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>169 Ways Way</u>		
City, State, Zip Code <u>Madison, MS 39110-8793</u>		
Name of Employer (Required) <u>Harper, Rains, Knight & Company</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Van Hedges</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>2012 Willow Road</u>		
City, State, Zip Code <u>Corinth, MS 38834-2750</u>		
Name of Employer (Required) <u>Southern Insurance Consulting</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. E Bruce Martin</u>	04/22/2011	\$1,000.00
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>	Aggregate Year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Mathison</u>	04/22/2011	\$1,000.00
Mailing Address <u>308 Saint Ives Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7182</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Charles Porter</u>	04/22/2011	\$1,000.00
Mailing Address <u>117 Woodmont Way</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8615</u>		
Name of Employer (Required) <u>Regions Insurance</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thomas Quaka</u>	04/22/2011	\$1,000.00
Mailing Address <u>5104 Canton Heights Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-4515</u>		
Name of Employer (Required) <u>FCCI Insurance Group</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jim Rawls</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address _____		
City, State, Zip Code _____		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Dudley Wooley</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>4260 E Ridge Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6100</u>		
Name of Employer (Required) <u>Ross and Yerger</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$1,100.00
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>Chris Mathison</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address _____		
City, State, Zip Code _____		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Preston Gough</u>	<u>04/22/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>400 Chapel Hill Road</u>		
City, State, Zip Code <u>Flora, MS 39071-9324</u>		
Name of Employer (Required) <u>Southern Cross Underwriters</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Travelers Casualty Insurance Company</u>	<u>04/08/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>1 Tower Square</u>		
City, State, Zip Code <u>Hartford, CT 06183-0001</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>Travelers Property Casualty Insurance Company</u>	<u>04/08/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>1 Tower Square</u>		
City, State, Zip Code <u>Hartford, CT 06183-0001</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. William Womack</u>	<u>04/27/2011</u>	<u>\$300.00</u>
Mailing Address <u>526 Heatherstone Court</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2908</u>		
Name of Employer (Required) <u>Womack Asset Management</u>		
Occupation (Required) <u>Investments</u>	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Benjamin Watson</u>	<u>04/13/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>3118 W Tidewater Lane</u>		
City, State, Zip Code <u>Madison, MS 39110-9683</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Thad Varner</u>	<u>04/11/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>2460 Meadowbrook Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-6553</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Elizabeth Thomas</u>	<u>04/20/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>112 Armonde Court</u>		
City, State, Zip Code <u>Madison, MS 39110-8513</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Arthur Spratlin Jr.</u>	<u>04/20/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>2480 Sandridge Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6203</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. W. Michael Russ</u>	<u>04/11/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>705 Welford Court</u>		
City, State, Zip Code <u>Madison, MS 39110-7583</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. Barney Robinson III	04/11/2011	\$1,000.00
Mailing Address PO Box 6010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meade Mitchell	04/11/2011	\$1,000.00
Mailing Address 2402 Wild Valley Drive		
City, State, Zip Code Jackson, MS 39211-6224		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Miller	04/12/2011	\$1,000.00
Mailing Address 2332 Twin Lakes Circle		
City, State, Zip Code Jackson, MS 39211-6759		
Name of Employer (Required) Self Employed		
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. Phil Abernethy	04/11/2011	\$1,000.00
Mailing Address 137 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Sidney Allen Jr.</u>	<u>04/12/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>740 Orleans Circle</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-4722</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Government Relations</u>	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 <u>Mr. Ryan Beckett</u>	<u>04/13/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>4166 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6520</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. Lucien Bourgeois</u>	<u>04/11/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>117 Fawnwood Drive</u>		
City, State, Zip Code <u>Brandon, MS 39042-4001</u>		
Name of Employer (Required) <u>Butler Snow O'mara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Donald Clark</u>	<u>04/15/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 6010</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-6010</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Richard Dye</u>	04/11/2011	\$1,000.00
Mailing Address <u>4120 Crestview Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6401</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John England</u>	04/14/2011	\$1,000.00
Mailing Address <u>PO Box 22567</u>		
City, State, Zip Code <u>Jackson, MS 39225-2567</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Steven Demetropoulos</u>	04/26/2011	\$500.00
Mailing Address <u>3217 Beach Boulevard</u>		
City, State, Zip Code <u>Pascagoula, MS 39567-7590</u>		
Name of Employer (Required) <u>Singing River Hospital</u>		
Occupation (Required) <u>Physician</u>	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>Mr. Richard Monteith</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>R. Monteith Farms</u>	04/26/2011	\$250.00
Mailing Address <u>1660 Eureka Road</u>		
City, State, Zip Code <u>Batesville, MS 38606-6119</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Steven Zachow</u>	<u>04/27/2011</u>	<u>\$250.00</u>
Mailing Address <u>410 W Wycombe</u>		
City, State, Zip Code <u>Jackson, MS 39232-8958</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	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 <u>Robbie Hughes</u>	<u>04/26/2011</u>	<u>\$250.00</u>
Mailing Address <u>4050 Crane Boulevard</u>		
City, State, Zip Code <u>Jackson, MS 39216-3403</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	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>Joe Tidwell, II</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mcf Associates, Inc.</u>	<u>04/27/2011</u>	<u>\$500.00</u>
Mailing Address <u>124 One Madison Plaza Suite 1100</u>		
City, State, Zip Code <u>Madison, MS 39110-2022</u>		
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 <u>Jane Wiggins</u>	<u>04/28/2011</u>	<u>\$200.00</u>
Mailing Address <u>703 Pine Way Hill</u>		
City, State, Zip Code <u>Flowood, MS 39232-9041</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Marcus Wilson</u>	<u>04/27/2011</u>	<u>\$250.00</u>
Mailing Address <u>Pine Way Hill</u>		
City, State, Zip Code <u>Flowood, MS 39232</u>		
Name of Employer (Required) <u>Bennett, Lotterhos Susler and Wilson</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Conrad Martin</u>	<u>04/28/2011</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 6384</u>		
City, State, Zip Code <u>Pearl, MS 39288-6384</u>		
Name of Employer (Required) <u>Conrad Martin Real Estate Inc.</u>		
Occupation (Required) <u>Real Estate</u>	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 <u>Kristy Moak</u>	<u>04/28/2011</u>	<u>\$500.00</u>
Mailing Address <u>400 Windy Ridge Drive</u>		
City, State, Zip Code <u>Brandon, MS 39042-2892</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Donald White</u>	<u>04/28/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 12590</u>		
City, State, Zip Code <u>Jackson, MS 39236-2590</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Real Estate</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mwm Inc.</u>	04/28/2011	\$500.00
Mailing Address <u>410 Assurance Way</u>		
City, State, Zip Code <u>Brandon, MS 39042-2760</u>		
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 <u>Ronald McClain</u>	04/28/2011	\$500.00
Mailing Address <u>345 Fannin Landing Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-9381</u>		
Name of Employer (Required) <u>McLain Vaughn and Partners</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Unknown Anonymous</u>	04/27/2011	\$100.00
Mailing Address <u>Unknown</u>		
City, State, Zip Code		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>N/A</u>	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Lesley Gaynor Murray</u>	04/28/2011	\$500.00
Mailing Address <u>300 Sherborne Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-8959</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Stephen Edds</u>	04/28/2011	\$500.00
Mailing Address <u>300 Sherborne Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-8959</u>		
Name of Employer (Required) <u>Baker, Donelson, Bearman, Caldwell & Berkowitz</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Shelia Little</u>	04/28/2011	\$500.00
Mailing Address <u>5 Rivers Creek Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5901</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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 <u>Climate Masters, Inc.</u>	04/27/2011	\$1,000.00
Mailing Address <u>PO Box 6276</u>		
City, State, Zip Code <u>Pearl, MS 39288-6276</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>Reeves Investments, Inc.</u>	04/27/2011	\$1,000.00
Mailing Address <u>PO Box 6276</u>		
City, State, Zip Code <u>Pearl, MS 39288-6276</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 01/01/2011 through 04/30/2011

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 <u>Southern Air Conditioning Supply, Inc.</u>	<u>04/27/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 97478</u>		
City, State, Zip Code <u>Pearl, MS 39288-7478</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Stanley Sullivan Jr.</u>	<u>04/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>114 Bridgepointe Boulevard</u>		
City, State, Zip Code <u>Brandon, MS 39047-7028</u>		
Name of Employer (Required) <u>Rapid Oil Change, Inc.</u>		
Occupation (Required) <u>Owner</u>	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>Regional Enterprises LLC</u>	<u>04/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>204 Mary Ann Drive</u>		
City, State, Zip Code <u>Brandon, MS 39042-3318</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>Rainer Law Firm, LLC</u>	<u>04/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 258</u>		
City, State, Zip Code <u>Brandon, MS 39043-0258</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 01/01/2011 through 04/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MMHA Pac</u>	<u>04/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 320369</u>		
City, State, Zip Code <u>Jackson, MS 39232-0369</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Brent Alexander</u>	<u>04/27/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>1501 N State Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-1646</u>		
Name of Employer (Required) <u>Baker, Donelson, Bearman, Caldwell & Berkowitz</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>BankPlus PAC for Responsible Government</u>	<u>04/25/2011</u>	<u>\$5,000.00</u>
Mailing Address <u>1068 Highland Colony Parkway</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8807</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nathan Groff</u>	<u>04/25/2011</u>	<u>\$500.00</u>
Mailing Address <u>821 Rio Lindo Drive</u>		
City, State, Zip Code <u>Jacksonville, FL 32207-5216</u>		
Name of Employer (Required) <u>Vertec Solutions</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Settles</u>	04/25/2011	\$1,000.00
Mailing Address <u>9428 Baymeadows Road Suite 600</u>		
City, State, Zip Code <u>Jacksonville, FL 32256-7924</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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>Wishbone Investments, Llc</u>	04/21/2011	\$1,000.00
Mailing Address _____		
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 <u>Thomas Reinheimer</u>	04/20/2011	\$500.00
Mailing Address <u>1178 Neck Road</u>		
City, State, Zip Code <u>Ponte Vedra Beach, FL 32082-4109</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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 <u>Continental Investors, LLC</u>	04/21/2011	\$1,000.00
Mailing Address <u>6300 Sagewood Drive Suite H</u>		
City, State, Zip Code <u>Park City, UT 84098-7502</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 01/01/2011 through 04/30/2011

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 Veritec Solutions, LLC	04/21/2011	\$1,000.00
Mailing Address 9428 Baymeadows Road Suite 600		
City, State, Zip Code Jacksonville, FL 32256-7924		
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 Mindy Herrington	04/19/2011	\$1,000.00
Mailing Address 4495 Highway 43		
City, State, Zip Code Silver Creek, MS 39663-4530		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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. Wayne W. Weidie</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Adams and Reese LLP	04/07/2011	\$500.00
Mailing Address 1018 Highland Parkway Suite 800		
City, State, Zip Code Ridgeland, MS 39157-2057		
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. Charles Adams	04/07/2011	\$250.00
Mailing Address PO Box 24297		
City, State, Zip Code Jackson, MS 39225-4297		
Name of Employer (Required) Adams & Reese LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Wayne Weidie</u>	<u>04/27/2011</u>	<u>\$250.00</u>
Mailing Address <u>3908 Cambridge Street</u>		
City, State, Zip Code <u>Jackson, MS 39216-3601</u>		
Name of Employer (Required) <u>Adams & Reese LLP</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Dr. and Mrs. Kelly Segars Sr.</u>	<u>04/25/2011</u>	<u>\$500.00</u>
Mailing Address <u>52 County Road 150</u>		
City, State, Zip Code <u>Iuka, MS 38852-7114</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Gary Brashers</u>	<u>04/25/2011</u>	<u>\$500.00</u>
Mailing Address <u>305 Northwind Drive</u>		
City, State, Zip Code <u>Brandon, MS 39047-8685</u>		
Name of Employer (Required) <u>GSB Enterprises Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Haley Mccarra</u>	<u>04/23/2011</u>	<u>\$250.00</u>
Mailing Address <u>115 W Elbridge Way</u>		
City, State, Zip Code <u>Canton, MS 39046-5508</u>		
Name of Employer (Required) <u>Brown Bottling</u>		
Occupation (Required) <u>Key Account Manager</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>Phyllis Y. Cade</u>	04/28/2011	\$500.00
Mailing Address <u>177 Phillips Hill Road</u>		
City, State, Zip Code <u>Columbus, MS 39702-8297</u>		
Name of Employer (Required) <u>4 County Electric Power</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stanley Maynard</u>	04/26/2011	\$250.00
Mailing Address <u>804 Pine Circle</u>		
City, State, Zip Code <u>Starkville, MS 39759-3732</u>		
Name of Employer (Required) <u>MS Meth SR SVCS/Executive</u>		
Occupation (Required) <u>Executive</u>	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 <u>M.G. Dyess Inc.</u>	04/28/2011	\$1,000.00
Mailing Address <u>PO Box 520</u>		
City, State, Zip Code <u>Bassfield, MS 39421-0520</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>James H.(Jim) Robertson, Presi</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gulf Guaranty Life Insurance Company</u>	04/28/2011	\$1,000.00
Mailing Address <u>PO Box 12409</u>		
City, State, Zip Code <u>Jackson, MS 39236-2409</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 01/01/2011 through 04/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name La Grange Plantation	04/28/2011	\$250.00
Mailing Address PO Box 23		
City, State, Zip Code Woodville, MS 39669-0023		
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 Len Blanton	04/26/2011	\$500.00
Mailing Address 470 Lake Park Drive		
City, State, Zip Code Tupelo, MS 38801-7971		
Name of Employer (Required) Nesco, Inc.		
Occupation (Required) Comptroller	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 Lenoir Stanley	04/28/2011	\$500.00
Mailing Address 4305 Shiloh Road		
City, State, Zip Code Corinth, MS 38834-8621		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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 Clayton Stanley	04/28/2011	\$500.00
Mailing Address 4302 Shiloh Road		
City, State, Zip Code Corinth, MS 38834-8620		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Lobbyist	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Robert Robinson</u>	<u>04/24/2011</u>	<u>\$250.00</u>
Mailing Address <u>29 County Road 406</u>		
City, State, Zip Code <u>Iuka, MS 38852-8533</u>		
Name of Employer (Required) <u>State of Mississippi</u>		
Occupation (Required) <u>Medicaid Director</u>	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 <u>Ward Mechanical Equipment</u>	<u>04/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 4233</u>		
City, State, Zip Code <u>Jackson, MS 39296-4233</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jerry Crosby</u>	<u>04/28/2011</u>	<u>\$1,500.00</u>
Mailing Address <u>10 Autumn Cove</u>		
City, State, Zip Code <u>Jackson, MS 39206-5064</u>		
Name of Employer (Required) <u>Tri State</u>		
Occupation (Required) <u>owner</u>	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 <u>Mr. and Mrs. Robert Whitehead</u>	<u>04/24/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>103 W Easthaven Circle</u>		
City, State, Zip Code <u>Brandon, MS 39042-2879</u>		
Name of Employer (Required) <u>Whitehead Equipment</u>		
Occupation (Required) <u>owner</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 <u>Jefcoat Fence Company</u>	04/29/2011	\$1,000.00
Mailing Address <u>PO Box 6197</u>		
City, State, Zip Code <u>Pearl, MS 39288-6197</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>Central Mississippi Heating & Cooling, Inc.</u>	04/29/2011	\$500.00
Mailing Address <u>6161 Highway 25</u>		
City, State, Zip Code <u>Brandon, MS 39047-9303</u>		
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 <u>Mr. And Mrs. Gayden Ward</u>	04/26/2011	\$250.00
Mailing Address <u>4150 Crane Boulevard</u>		
City, State, Zip Code <u>Jackson, MS 39216-3405</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Real Estate</u>	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 <u>Mr. Benjamin Aldridge</u>	04/28/2011	\$250.00
Mailing Address <u>4128 Council Circle</u>		
City, State, Zip Code <u>Jackson, MS 39206-5815</u>		
Name of Employer (Required) <u>Trustmark</u>		
Occupation (Required) <u>Banker</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>John Todd</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Capital Air Balance Inc.</u>	<u>04/29/2011</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 957</u>		
City, State, Zip Code <u>Terry, MS 39170-0957</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John P. Keast</u>	<u>04/27/2011</u>	<u>\$2,500.00</u>
Mailing Address <u>12594 Spiller Lane</u>		
City, State, Zip Code <u>Manassas, VA 20112-8831</u>		
Name of Employer (Required) <u>Cornerstone Government Affairs</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Max Yates</u>	<u>04/25/2011</u>	<u>\$250.00</u>
Mailing Address <u>135 Cherry Laurel Lane</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8623</u>		
Name of Employer (Required) <u>Bankplus</u>		
Occupation (Required) <u>Banker</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William James</u>	<u>04/28/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>217 W Capitol Street Suite 201</u>		
City, State, Zip Code <u>Jackson, MS 39201-2004</u>		
Name of Employer (Required) <u>Pruet Oil</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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>George Pickett</u>	04/29/2011	\$1,000.00
Mailing Address <u>PO Box 137</u>		
City, State, Zip Code <u>Jackson, MS 39205-0137</u>		
Name of Employer (Required) <u>Pickett, Bradford & Assoc., PA</u>		
Occupation (Required) <u>Life Insurance Agent</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gary Cress</u>	04/29/2011	\$1,000.00
Mailing Address <u>PO Box 1260</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-1260</u>		
Name of Employer (Required) <u>Cress Realty Group</u>		
Occupation (Required) <u>Real Estate</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Clare Hester</u>	04/30/2011	\$5,000.00
Mailing Address <u>148 Oakhurst Trail</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8608</u>		
Name of Employer (Required) <u>Capitol Resources</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ms. Jennifer Rogers</u>	04/30/2011	\$150.00
Mailing Address <u>2254 E Manor Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6152</u>		
Name of Employer (Required) <u>Watkins & Eager</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$400.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Leigh Reeves	04/28/2011	\$2,000.00
Mailing Address 707 Pine Way Hill		
City, State, Zip Code Flowood, MS 39232-9041		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renasant Bank PAC	04/29/2011	\$2,500.00
Mailing Address PO Box 709		
City, State, Zip Code Tupelo, MS 38802-0709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,896.62
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 Newsom Jr.	04/29/2011	\$400.00
Mailing Address 1831 Mount Pleasant Road		
City, State, Zip Code Hernando, MS 38632-1602		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	Aggregate Year-to-date	\$400.00
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 Lee Seago	04/15/2011	\$250.00
Mailing Address 129 Cedar Woods Cove		
City, State, Zip Code Madison, MS 39110-6505		
Name of Employer (Required) State Bank		
Occupation (Required) Chief Credit Officer	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 American Insurance Association	04/22/2011	\$1,000.00
Mailing Address 5605 Glenridge Drive NE Suite 845		
City, State, Zip Code Atlanta, GA 30342-6904		
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 Terry Reeves	04/28/2011	\$5,000.00
Mailing Address PO Box 6276		
City, State, Zip Code Pearl, MS 39288-6276		
Name of Employer (Required) Climate Masters		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Senith C. Tipton	01/13/2011	\$500.00
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	\$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. Cooper Morrison	01/11/2011	\$250.00
Mailing Address 1017 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1744		
Name of Employer (Required) Morrison Development		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Clifford Ammons</u>	01/10/2011	\$250.00
Mailing Address <u>114 Covington Court</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8706</u>		
Name of Employer (Required) <u>Watkins & Eager</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. And Mrs. James Furrh Jr.</u>	01/12/2011	\$500.00
Mailing Address <u>4450 Old Canton Road Suite 205</u>		
City, State, Zip Code <u>Jackson, MS 39211-5991</u>		
Name of Employer (Required) <u>Investments</u>		
Occupation (Required) <u>Self</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. and Mrs. J. Murray Underwood</u>	01/13/2011	\$250.00
Mailing Address <u>120 Herrons Landing</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8687</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	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 <u>Mr. and Mrs. Jerry M. Sullivan</u>	01/12/2011	\$250.00
Mailing Address <u>110 Windsong Cove</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8736</u>		
Name of Employer (Required) <u>McCarty Investments</u>		
Occupation (Required) <u>Partners</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Marcus Lea</u>	01/10/2011	\$200.00
Mailing Address <u>3082 Wallace Drive SW</u>		
City, State, Zip Code <u>Bogue Chitto, MS 39629-9472</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$225.00
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. and Mrs. David Wright</u>	01/12/2011	\$250.00
Mailing Address <u>417 Madison Oaks Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-9495</u>		
Name of Employer (Required) <u>Highland Building Services</u>		
Occupation (Required) <u>Owner</u>	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 <u>Dr. and Mrs. Ray Grubbs</u>	01/14/2011	\$250.00
Mailing Address <u>108 Windsong Cove</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8736</u>		
Name of Employer (Required) <u>Millsaps College</u>		
Occupation (Required) <u>Professor</u>	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 <u>Mr. Jason Jolly</u>	01/13/2011	\$250.00
Mailing Address <u>708 Northlake Boulevard</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-1712</u>		
Name of Employer (Required) <u>Jolly Orthodontics</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Ms. Jennifer Rogers	01/15/2011	\$250.00
Mailing Address 2254 E Manor Drive		
City, State, Zip Code Jackson, MS 39211-6152		
Name of Employer (Required) Watkins & Eager		
Occupation (Required) Attorney	Aggregate Year-to-date	\$400.00
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. Brent Cappaert	01/17/2011	\$250.00
Mailing Address 118 Twin Creeks Drive		
City, State, Zip Code Vicksburg, MS 39180-4843		
Name of Employer (Required) Teller, Hassell and Hopson,LLP		
Occupation (Required) Attorney	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. William H. Crowder	01/16/2011	\$500.00
Mailing Address 2365 Twin Lakes Circle		
City, State, Zip Code Jackson, MS 39211-6758		
Name of Employer (Required) The Heart Clinic		
Occupation (Required) Physician	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. and Mrs. Robert Walker	01/17/2011	\$250.00
Mailing Address 1609 Ivy Street		
City, State, Zip Code Jackson, MS 39202-1214		
Name of Employer (Required) Watkins and Eager		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Victoria Williams	01/18/2011	\$1,000.00
Mailing Address 717 Bienville Boulevard Apt. B2		
City, State, Zip Code Ocean Springs, MS 39564-2834		
Name of Employer (Required) Gulfport School District		
Occupation (Required) Principal	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. Ron Fender	01/20/2011	\$250.00
Mailing Address 2233 E Manor Drive		
City, State, Zip Code Jackson, MS 39211-6150		
Name of Employer (Required) Cooke Douglas Farr Lemons Architects		
Occupation (Required) Architect	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. and Mrs. Tyler Walton	01/20/2011	\$250.00
Mailing Address 1806 36th Street		
City, State, Zip Code Meridian, MS 39305-3876		
Name of Employer (Required) Citizens National Bank		
Occupation (Required) Banker	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. and Mrs. Bob Montgomery	01/20/2011	\$500.00
Mailing Address PO Box 1039		
City, State, Zip Code Canton, MS 39046-1039		
Name of Employer (Required) Montgomery McGraw and Collings, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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. Earle Jones</u>	01/21/2011	\$500.00
Mailing Address <u>2552 Lake Circle</u>		
City, State, Zip Code <u>Jackson, MS 39211-6624</u>		
Name of Employer (Required) <u>MMI Hotel Group, Co</u>		
Occupation (Required) <u>Chairman</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Kristie Sims</u>	01/17/2011	\$5,000.00
Mailing Address <u>403 Fairgreen Cove</u>		
City, State, Zip Code <u>Canton, MS 39046-9364</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. and Mrs. Marlon Broome</u>	01/15/2011	\$5,000.00
Mailing Address <u>69 Joel Patterson Lane</u>		
City, State, Zip Code <u>Columbia, MS 39429-8931</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Mary Katherine Cole</u>	01/20/2011	\$250.00
Mailing Address <u>14 Stanford Court</u>		
City, State, Zip Code <u>Jackson, MS 39211-3611</u>		
Name of Employer (Required) <u>BancorpSouth</u>		
Occupation (Required) <u>Investments</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

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 Wooley</u>	01/24/2011	\$100.00
Mailing Address <u>4260 E Ridge Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6100</u>		
Name of Employer (Required) <u>Ross and Yerger</u>		
Occupation (Required) <u>Insurance</u>	Aggregate Year-to-date	\$1,100.00
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. David Clark</u>	01/20/2011	\$250.00
Mailing Address <u>110 Olympia Fields Dr.</u>		
City, State, Zip Code <u>Jackson, MS 39211</u>		
Name of Employer (Required) <u>Bradley Grant</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. Nat S. Rogers</u>	01/20/2011	\$250.00
Mailing Address <u>200 Dominican Drive # 5210</u>		
City, State, Zip Code <u>Madison, MS 39110-8630</u>		
Name of Employer (Required) <u>Information Requested</u>		
Occupation (Required) <u>Information Requested</u>	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 <u>Reynolds Engineering, LLC</u>	01/07/2011	\$1,000.00
Mailing Address <u>PO Box 526</u>		
City, State, Zip Code <u>Jackson, MS 39205-0526</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 01/01/2011 through 04/30/2011

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 <u>Benchmark Construction Corp.</u>	01/19/2011	\$500.00
Mailing Address <u>PO Box 31177</u>		
City, State, Zip Code <u>Jackson, MS 39286-1177</u>		
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) _____		
Full Name <u>Tom Rhoden, Attorney at Law</u>	01/21/2011	\$1,000.00
Mailing Address <u>PO Box 16845</u>		
City, State, Zip Code <u>Jackson, MS 39236-6845</u>		
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. Wayne W. Weidie</u>		
Full Name <u>Adams and Reese LLP</u>	01/24/2011	\$250.00
Mailing Address <u>1018 Highland Parkway Suite 800</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2057</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. Wayne W. Weidie</u>		
Full Name <u>Adams and Reese LLP</u>	01/20/2011	\$250.00
Mailing Address <u>1018 Highland Parkway Suite 800</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2057</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 01/01/2011 through 04/30/2011

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 <u>Economic Systems, Inc.</u>	01/25/2011	\$250.00
Mailing Address <u>PO Box 4974</u>		
City, State, Zip Code <u>Jackson, MS 39296-4974</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Friends Of Tate Reeves

Name of Candidate or Committee _____
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cambi Burnham		
Mailing Address 4723 W Cheryl Drive	02/16/2011	\$88.00
City, State, Zip Code Jackson, MS 39211-5813		
Purpose of Disbursement (Optional) Stamps for Grenda Checks	Aggregate Year-to-date	\$6,091.85
Full Name Advantage Business Systems	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5442 Executive Place	02/17/2011	\$443.96
City, State, Zip Code Jackson, MS 39206-4103		
Purpose of Disbursement (Optional) Copier/Printer	Aggregate Year-to-date	\$1,645.78
Full Name Top It Off	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1434 Old Square Road	02/17/2011	\$243.16
City, State, Zip Code Jackson, MS 39211-5523		
Purpose of Disbursement (Optional) Florence Announcemet	Aggregate Year-to-date	\$273.66
Full Name Mr. Brad Ferguson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 142 Normandy Circle	02/17/2011	\$765.03
City, State, Zip Code Madison, MS 39110-9058		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$7,520.09
Full Name Mr. Brad Ferguson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 142 Normandy Circle	02/17/2011	\$571.02
City, State, Zip Code Madison, MS 39110-9058		
Purpose of Disbursement (Optional) February Expenses	Aggregate Year-to-date	\$7,520.09
Full Name Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 126 Mockingbird Lane	02/17/2011	\$71.77
City, State, Zip Code Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$488.54

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Postmaster		
Mailing Address 755 Avignon Drive	02/18/2011	\$880.00
City, State, Zip Code Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Stamps	Aggregate Year-to-date	\$4,022.00
Postmaster		
Mailing Address 755 Avignon Drive	02/15/2011	\$88.00
City, State, Zip Code Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Stamps	Aggregate Year-to-date	\$4,022.00
Cambi Burnham		
Mailing Address 4723 W Cheryl Drive	01/01/2011	\$2,500.00
City, State, Zip Code Jackson, MS 39211-5813		
Purpose of Disbursement (Optional) January Salary	Aggregate Year-to-date	\$6,091.85
Mr. Brad Ferguson		
Mailing Address 142 Normandy Circle	01/01/2011	\$2,000.00
City, State, Zip Code Madison, MS 39110-9058		
Purpose of Disbursement (Optional) January Salary	Aggregate Year-to-date	\$7,520.09
Cambi Burnham		
Mailing Address 4723 W Cheryl Drive	01/03/2011	\$100.32
City, State, Zip Code Jackson, MS 39211-5813		
Purpose of Disbursement (Optional) Stamps	Aggregate Year-to-date	\$6,091.85
Mahaffey Quality Printing		
Mailing Address 355 W Pearl Street	01/03/2011	\$3,048.97
City, State, Zip Code Jackson, MS 39203-3002		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$3,048.97

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail Direct		
Mailing Address 125 E South Street	01/03/2011	\$2,004.91
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services	Aggregate Year-to-date	\$9,633.51
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
On Message, Inc.		
Mailing Address 2130 Priest Bridge Drive Suite 11	01/03/2011	\$10,000.00
City, State, Zip Code Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media consulting	Aggregate Year-to-date	\$39,157.74
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
On Message, Inc.		
Mailing Address 2130 Priest Bridge Drive Suite 11	01/15/2011	\$10,000.00
City, State, Zip Code Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media consulting	Aggregate Year-to-date	\$39,157.74
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lakeland Income Properties/Stone Creek Assests		
Mailing Address PO Box 320219	01/15/2011	\$1,400.00
City, State, Zip Code Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Rent	Aggregate Year-to-date	\$4,225.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Steve Brown Direct Mail		
Mailing Address PO Box 37	01/15/2011	\$736.60
City, State, Zip Code Jackson, MS 39205-0037		
Purpose of Disbursement (Optional) Fundraising expense	Aggregate Year-to-date	\$736.60
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pinnacle Direct, Inc.		
Mailing Address 2800 Shirlington Road Suite 970	01/15/2011	\$4,896.18
City, State, Zip Code Alexandria, VA 22206		
Purpose of Disbursement (Optional) Fundraising expense	Aggregate Year-to-date	\$4,896.18

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail Direct		
Mailing Address 125 E South Street	01/20/2011	\$259.60
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services	Aggregate Year-to-date	\$9,633.51
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Postmaster		
Mailing Address 755 Avignon Drive	01/20/2011	\$880.00
City, State, Zip Code Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$4,022.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Postmaster		
Mailing Address 755 Avignon Drive	01/20/2011	\$20.00
City, State, Zip Code Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$4,022.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Advantage Business Systems		
Mailing Address 5442 Executive Place	01/31/2011	\$347.75
City, State, Zip Code Jackson, MS 39206-4103		
Purpose of Disbursement (Optional) Printer/Copier	Aggregate Year-to-date	\$1,645.78
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Atmos Energy		
Mailing Address PO Box 790311	01/31/2011	\$85.76
City, State, Zip Code Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities	Aggregate Year-to-date	\$608.21
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Telecommunications		
Mailing Address PO Box 12865	01/31/2011	\$1,936.70
City, State, Zip Code Jackson, MS 39236-2865		
Purpose of Disbursement (Optional) Office phones	Aggregate Year-to-date	\$3,668.19

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Postmaster		
Mailing Address	01/31/2011	\$250.00
755 Avignon Drive		
City, State, Zip Code		
Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,022.00
Postage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cambi Burnham		
Mailing Address	01/31/2011	\$3,000.00
4723 W Cheryl Drive		
City, State, Zip Code		
Jackson, MS 39211-5813		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$6,091.85
Salary		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Anna Rogers, Inc.		
Mailing Address	01/31/2011	\$4,000.00
4333 Lakeland Drive		
City, State, Zip Code		
Flowood, MS 39232-8947		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,213.36
Fundraising consulting		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Brad Ferguson		
Mailing Address	01/31/2011	\$4,000.00
142 Normandy Circle		
City, State, Zip Code		
Madison, MS 39110-9058		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$7,520.09
Reimbursement - travel expenses		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Justin Brasell		
Mailing Address	01/31/2011	\$10,000.00
5362 Carolwood Drive		
City, State, Zip Code		
Jackson, MS 39211-4267		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$30,000.00
General consulting		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Majority Strategies		
Mailing Address	02/04/2011	\$12,925.67
135 Professional Drive Suite 104		
City, State, Zip Code		
Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$15,565.67
Direct mail		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Magnolia Clipping Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	298 Commerce Park Drive Suite A	02/10/2011	\$86.40
City, State, Zip Code	Ridgeland, MS 39157-2237		
Purpose of Disbursement (Optional) Clipping service		Aggregate Year-to-date	\$392.40
Full Name	Fresh Cut Floral/catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	108 Cypress Cove	02/10/2011	\$817.50
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$817.50
Full Name	Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	755 Avignon Drive	02/10/2011	\$100.00
City, State, Zip Code	Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$4,022.00
Full Name	Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 790311	02/11/2011	\$183.03
City, State, Zip Code	Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$608.21
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	02/10/2011	\$2,250.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Software		Aggregate Year-to-date	\$2,250.00
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	02/10/2011	\$1,615.26
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services		Aggregate Year-to-date	\$9,633.51

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
FLS Connect		
Mailing Address 7300 Hudson Boulevard N Suite 270	02/10/2011	\$5,066.66
City, State, Zip Code Saint Paul, MN 55128-7143		
Purpose of Disbursement (Optional) Paid phone calls; List work	Aggregate Year-to-date	\$5,366.66
Southern Telecommunications		
Mailing Address PO Box 12865	02/10/2011	\$517.19
City, State, Zip Code Jackson, MS 39236-2865		
Purpose of Disbursement (Optional) Office phones	Aggregate Year-to-date	\$3,668.19
Boyanton Printing, Inc.		
Mailing Address PO Box 320157	02/10/2011	\$292.88
City, State, Zip Code Flowood, MS 39232-0157		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$3,047.72
Lakeland Income Properties/Stone Creek Assests		
Mailing Address PO Box 320219	02/10/2011	\$1,400.00
City, State, Zip Code Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Office rent	Aggregate Year-to-date	\$4,225.00
Parks MacNabb		
Mailing Address Piedmont Ave.	02/22/2011	\$171.19
City, State, Zip Code jackson, MS 39202		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$451.19
FLS Connect		
Mailing Address 7300 Hudson Boulevard N Suite 270	02/22/2011	\$300.00
City, State, Zip Code Saint Paul, MN 55128-7143		
Purpose of Disbursement (Optional) Paid phone calls	Aggregate Year-to-date	\$5,366.66

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Anna Rogers, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	02/22/2011	\$213.36
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Reimbursement - travel expenses		Aggregate Year-to-date	\$4,213.36
Full Name	Cambi Burnham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4723 W Cheryl Drive	02/22/2011	\$100.43
City, State, Zip Code	Jackson, MS 39211-5813		
Purpose of Disbursement (Optional) Reimbursement - office supplies		Aggregate Year-to-date	\$6,091.85
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	02/28/2011	\$6,000.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media consulting		Aggregate Year-to-date	\$39,157.74
Full Name	Parks MacNabb	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Piedmont Ave.	02/28/2011	\$150.00
City, State, Zip Code	jackson, MS 39202		
Purpose of Disbursement (Optional) Expense for 2/21-2/22		Aggregate Year-to-date	\$451.19
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	02/28/2011	\$5,160.53
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media consulting		Aggregate Year-to-date	\$39,157.74
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	02/28/2011	\$188.19
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$430.77

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	02/28/2011	\$663.50
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional)	Mailhouse services	Aggregate Year-to-date	\$9,633.51
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	02/28/2011	\$283.65
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional)	Mailhouse services	Aggregate Year-to-date	\$9,633.51
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	03/01/2011	\$24,189.31
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Payroll	Aggregate Year-to-date	\$43,747.30
Full Name	Lakeland Income Properties/Stone Creek Assests	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 320219	03/04/2011	\$25.00
City, State, Zip Code	Flowood, MS 39232-0219		
Purpose of Disbursement (Optional)	Office rent	Aggregate Year-to-date	\$4,225.00
Full Name	Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 790311	03/04/2011	\$117.53
City, State, Zip Code	Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional)	Utilities	Aggregate Year-to-date	\$608.21
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	03/04/2011	\$2,515.00
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional)	Direct mail	Aggregate Year-to-date	\$15,565.67

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Magnolia Clipping Services		
Mailing Address 298 Commerce Park Drive Suite A	03/04/2011	\$139.20
City, State, Zip Code Ridgeland, MS 39157-2237		
Purpose of Disbursement (Optional) Clipping service	Aggregate Year-to-date	\$392.40
Nick Clark Printing and Signs		
Mailing Address 965 Highway 51 Suite 4	03/04/2011	\$371.29
City, State, Zip Code Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$2,932.34
Printed T'S Screenprinting		
Mailing Address 106 Bristol Court	03/04/2011	\$2,996.73
City, State, Zip Code Madison, MS 39110-9435		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$2,996.73
Parks MacNabb		
Mailing Address Piedmont Ave.	03/04/2011	\$130.00
City, State, Zip Code jackson, MS 39202		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$451.19
Lakeland Income Properties/Stone Creek Assests		
Mailing Address PO Box 320219	03/04/2011	\$1,400.00
City, State, Zip Code Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Office rent	Aggregate Year-to-date	\$4,225.00
Mr. Kenny Ellis		
Mailing Address 126 Mockingbird Lane	03/04/2011	\$78.97
City, State, Zip Code Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$488.54

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Telecommunications		
Mailing Address PO Box 12865	03/08/2011	\$764.41
City, State, Zip Code Jackson, MS 39236-2865		
Purpose of Disbursement (Optional) Office phones	Aggregate Year-to-date	\$3,668.19
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Justin Brasell		
Mailing Address 5362 Carolwood Drive	03/01/2011	\$10,000.00
City, State, Zip Code Jackson, MS 39211-4267		
Purpose of Disbursement (Optional) General Consulting	Aggregate Year-to-date	\$30,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address PO Box 114	03/13/2011	\$2,720.58
City, State, Zip Code Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$20,682.94
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Donor Tree		
Mailing Address 4266 I 55 N Suite 108	03/13/2011	\$400.00
City, State, Zip Code Jackson, MS 39211-6393		
Purpose of Disbursement (Optional) Fundraising expense	Aggregate Year-to-date	\$400.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Jeremy Hughes		
Mailing Address 3 Nelson Court	03/14/2011	\$800.00
City, State, Zip Code Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Grassroots Organization Consulting	Aggregate Year-to-date	\$5,114.99
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Boyanton Printing, Inc.		
Mailing Address PO Box 320157	03/15/2011	\$2,754.84
City, State, Zip Code Flowood, MS 39232-0157		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$3,047.72

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	126 Mockingbird Lane	03/15/2011	\$36.00
City, State, Zip Code	Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Reimbursement - travel expenses		Aggregate Year-to-date	\$488.54
Full Name	American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		03/16/2011	\$1,049.58
City, State, Zip Code			
Purpose of Disbursement (Optional) Credit card payment		Aggregate Year-to-date	\$1,049.58
Full Name	Ingram Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7605 Highway 35 S	03/21/2011	\$29,558.75
City, State, Zip Code	Forest, MS 39074-9480		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$29,558.75
Full Name	Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	755 Avignon Drive	03/21/2011	\$220.00
City, State, Zip Code	Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$4,022.00
Full Name	Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	755 Avignon Drive	03/22/2011	\$1,320.00
City, State, Zip Code	Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$4,022.00
Full Name	Lukens Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2800 S Shirlington Road Floor 9	03/22/2011	\$253.38
City, State, Zip Code	Arlington, VA 22206-3601		
Purpose of Disbursement (Optional) Fundraising expense		Aggregate Year-to-date	\$353.38

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nick Clark Printing and Signs		
Mailing Address 965 Highway 51 Suite 4	03/22/2011	\$864.56
City, State, Zip Code Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$2,932.34
Julep Restaurant		
Mailing Address 4500 I 55 N Suite 105	03/22/2011	\$1,432.06
City, State, Zip Code Jackson, MS 39211-5932		
Purpose of Disbursement (Optional) Event Catering	Aggregate Year-to-date	\$1,432.06
Advantage Business Systems		
Mailing Address 5442 Executive Place	03/22/2011	\$854.07
City, State, Zip Code Jackson, MS 39206-4103		
Purpose of Disbursement (Optional) Equipment rental	Aggregate Year-to-date	\$1,645.78
Amerimail Direct		
Mailing Address 125 E South Street	03/22/2011	\$770.50
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services	Aggregate Year-to-date	\$9,633.51
Cambi Burnham		
Mailing Address 4723 W Cheryl Drive	03/22/2011	\$62.80
City, State, Zip Code Jackson, MS 39211-5813		
Purpose of Disbursement (Optional) Reimbursement - event supplies	Aggregate Year-to-date	\$6,091.85
Cash		
Mailing Address 4333 Lakeland Drive	03/24/2011	\$150.00
City, State, Zip Code Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Petty Cash	Aggregate Year-to-date	\$350.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address PO Box 114	03/28/2011	\$2,300.00
City, State, Zip Code Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$20,682.94
Trustmark National Bank Credit Card Center		
Mailing Address PO Box 114	03/28/2011	\$2,300.00
City, State, Zip Code Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$20,682.94
Mr. Brad Ferguson		
Mailing Address 142 Normandy Circle	03/29/2011	\$105.99
City, State, Zip Code Madison, MS 39110-9058		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$7,520.09
Entergy		
Mailing Address PO Box 8105	03/29/2011	\$242.58
City, State, Zip Code Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities	Aggregate Year-to-date	\$430.77
Amerimail Direct		
Mailing Address 125 E South Street	03/29/2011	\$1,268.26
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services	Aggregate Year-to-date	\$9,633.51
Nick Clark Printing and Signs		
Mailing Address 965 Highway 51 Suite 4	03/29/2011	\$333.84
City, State, Zip Code Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$2,932.34

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
On Message, Inc.		
Mailing Address 2130 Priest Bridge Drive Suite 11	03/29/2011	\$1,747.21
City, State, Zip Code Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media consulting	Aggregate Year-to-date	\$39,157.74
Lukens Company		
Mailing Address 2800 S Shirlington Road Floor 9	03/29/2011	\$100.00
City, State, Zip Code Arlington, VA 22206-3601		
Purpose of Disbursement (Optional) Fundraising expense	Aggregate Year-to-date	\$353.38
Commercial Appeal		
Mailing Address 495 Union Avenue	03/30/2011	\$533.70
City, State, Zip Code Memphis, TN 38103-3217		
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$533.70
Atmos Energy		
Mailing Address PO Box 790311	04/01/2011	\$187.56
City, State, Zip Code Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities	Aggregate Year-to-date	\$608.21
Mr. Jeremy Hughes		
Mailing Address 3 Nelson Court	04/01/2011	\$2,314.99
City, State, Zip Code Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Grassroots Organization Consulting	Aggregate Year-to-date	\$5,114.99
Mr. Brad Ferguson		
Mailing Address 142 Normandy Circle	04/01/2011	\$78.05
City, State, Zip Code Madison, MS 39110-9058		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$7,520.09

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Majority Strategies	04/01/2011	\$125.00
Mailing Address 135 Professional Drive Suite 104		
City, State, Zip Code Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Direct mail	Aggregate Year-to-date	\$15,565.67
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nick Clark Printing and Signs	04/01/2011	\$1,066.79
Mailing Address 965 Highway 51 Suite 4		
City, State, Zip Code Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$2,932.34
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Telecommunications	04/01/2011	\$449.89
Mailing Address PO Box 12865		
City, State, Zip Code Jackson, MS 39236-2865		
Purpose of Disbursement (Optional) Office phones	Aggregate Year-to-date	\$3,668.19
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Kenny Ellis	04/01/2011	\$301.80
Mailing Address 126 Mockingbird Lane		
City, State, Zip Code Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional) Reimbursement - travel expenses	Aggregate Year-to-date	\$488.54
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cambi Burnham	04/01/2011	\$240.30
Mailing Address 4723 W Cheryl Drive		
City, State, Zip Code Jackson, MS 39211-5813		
Purpose of Disbursement (Optional) Reimbursement - office supplies	Aggregate Year-to-date	\$6,091.85
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail Direct	04/01/2011	\$2,385.74
Mailing Address 125 E South Street		
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services	Aggregate Year-to-date	\$9,633.51

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
People Lease		
Mailing Address	04/01/2011	\$19,557.99
689 Towne Center Boulevard Suite B		
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$43,747.30
Payroll		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	04/01/2011	\$13,362.36
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$20,682.94
Credit Card Payment		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
MRP Victory 2011		
Mailing Address	04/05/2011	\$1,000.00
415 Yazoo Street		
City, State, Zip Code		
Jackson, MS 39201-1900		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,000.00
Contribution		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Atmos Energy		
Mailing Address	04/06/2011	\$34.33
PO Box 790311		
City, State, Zip Code		
Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$608.21
Utilities		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Total Graphics		
Mailing Address	04/06/2011	\$450.96
3075 Goodman Road E Suite 20		
City, State, Zip Code		
Southaven, MS 38672-6360		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$450.96
Printing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nick Clark Printing and Signs		
Mailing Address	04/06/2011	\$295.86
965 Highway 51 Suite 4		
City, State, Zip Code		
Madison, MS 39110-8922		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,932.34
Printing		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Top It Off		
Mailing Address 1434 Old Square Road	04/06/2011	\$30.50
City, State, Zip Code Jackson, MS 39211-5523		
Purpose of Disbursement (Optional) Event supplies	Aggregate Year-to-date	\$273.66
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail Direct		
Mailing Address 125 E South Street	04/06/2011	\$382.09
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Mailhouse services	Aggregate Year-to-date	\$9,633.51
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Magnolia Clipping Services		
Mailing Address 298 Commerce Park Drive Suite A	04/06/2011	\$166.80
City, State, Zip Code Ridgeland, MS 39157-2237		
Purpose of Disbursement (Optional) Clipping service	Aggregate Year-to-date	\$392.40
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Printing And Silkscreening, Inc.		
Mailing Address 230 Davis Avenue	04/06/2011	\$426.93
City, State, Zip Code Pass Christian, MS 39571-4506		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$426.93
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cash		
Mailing Address 4333 Lakeland Drive	04/07/2011	\$200.00
City, State, Zip Code Flowood, MS 39232-8947		
Purpose of Disbursement (Optional) Petty cash	Aggregate Year-to-date	\$350.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Jeremy Hughes		
Mailing Address 3 Nelson Court	04/15/2011	\$2,000.00
City, State, Zip Code Covington, KY 41015-1047		
Purpose of Disbursement (Optional) Grassroots Organization Consulting	Aggregate Year-to-date	\$5,114.99

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2011 through 04/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Justin Brasell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5362 Carolwood Drive	04/05/2011	\$10,000.00
City, State, Zip Code	Jackson, MS 39211-4267		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$30,000.00
Full Name	Deviney Brothers, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 6717	04/29/2011	\$4,000.00
City, State, Zip Code	Jackson, MS 39282-6717		
Purpose of Disbursement (Optional) Contribution Refund		Aggregate Year-to-date	\$4,000.00
Full Name	Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	755 Avignon Drive	01/03/2011	\$132.00
City, State, Zip Code	Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$4,022.00
Full Name	Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	755 Avignon Drive	01/03/2011	\$132.00
City, State, Zip Code	Ridgeland, MS 39157-5120		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$4,022.00
Full Name	Vince's Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	207 N Main Street	02/07/2011	\$1,757.44
City, State, Zip Code	Leland, MS 38756-2736		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$1,757.44
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	02/24/2011	\$6,250.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Media consulting		Aggregate Year-to-date	\$39,157.74

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Authorize.Net	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	03/02/2011	\$127.57
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Processing fee		Aggregate Year-to-date	\$218.68
Full Name	BKCD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		03/16/2011	\$1,137.29
City, State, Zip Code			
Purpose of Disbursement (Optional) Processing fee		Aggregate Year-to-date	\$1,153.11
Full Name	BKCD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		03/16/2011	\$15.82
City, State, Zip Code			
Purpose of Disbursement (Optional) Processing fee		Aggregate Year-to-date	\$1,153.11
Full Name	Authorize.Net	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	04/04/2011	\$91.11
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Processing fee		Aggregate Year-to-date	\$218.68