

Candidate
REPORT OF RECEIPTS AND
DISBURSEMENTS



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

Check here if above is different from previous report

TYPE OF REPORT

- * May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)..... **Mandatory**
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)..... **Mandatory**
- July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)..... **Mandatory**
- July 28, 2015 Pre-Election Report (July 1, 2015 through July 25, 2015)..... **Mandatory**
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)..... **Runoff Candidates Only**
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)..... **Mandatory**
- October 27, 2015 Pre-Election Report..... **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 2015)
All Candidates and Political Committees
- November 17, 2015 Pre-Runoff Report..... **Mandatory**
All Candidates and Political Committees in a Runoff Election
- January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)..... **Mandatory**
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such cases, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. 23-15-807 (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	\$274,800.00 + \$1,301.13	\$276,101.13	\$276,101.13
Total amount of disbursements	\$205,819.80 + \$1,369.62	\$207,189.42	\$207,189.42

Total amount of cash on hand \$2,422,291.38

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

[Signature] 5/8/2015
 Signature of Candidate Date

Authority: Refer to Miss Code Ann. 23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections



[Handwritten signature]

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Corporate contribution refund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Copeland & Johns, Inc.	03/19/2015	(\$1,500.00)
Mailing Address 4830 South Drive		
City, State, Zip Code Jackson, MS 39209-3701		
Name of Employer (Required)		
Occupation (Required)	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>Corporate contribution refund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Asphalt Pavement Association	03/16/2015	(\$9,000.00)
Mailing Address 711 N President Street		
City, State, Zip Code Jackson, MS 39202-3002		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	(\$9,000.00)
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>Corporate contribution refund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. Cornell Malone Corporation	03/16/2015	(\$1,500.00)
Mailing Address 1 Commerce Drive Suite 200		
City, State, Zip Code Hattiesburg, MS 39402-1499		
Name of Employer (Required)		
Occupation (Required)	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>Corporate contribution refund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name TCSWare Inc.	03/16/2015	(\$1,500.00)
Mailing Address 3599 Old Brandon Road		
City, State, Zip Code Pearl, MS 39208-3933		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	(\$1,500.00)

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name PhRMA	04/27/2015	\$1,000.00
Mailing Address 950 F Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1440		
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>Corporate contribution refund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Hatcher & Associates, Inc.	03/16/2015	(\$1,500.00)
Mailing Address 5466 Hacks Cross Road		
City, State, Zip Code Memphis, TN 38125-4201		
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. Ricky Cox	04/22/2015	\$500.00
Mailing Address 21 Colonel Wink Drive		
City, State, Zip Code Gulfport, MS 39507-4252		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Managing Partner	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 Laura Peebles	04/14/2015	\$500.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Seeman</u>	04/22/2015	\$1,000.00
Mailing Address <u>PO Box 3449</u>		
City, State, Zip Code <u>Gulfport, MS 39505-3449</u>		
Name of Employer (Required) <u>Seeman Composites</u>		
Occupation (Required) <u>Founder</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 G. Wyly</u>	04/22/2015	\$250.00
Mailing Address <u>216 N Beach Boulevard</u>		
City, State, Zip Code <u>Bay St Louis, MS 39520-4549</u>		
Name of Employer (Required) <u>Phelps Dunbar LLP</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bancorpsouth Bank PAC</u>	04/16/2015	\$5,000.00
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	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Power Company State PAC</u>	04/16/2015	\$2,000.00
Mailing Address <u>PO Box 4079</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mitchell T. Hairston	04/22/2015	\$2,000.00
Mailing Address 49 54th Street		
City, State, Zip Code Gulfport, MS 39507-4608		
Name of Employer (Required) Covington Civil & Env.		
Occupation (Required) Managing Partner	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. David J Hardy	04/22/2015	\$1,000.00
Mailing Address 481 Jordan Drive		
City, State, Zip Code Biloxi, MS 39531-2312		
Name of Employer (Required) Eley Guild Hardy Architects PA		
Occupation (Required) Architect	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 Sneed	04/14/2015	\$1,000.00
Mailing Address 141 Bayou Circle		
City, State, Zip Code Gulfport, MS 39507-4623		
Name of Employer (Required) Stewert, Sneed, Hewes Insurance		
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. Terry W. Green	04/14/2015	\$500.00
Mailing Address PO Box 2788		
City, State, Zip Code Sugar Land, TX 77487-2788		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00

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 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bacchus on the Beach</u>	04/24/2015	\$2,000.00
Mailing Address <u>111 W Scenic Dr</u>		
City, State, Zip Code <u>Pass Christian, MS 39571-4419</u>		
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 <u>Hollywood Casino</u>	04/17/2015	\$1,000.00
Mailing Address <u>711 Hollywood Boulevard</u>		
City, State, Zip Code <u>Bay St Louis, MS 39520-1808</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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Miller Propane LLC</u>	04/24/2015	\$500.00
Mailing Address <u>4860 Plaza Drive</u>		
City, State, Zip Code <u>Tylertown, MS 39667-9221</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Market Max LLC</u>	04/21/2015	\$2,000.00
Mailing Address <u>PO Box 229</u>		
City, State, Zip Code <u>Tylertown, MS 39667-0229</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mark Gordon</u>	04/24/2015	\$250.00
Mailing Address <u>P O Box 145</u>		
City, State, Zip Code <u>Waynesboro, MS 39367-0145</u>		
Name of Employer (Required) <u>Alfa Insurance Company</u>		
Occupation (Required) <u>Agent</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pigott Oil</u>	04/24/2015	\$1,000.00
Mailing Address <u>PO Box 229</u>		
City, State, Zip Code <u>Tylertown, MS 39667-0229</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Truck PAC</u>	04/24/2015	\$2,500.00
Mailing Address <u>825 N President St</u>		
City, State, Zip Code <u>Jackson, MS 39202-2561</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Empower PAC</u>	04/27/2015	\$5,000.00
Mailing Address <u>P O Box 4028</u>		
City, State, Zip Code <u>Madison, MS 39130-4028</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J Con Maloney	04/30/2015	\$1,000.00
Mailing Address: 1313 Harding Street		
City, State, Zip Code: Jackson, MS 39202-3409		
Name of Employer (Required): Cowboy Maloney		
Occupation (Required): CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Association for Home Care State PAC	01/15/2015	\$1,000.00
Mailing Address: 134 Fairmont St		
City, State, Zip Code: Clinton, MS 39056-4739		
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. Joe Usry	01/10/2015	\$500.00
Mailing Address: 603 Little Pine Cove		
City, State, Zip Code: Flowood, MS 39232-9080		
Name of Employer (Required): Joe Usry Chrysler Dodge Jeep Ram		
Occupation (Required): Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McKesson Corporation Employees Political Fund	02/11/2015	\$2,000.00
Mailing Address: One Post Street, 34th Floor		
City, State, Zip Code: San Francisco, CA 94104-5238		
Name of Employer (Required):		
Occupation (Required):	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name McKesson Corporation Employees Political Fund	02/27/2015	\$2,000.00
Mailing Address One Post Street, 34th Floor		
City, State, Zip Code San Francisco, CA 94104-5238		
Name of Employer (Required)		
Occupation (Required)	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 Mrs. Meghan M Yerby	02/17/2015	\$1,750.00
Mailing Address 12162 River Highlands Drive		
City, State, Zip Code Saint Amant, LA 70774-5004		
Name of Employer (Required) Glencoe Equipment		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,750.00
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 Michael Hatcher	04/15/2015	\$1,500.00
Mailing Address 12841 Old Country Cove		
City, State, Zip Code Olive Branch, MS 38654-6200		
Name of Employer (Required) Michael Hatcher & Associates, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,500.00
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Central MS Heating & Cooling, LLC	02/25/2015	\$500.00
Mailing Address 156 Marshall Rd		
City, State, Zip Code Brandon, MS 39047-9256		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Todd Allen Yerby	02/17/2015	\$1,750.00
Mailing Address 12162 River Highlands Drive		
City, State, Zip Code Saint Amant, LA 70774-5004		
Name of Employer (Required) Glencoe Equipment		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,750.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phyllis G Prince Realty	01/15/2015	\$1,000.00
Mailing Address PO Box 27		
City, State, Zip Code Philadelphia, MS 39350-0027		
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 John Bell Crosby	02/11/2015	\$250.00
Mailing Address 118 Hidden Hills Drive		
City, State, Zip Code Madison, MS 39110-8800		
Name of Employer (Required) Madison County		
Occupation (Required) Supervisor, District 1	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. Harold G Lewis	01/16/2015	\$750.00
Mailing Address 103 Lake Front Lane		
City, State, Zip Code Philadelphia, MS 39350-9274		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Asset Managers, LLC</u>	<u>02/17/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1292</u>		
City, State, Zip Code <u>Gautier, MS 39553-0015</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. Barry Spencer</u>	<u>02/18/2015</u>	<u>\$500.00</u>
Mailing Address <u>9100 Riverside Drive</u>		
City, State, Zip Code <u>Fort Washington, MD 20744-6863</u>		
Name of Employer (Required) <u>AARP</u>		
Occupation (Required) <u>Marketer</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>Richard Bradley Prewitt</u>	<u>02/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1404</u>		
City, State, Zip Code <u>Tupelo, MS 38802-1404</u>		
Name of Employer (Required) <u>Prewitt Group, PA</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>Lucky Star Enterprises Inc.</u>	<u>01/01/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>532 Mockingbird Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-7363</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Holly Construction, Inc.	01/01/2015	\$250.00
Mailing Address 2108 Cr 122		
City, State, Zip Code Carrollton, MS 38917-6706		
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 Benjamin L Purvis	02/17/2015	\$500.00
Mailing Address 607 Clark Ave		
City, State, Zip Code Ocean Springs, MS 39564-3904		
Name of Employer (Required) Asset Managers, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name LKQ Corporation Employee Good Government Fund	02/02/2015	\$1,000.00
Mailing Address 5975 N Federal Hwy		
City, State, Zip Code Fort Lauderdale, FL 33308-2687		
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 Amy Jo Ware	01/01/2015	\$2,500.00
Mailing Address 402 Rebecca Avenue		
City, State, Zip Code Hattiesburg, MS 39401-3921		
Name of Employer (Required) Self		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Airbus Helicopters, Inc.</u>	01/08/2015	\$500.00
Mailing Address <u>1782 Airport Road</u>		
City, State, Zip Code <u>Columbus, MS 39701-9663</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>Roderick Mark Alexander Jr.</u>	01/08/2015	\$500.00
Mailing Address <u>11019 Channelside Drive</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6050</u>		
Name of Employer (Required) <u>Balch & Bingham</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. Carlo A Martella</u>	01/12/2015	\$500.00
Mailing Address <u>1055 Centre Pointe Drive</u>		
City, State, Zip Code <u>Brandon, MS 39042-9698</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tower Loan of Mississippi LLC</u>	04/28/2015	\$10,000.00
Mailing Address <u>PO Box 320001</u>		
City, State, Zip Code <u>Flowood, MS 39232-0001</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MADA AutoPAC	04/17/2015	\$10,000.00
Mailing Address 800 Woodlands Parkway Suite 100		
City, State, Zip Code Ridgeland, MS 39157-5215		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
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 CLH Consulting, Inc	04/30/2015	\$5,000.00
Mailing Address 575 Johnstone Dr.		
City, State, Zip Code Madison, MS 39110-7585		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reeves Investments, Inc.	04/30/2015	\$1,000.00
Mailing Address PO Box 6276		
City, State, Zip Code Pearl, MS 39288-6276		
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. Joey Havens	04/30/2015	\$1,000.00
Mailing Address 6 Gallaghers Pass		
City, State, Zip Code Ridgeland, MS 39157-9218		
Name of Employer (Required) Horne LLP		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gerard Host	04/23/2015	\$1,000.00
Mailing Address 270 Hidden Oaks Drive		
City, State, Zip Code Ridgeland, MS 39157-7000		
Name of Employer (Required) Trustmark		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MMC Materials, Inc.	04/30/2015	\$1,000.00
Mailing Address PO Box 2569		
City, State, Zip Code Madison, MS 39130-2569		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association of Realtors PAC	04/21/2015	\$30,000.00
Mailing Address PO Box 321000		
City, State, Zip Code Flowood, MS 39232-1000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$30,000.00
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. Edward Hacskaylo	04/27/2015	\$1,000.00
Mailing Address 115 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
Name of Employer (Required) Mississippi Roofing Supply		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. James Herring</u>	04/21/2015	\$1,000.00
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	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Blair & Bondurant, P.A.</u>	04/21/2015	\$1,000.00
Mailing Address <u>PO Box 321423</u>		
City, State, Zip Code <u>Jackson, MS 39232-1423</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. Leonard Roberts</u>	04/21/2015	\$500.00
Mailing Address <u>PO Box 180579</u>		
City, State, Zip Code <u>Richland, MS 39218-0579</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Plumbing</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>James A Ogden</u>	04/10/2015	\$5,000.00
Mailing Address <u>500 E Capitol Street Suite 3</u>		
City, State, Zip Code <u>Jackson, MS 39201-2703</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MS Hospitality & Restaurant Association PAC</u>	04/17/2015	\$1,000.00
Mailing Address <u>130 Riverview Drive Suite A</u>		
City, State, Zip Code <u>Flowood, MS 39232-8921</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>John P. Keast</u>	04/28/2015	\$2,500.00
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	\$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. Christian B Waddell</u>	04/28/2015	\$500.00
Mailing Address <u>1500 Poplar Boulevard</u>		
City, State, Zip Code <u>Jackson, MS 39202-2115</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>Attorney</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>Waggoner Engineering, Inc.</u>	04/30/2015	\$1,000.00
Mailing Address <u>1458 Highland Park Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5968</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 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Wade Creekmore Jr.	04/13/2015	\$7,500.00
Mailing Address 1018 Highland Parkway Suite 500		
City, State, Zip Code Ridgeland, MS 39157-2089		
Name of Employer (Required) C Spire		
Occupation (Required) Executive	Aggregate Year-to-date	\$7,500.00
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 Malvaney	04/30/2015	\$5,000.00
Mailing Address 1745 Hall Road		
City, State, Zip Code Edwards, MS 39066-4129		
Name of Employer (Required) Malvaney & Associates		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Prosperity PAC LLC	04/28/2015	\$1,000.00
Mailing Address P.O. Box 1869		
City, State, Zip Code Brandon, MS 39043-1869		
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 Anthony S Ellis	04/28/2015	\$500.00
Mailing Address 1722 Linden Place		
City, State, Zip Code Jackson, MS 39202-1217		
Name of Employer (Required) Balch & Bingham LLP		
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 <u>Johnny Maloney</u>	04/30/2015	\$1,000.00
Mailing Address <u>1313 Harding Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-3409</u>		
Name of Employer (Required) <u>Cowboy Maloney</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. David Thomas</u>	04/30/2015	\$1,000.00
Mailing Address <u>4202 Brussels Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6105</u>		
Name of Employer (Required) <u>Balch & Bingham LLP</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. Eason Leake</u>	04/21/2015	\$2,500.00
Mailing Address <u>PO Box 1139</u>		
City, State, Zip Code <u>Jackson, MS 39215-1139</u>		
Name of Employer (Required) <u>Ross and Yerger</u>		
Occupation (Required) <u>President</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. Scott E Andress</u>	04/29/2015	\$1,000.00
Mailing Address <u>758 Arlington Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-1616</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Wesley Goings III</u>	04/17/2015	\$5,000.00
Mailing Address <u>101 Kirkwood Court</u>		
City, State, Zip Code <u>Jackson, MS 39211-6062</u>		
Name of Employer (Required) <u>CSpire</u>		
Occupation (Required) <u>Executive</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>Kane Ditto</u>	04/29/2015	\$2,500.00
Mailing Address <u>PO Box 13925</u>		
City, State, Zip Code <u>Jackson, MS 39236-3925</u>		
Name of Employer (Required) <u>State Street Group LLC</u>		
Occupation (Required) <u>Real Estate Development</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>William R James</u>	04/14/2015	\$10,000.00
Mailing Address <u>4777 E. Massena Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-4931</u>		
Name of Employer (Required) <u>Pruett Oil</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Rounsaville</u>	04/30/2015	\$250.00
Mailing Address <u>206 Culpepper Boulevard</u>		
City, State, Zip Code <u>Madison, MS 39110-7359</u>		
Name of Employer (Required) <u>Waggoner Engineering, Inc.</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. J. H. Thames Jr.</u>	04/28/2015	\$1,000.00
Mailing Address <u>124 One Madison Plaza Suite 1500</u>		
City, State, Zip Code <u>Madison, MS 39110-2021</u>		
Name of Employer (Required) <u>The Park Companies</u>		
Occupation (Required) <u>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>James H Creekmore</u>	04/14/2015	\$7,500.00
Mailing Address <u>7 Cypress Lane</u>		
City, State, Zip Code <u>Jackson, MS 39211-5935</u>		
Name of Employer (Required) <u>Telepak Networks</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$7,500.00
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>B L Walker</u>	04/17/2015	\$1,000.00
Mailing Address <u>60 St. Andrews Place</u>		
City, State, Zip Code <u>Jackson, MS 39211-2439</u>		
Name of Employer (Required) <u>Dermatopathology Associates</u>		
Occupation (Required) <u>Primary Care Physician</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 D. Mounger</u>	04/20/2015	\$2,000.00
Mailing Address <u>3833 Old Canton Road</u>		
City, State, Zip Code <u>Jackson, MS 39216-3522</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Oil Investments</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 James Y Palmer	04/16/2015	\$1,000.00
Mailing Address 8 Abbey Nord Place		
City, State, Zip Code Jackson, MS 39216-3743		
Name of Employer (Required) Coker Palmer		
Occupation (Required) Advisor	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. Walter Weems	04/30/2015	\$1,000.00
Mailing Address PO Box 119		
City, State, Zip Code Jackson, MS 39205-0119		
Name of Employer (Required) Brunini Grantham Grower and Hewes		
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 Richard Kuebler	04/30/2015	\$1,000.00
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	\$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 Wallace	04/21/2015	\$1,000.00
Mailing Address 318 Hillview Drive		
City, State, Zip Code Ridgeland, MS 39157-8606		
Name of Employer (Required) Wise, Carter, Child, & Carraway, P.A.		
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 type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Adams & Reese LLP</u>	04/30/2015	\$1,000.00
Mailing Address <u>1018 Highland Colony Pkwy</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2060</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>Ambassador John N. Palmer</u>	04/17/2015	\$5,000.00
Mailing Address <u>PO Box 3747</u>		
City, State, Zip Code <u>Jackson, MS 39207-3747</u>		
Name of Employer (Required) <u>GulfSouth Capital</u>		
Occupation (Required) <u>Chairman</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. William Ware</u>	04/24/2015	\$1,000.00
Mailing Address <u>271 Highland Place Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5910</u>		
Name of Employer (Required) <u>Mid State Construction</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>Thomas W Tardy</u>	04/30/2015	\$3,000.00
Mailing Address <u>114 Woodland Circle</u>		
City, State, Zip Code <u>Jackson, MS 39216-4113</u>		
Name of Employer (Required) <u>Forman Watkins Krutz & Tardy</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nucor Steel Recyclers of MS PAC	04/24/2015	\$5,000.00
Mailing Address 3630 Fourth St		
City, State, Zip Code Flowood, MS 39232-2000		
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. William C Reeves	04/29/2015	\$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
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Ramey Agency, LLC	04/24/2015	\$1,000.00
Mailing Address 3100 North State Street, STE 300		
City, State, Zip Code Jackson, MS 39216-4013		
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. Glenn McCullough Jr.	04/20/2015	\$1,000.00
Mailing Address 245 Road 183		
City, State, Zip Code Tupelo, MS 38804-9711		
Name of Employer (Required) GLM Associates, LLC		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Kelley Williams</u>	04/24/2015	\$1,000.00
Mailing Address <u>2030 Eastover Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6717</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. Robert Wells</u>	04/20/2015	\$10,000.00
Mailing Address <u>226 Westfield Road</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9492</u>		
Name of Employer (Required) <u>Young Wells</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stribling Equipment, LLC</u>	04/22/2015	\$1,000.00
Mailing Address <u>PO Box 6038</u>		
City, State, Zip Code <u>Jackson, MS 39288-6038</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>Hu Meena</u>	04/13/2015	\$5,000.00
Mailing Address <u>4764 E Massena Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-4930</u>		
Name of Employer (Required) <u>CSpire</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L Halford	04/30/2015	\$1,000.00
Mailing Address 155 Southern Ridge Dr		
City, State, Zip Code Madison, MS 39110-9484		
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 William L Smith	04/28/2015	\$3,500.00
Mailing Address 1200 Meadowbrook Road Apt. 18		
City, State, Zip Code Jackson, MS 39206-6109		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Attorney	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 David Andress	04/30/2015	\$1,000.00
Mailing Address 3866 Redbud Road		
City, State, Zip Code Jackson, MS 39211-6711		
Name of Employer (Required) Brunini		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MISS Life Under PAC	04/20/2015	\$1,000.00
Mailing Address 5475 Executive Place		
City, State, Zip Code Jackson, MS 39206-4104		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>LEN PAC</u>	04/30/2015	\$10,000.00
Mailing Address <u>3 Lakeland Circle Suite 201</u>		
City, State, Zip Code <u>Jackson, MS 39216-5006</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brandon Payne</u>	04/24/2015	\$1,000.00
Mailing Address <u>PO Box 6213</u>		
City, State, Zip Code <u>Gulfport, MS 39506-6213</u>		
Name of Employer (Required) <u>The Payne Group</u>		
Occupation (Required) <u>Consultant</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. Rick J Calhoon</u>	04/10/2015	\$10,000.00
Mailing Address <u>217 W Capitol Street</u>		
City, State, Zip Code <u>Jackson, MS 39201-2004</u>		
Name of Employer (Required) <u>Pruet Oil Company</u>		
Occupation (Required) <u>Manager</u>	Aggregate Year-to-date	\$10,000.00
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>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>G S Partnership</u>	04/30/2015	\$10,000.00
Mailing Address <u>12 Ashton Garden</u>		
City, State, Zip Code <u>Jackson, MS 39211</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda Tollison	04/20/2015	\$1,000.00
Mailing Address 114 Pinecrest Drive		
City, State, Zip Code Oxford, MS 38655-2617		
Name of Employer (Required) Butler Snow		
Occupation (Required) lawyer	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 A. Brown	04/08/2015	\$10,000.00
Mailing Address PO Box 16952		
City, State, Zip Code Jackson, MS 39236-6952		
Name of Employer (Required) Brown Bottling Group		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Clay Firm	04/30/2015	\$10,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
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 Robert Watson	04/24/2015	\$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

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Armin J Moeller Jr.	04/28/2015	\$2,300.00
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	\$2,300.00
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 H. Larry Fortenberry	04/21/2015	\$500.00
Mailing Address Po Box 16556		
City, State, Zip Code Jackson, MS 39236		
Name of Employer (Required) Executive Planning Group		
Occupation (Required) Insurance Broker	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 O B Walton III	04/21/2015	\$1,000.00
Mailing Address 4109 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6521		
Name of Employer (Required) Eastgroup Properties		
Occupation (Required) Registered Agent	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 George Walker	04/25/2015	\$10,000.00
Mailing Address 2000 Culleywood Road		
City, State, Zip Code Jackson, MS 39211-5840		
Name of Employer (Required) Heritage Properties		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>in-kind contribution</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Fresh Cut Floral/Catering</u>	04/30/2015	\$1,000.00
Mailing Address <u>108 Cypress Cove</u>		
City, State, Zip Code <u>Flowood, MS 39232-5500</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

01/01/2015

through

04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
McClain Lodge	01/02/2015	\$1,444.50
Mailing Address	314 Clark Creek Road	
City, State, Zip Code	Brandon, MS 39047-9321	
Purpose of Disbursement (Optional) Event Catering	Aggregate Year-to-date	\$1,444.50
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Madison County Republican Party	02/06/2015	\$800.00
Mailing Address	PO Box 2201	
City, State, Zip Code	Ridgeland, MS 39158-2201	
Purpose of Disbursement (Optional) Event Sponsorship	Aggregate Year-to-date	\$800.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Connect Strategic Communications	04/28/2015	\$669.00
Mailing Address	1910 Pacific Avenue Suite 5050	
City, State, Zip Code	Dallas, TX 75201-4561	
Purpose of Disbursement (Optional) Digital Services	Aggregate Year-to-date	\$2,007.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Connect Strategic Communications	04/01/2015	\$669.00
Mailing Address	1910 Pacific Avenue Suite 5050	
City, State, Zip Code	Dallas, TX 75201-4561	
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$2,007.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Connect Strategic Communications	04/13/2015	\$669.00
Mailing Address	1910 Pacific Avenue Suite 5050	
City, State, Zip Code	Dallas, TX 75201-4561	
Purpose of Disbursement (Optional) Digital Services	Aggregate Year-to-date	\$2,007.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ASAP Printing	02/19/2015	\$340.96
Mailing Address	2801 Layfair Drive	
City, State, Zip Code	Flowood, MS 39232-9501	
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$340.96

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	02/25/2015	\$16,797.78
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$65,615.23
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	03/27/2015	\$16,717.93
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$65,615.23
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	04/29/2015	\$16,454.09
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$65,615.23
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	01/28/2015	\$4,416.25
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$65,615.23
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	01/28/2015	\$11,229.18
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$65,615.23
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Highway 469 S	03/05/2015	\$891.31
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$891.31

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Fresh Cut Floral/Catering <i>in-kind</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	108 Cypress Cove	04/30/2015	\$1,000.00
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$1,000.00
Full Name	J.Walter Michel Agency, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	04/01/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional)	Office Space	Aggregate Year-to-date	\$1,325.00
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		03/05/2015	\$40.00
City, State, Zip Code			
Purpose of Disbursement (Optional)	Phone Service	Aggregate Year-to-date	\$306.45
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		01/16/2015	\$266.45
City, State, Zip Code			
Purpose of Disbursement (Optional)	Phone Service	Aggregate Year-to-date	\$306.45
Full Name	Two Men and A Truck	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	276 Commerce Park Drive	01/15/2015	\$300.00
City, State, Zip Code	Ridgeland, MS 39157-2232		
Purpose of Disbursement (Optional)	moving office equipment	Aggregate Year-to-date	\$300.00
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	01/22/2015	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional)	IT Services	Aggregate Year-to-date	\$665.12

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	04/15/2015	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$665.12
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	03/17/2015	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$665.12
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	03/24/2015	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$665.12
Full Name	Dixie National Sale of Junior Champions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 9815	03/24/2015	\$1,000.00
City, State, Zip Code	Mississippi State, MS 39762-9815		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$1,000.00
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 60	02/02/2015	\$2,000.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursement (Optional) Event Sponsorship		Aggregate Year-to-date	\$2,200.00
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 60	02/16/2015	\$200.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursement (Optional) Filing Fee		Aggregate Year-to-date	\$2,200.00

Reporting Period 01/01/2015

through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	02/02/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$2,650.00
Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	03/04/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$2,650.00
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	04/01/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$30,132.19
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	01/08/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$30,132.19
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	03/02/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$30,132.19
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	02/02/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$30,132.19

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	03/16/2015	\$2,974.46
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$30,132.19
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	04/10/2015	\$3,157.73
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$30,132.19
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	03/17/2015	\$796.74
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$19,992.10
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	02/19/2015	\$752.32
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$19,992.10
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	01/12/2015	\$11,440.83
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$19,992.10
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	03/17/2015	\$1,393.80
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$19,992.10

ITEMIZED DISBURSEMENTS

Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	01/12/2015	\$5,608.41
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$19,992.10
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	01/02/2015	\$2,100.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Campaign Software		Aggregate Year-to-date	\$4,200.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	04/01/2015	\$2,100.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Campaign Software		Aggregate Year-to-date	\$4,200.00
Full Name	Garrett McInnis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4701 Lakeland Drive Apt. 14A	03/17/2015	\$806.63
City, State, Zip Code	Flowood, MS 39232-9754		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$806.63
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	500 Steed Road	03/17/2015	\$730.81
City, State, Zip Code	Ridgeland, MS 39157-1704		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$730.81
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	01/02/2015	\$2,500.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$3,077.22

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	01/13/2015	\$577.22
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$3,077.22
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	04/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$40,000.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	01/02/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$40,000.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	02/02/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$40,000.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	03/02/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$40,000.00
Full Name	R. J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2030 NW Progress Parkway	04/13/2015	\$241.38
City, State, Zip Code	Jackson, MS 39213-8302		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$241.38

Reporting Period 01/01/2015

through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Tate Lewis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	201 West Capitol Street	03/17/2015	\$911.25
City, State, Zip Code	Jackson, MS 39201-2005		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$911.25
Full Name	TV Eyes, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2150 Post Road	03/17/2015	\$7,200.00
City, State, Zip Code	Fairfield, CT 06824-5669		
Purpose of Disbursement (Optional) Communication Services		Aggregate Year-to-date	\$7,200.00
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	04/01/2015	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$13,340.08
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	03/17/2015	\$1,340.08
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$13,340.08
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	02/02/2015	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$13,340.08
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	03/02/2015	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$13,340.08

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2015 through 04/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Jackson Jambalaya	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	855 S. Pear Orchard Road Building 100	02/16/2015	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-5113		
Purpose of Disbursement (Optional) Online Advertising		Aggregate Year-to-date	\$3,000.00
Full Name	R.J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	809 Division Street	01/12/2015	\$241.38
City, State, Zip Code	Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$738.11
Full Name	R.J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	809 Division Street	03/24/2015	\$242.64
City, State, Zip Code	Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$738.11
Full Name	R.J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	809 Division Street	02/19/2015	\$254.09
City, State, Zip Code	Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$738.11
Full Name	Laura Hipp	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 1018	02/19/2015	\$314.66
City, State, Zip Code	Jackson, MS 39215-1018		
Purpose of Disbursement (Optional) Reimbursement for printing		Aggregate Year-to-date	\$314.66
Full Name	Mississippi Federation of College Republicans	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 60	04/15/2015	\$350.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursement (Optional) Event Sponsorship		Aggregate Year-to-date	\$350.00

ITEMIZED DISBURSEMENTS

Full Name	Gateway Billing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	01/05/2015	\$59.95
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$239.80
Full Name	Gateway Billing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	04/02/2015	\$59.95
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$239.80
Full Name	Gateway Billing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	02/03/2015	\$59.95
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$239.80
Full Name	Gateway Billing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	03/03/2015	\$59.95
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$239.80

