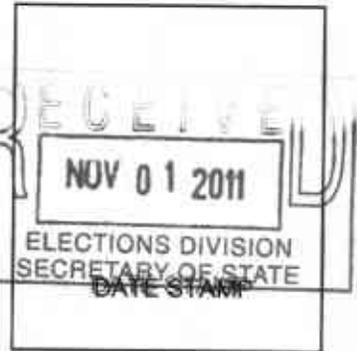


Candidate
REPORT OF RECEIPTS AND
DISBURSEMENTS

Name of Candidate Tate Reeves
 Address PO Box 24355 Jackson, MS 39225-4355
 Telephone 601-936-5816 Home _____ Fax _____
 Contact Name Mr. Terry Reeves Email _____
 Office Sought Lt Governor Political Party Republican



Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011)..... Mandatory
- ____ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011)..... Mandator
- ____ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011)..... Mandatory
- ____ July 26, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)..... Primary Candidates
- ____ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)..... Runoff Candidates Only
- ____ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011)..... Mandatory
- * ____ November 1, 2011 Pre-Election Report (October 1, 2011, through October ²⁹~~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	\$154,950.00 + \$1,925.00	\$156,875.00	2,101,592.99
Total amount of disbursements	\$200,259.67 + \$300.00	\$200,559.67	3,297,548.91
Total amount of cash on hand		\$406,536.26	

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

Signature of Candidate

11/1/2011
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 10/01/2011

through 10/29/2011

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. J.F. Jr Thompson	10/06/2011	\$250.00
Mailing Address 4817 15th Place		
City, State, Zip Code Meridian, MS 39305-1736		
Name of Employer (Required) The Thompson Group		
Occupation (Required) Ins. 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 Mr. James McRae	10/05/2011	\$500.00
Mailing Address PO Box 5352		
City, State, Zip Code Meridian, MS 39302-5352		
Name of Employer (Required) MS Industrial Heritage Museum		
Occupation (Required) Soule	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. Craig Dungan	10/07/2011	\$250.00
Mailing Address 5401 Westminster Drive		
City, State, Zip Code Meridian, MS 39305-9559		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Xerox Corporation Political Action Committee	10/11/2011	\$2,500.00
Mailing Address 1800 M Street NW Suite 700		
City, State, Zip Code Washington, DC 20036-5802		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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. Mobashir Solangi	10/10/2011	\$1,000.00
Mailing Address 8288 Jennifer Lane		
City, State, Zip Code Long Beach, MS 39560-8200		
Name of Employer (Required) Institute for Marine Mammal Studies		
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. Robert A. Mandal Jr.	10/10/2011	\$1,000.00
Mailing Address 2102 Ward Lane		
City, State, Zip Code Biloxi, MS 39531-2318		
Name of Employer (Required) Mandal Auto Group		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Maxwell-Walker Consulting Group LLC	10/10/2011	\$1,000.00
Mailing Address PO Box 1665		
City, State, Zip Code Pascagoula, MS 39568-1665		
Name of Employer (Required)		
Occupation (Required)	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. Michael Janus	10/10/2011	\$600.00
Mailing Address PO Box 4147		
City, State, Zip Code Biloxi, MS 39535-4147		
Name of Employer (Required) City of Deiberville		
Occupation (Required) City Manager	Aggregate Year-to-date	\$600.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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 Jr Seymour	10/10/2011	\$500.00
Mailing Address 2642 Bay Pointe Drive		
City, State, Zip Code Biloxi, MS 39531-2757		
Name of Employer (Required) Seymour Engineering		
Occupation (Required) Engineer	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 Eley Guild Hardy Architects PA	10/10/2011	\$300.00
Mailing Address 1091 Tommy Munro Drive		
City, State, Zip Code Biloxi, MS 39532-2100		
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 Mr. Albert Sage	10/11/2011	\$1,000.00
Mailing Address 4785 I 55 N Suite 103		
City, State, Zip Code Jackson, MS 39206-5603		
Name of Employer (Required) Sage Advice, Inc.		
Occupation (Required) Owner	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. Troy S. Griffin	10/12/2011	\$5,000.00
Mailing Address PO Box 188		
City, State, Zip Code Braxton, MS 39044-0188		
Name of Employer (Required) Self		
Occupation (Required) CPA	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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>Brian Cain's Beefmasters</u>	10/12/2011	\$5,000.00
Mailing Address <u>PO Box 241</u>		
City, State, Zip Code <u>Wiggins, MS 39577-0241</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>Mrs. Avonna Cain</u>	10/12/2011	\$5,000.00
Mailing Address <u>2352 N Country Club Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39532-3200</u>		
Name of Employer (Required) <u>Conner Cain Enterprise</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>Mr. Richard B Tice</u>	10/12/2011	\$5,000.00
Mailing Address <u>PO Box 904</u>		
City, State, Zip Code <u>Gulfport, MS 39502-0904</u>		
Name of Employer (Required) <u>Tice and Association PA</u>		
Occupation (Required) <u>CPA</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. Bennett Hubbard Jr.</u>	10/12/2011	\$5,000.00
Mailing Address <u>PO Box 414</u>		
City, State, Zip Code <u>Magee, MS 39111-0414</u>		
Name of Employer (Required) <u>Advanced Health Care</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. William Jr Yates</u>	10/01/2011	\$10,000.00
Mailing Address <u>304 Dogwood Street</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-3312</u>		
Name of Employer (Required) <u>The Yates Companies, Inc.</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>Mr. William Yates</u>	10/01/2011	\$10,000.00
Mailing Address <u>2104 Ward Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2318</u>		
Name of Employer (Required) <u>The Yates Companies, Inc.</u>		
Occupation (Required) <u>Vice 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>Mr. Jason Voyles</u>	10/01/2011	\$10,000.00
Mailing Address <u>177 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2532</u>		
Name of Employer (Required)		
Occupation (Required)	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Greg Snowden Campaign</u>	10/11/2011	\$250.00
Mailing Address <u>PO Box 3807</u>		
City, State, Zip Code <u>Meridian, MS 39303-3807</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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. Bruce Martin	10/11/2011	\$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	\$6,500.00
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 D & H Construction & Cabinetry, Inc.	10/11/2011	\$250.00
Mailing Address 8589 A C Brown Road		
City, State, Zip Code Meridian, MS 39305-9273		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name International Paper Political Action Committee	10/01/2011	\$2,500.00
Mailing Address 1101 Pennsylvania Avenue NW Suite 200		
City, State, Zip Code Washington, DC 20004-2514		
Name of Employer (Required)		
Occupation (Required)	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 Verizon	10/07/2011	\$1,000.00
Mailing Address PO Box 2200		
City, State, Zip Code Folsom, CA 95763-2200		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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. Warren Hood Jr.</u>	10/07/2011	\$1,000.00
Mailing Address <u>PO Box 682</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-0682</u>		
Name of Employer (Required) <u>Hood Companies</u>		
Occupation (Required) <u>Owner</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>Magee Enterprises Inc</u>	10/13/2011	\$400.00
Mailing Address <u>105 Millcreek Corners</u>		
City, State, Zip Code <u>Brandon, MS 39047-9011</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$900.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kathy C Luke</u>	10/13/2011	\$2,500.00
Mailing Address <u>1862 Hunters Run</u>		
City, State, Zip Code <u>Meridian, MS 39305-9335</u>		
Name of Employer (Required) <u>LPK Architects</u>		
Occupation (Required) <u>Office Manager</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. Jimmy Alexander</u>	10/13/2011	\$2,500.00
Mailing Address <u>PO Box 1265</u>		
City, State, Zip Code <u>Meridian, MS 39302-1265</u>		
Name of Employer (Required) <u>A & B Electric</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$4,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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. Rick Barry	10/11/2011	\$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	\$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. Mary F. Billups	10/13/2011	\$250.00
Mailing Address 6259 Pinedale Road		
City, State, Zip Code Meridian, MS 39305-3430		
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 Mrs. Jennifer Jones	10/13/2011	\$250.00
Mailing Address 805 45th Street		
City, State, Zip Code Meridian, MS 39305-2841		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Hardy Graham	10/14/2011	\$250.00
Mailing Address 900 46th Street		
City, State, Zip Code Meridian, MS 39305-2848		
Name of Employer (Required) Meridian Coke		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 10/01/2011

through 10/29/2011

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 Angela Majure	10/11/2011	\$250.00
Mailing Address 425 Windover Circle		
City, State, Zip Code Meridian, MS 39305-2039		
Name of Employer (Required) Univ. Alabama Meridian/ E. Mississippi Alumni Ass		
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. James R. Peavy	10/13/2011	\$500.00
Mailing Address 2000 Front Street Suite 407		
City, State, Zip Code Meridian, MS 39301-5157		
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. Jamie Cater	10/13/2011	\$500.00
Mailing Address 906 Beechwood Drive		
City, State, Zip Code Meridian, MS 39305-2857		
Name of Employer (Required) Cater Market		
Occupation (Required) Physician	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 Vital Care Of Meridian	10/13/2011	\$1,000.00
Mailing Address 1501 23rd Avenue		
City, State, Zip Code Meridian, MS 39301-4027		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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 Lynn Crawford	10/13/2011	\$500.00
Mailing Address 1124 Windmill Drive		
City, State, Zip Code Meridian, MS 39305-1101		
Name of Employer (Required) Acme Realty		
Occupation (Required) Notary	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. Betty Lou Jones	10/10/2011	\$500.00
Mailing Address 3637 Parkway Boulevard		
City, State, Zip Code Meridian, MS 39305-3869		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Entertainment Software Association	10/01/2011	\$1,000.00
Mailing Address 575 7th Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1611		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Swisher International Inc.	10/01/2011	\$1,000.00
Mailing Address PO Box 2230		
City, State, Zip Code Jacksonville, FL 32203-2230		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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>Magnolia Corp</u>	10/07/2011	\$1,000.00
Mailing Address <u>289 S Robertson Boulevard Suite 469</u>		
City, State, Zip Code <u>Beverly Hills, CA 90211-2834</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>Ralph Morgan</u>	10/13/2011	\$1,500.00
Mailing Address <u>3714 Lauderdale Road</u>		
City, State, Zip Code <u>Lauderdale, MS 39335-9632</u>		
Name of Employer (Required) <u>Ralph Morgan Logging</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>Leland Lou</u>	10/13/2011	\$500.00
Mailing Address <u>4315 Highway 39 N Apt. 2J</u>		
City, State, Zip Code <u>Meridian, MS 39301-1025</u>		
Name of Employer (Required) <u>Rush Pain Treatment</u>		
Occupation (Required) <u>Anesthesiologist</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. Scott Anderson</u>	10/13/2011	\$1,000.00
Mailing Address <u>4905 15th Place</u>		
City, State, Zip Code <u>Meridian, MS 39305-1738</u>		
Name of Employer (Required) <u>Self-Employed</u>		
Occupation (Required) <u>Radiation Oncologist</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. Wallace Strickland	10/10/2011	\$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	\$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. Ronald T. Hampton	10/13/2011	\$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	\$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 Georgia Pacific Financial Management	10/12/2011	\$750.00
Mailing Address PO Box 61270		
City, State, Zip Code Phoenix, AZ 85082-1270		
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 Mr. Roderick L Hill	10/17/2011	\$2,500.00
Mailing Address 1211 Riverside Drive		
City, State, Zip Code Jackson, MS 39202-1234		
Name of Employer (Required) IMS Engineers		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John D Calhoun	10/16/2011	\$2,500.00
Mailing Address 3 Southern Oaks Drive		
City, State, Zip Code Clinton, MS 39056-9406		
Name of Employer (Required) IMS Engineers		
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 Theo Costas	10/21/2011	\$2,000.00
Mailing Address PO Box 1349		
City, State, Zip Code Jackson, MS 39215-1349		
Name of Employer (Required) Southern Beverage		
Occupation (Required) CEO	Aggregate Year-to-date	\$4,500.00
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 Comcast Corporation Political Action Committee	10/06/2011	\$5,000.00
Mailing Address 600 Galleria Parkway SE Suite 1100		
City, State, Zip Code Atlanta, GA 30339-8102		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. J. Kevin Watson	10/06/2011	\$1,000.00
Mailing Address PO Box 23546		
City, State, Zip Code Jackson, MS 39225-3546		
Name of Employer (Required) Watson and Jones, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Mills	10/06/2011	\$2,500.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
Name of Employer (Required) Tellus Operating Group, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$7,500.00
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 Ergon State PAC	10/04/2011	\$1,000.00
Mailing Address PO Box 1639		
City, State, Zip Code Jackson, MS 39215-1639		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$6,000.00
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 Thompson Engineering Inc.	10/05/2011	\$1,000.00
Mailing Address 2970 Cottage Hill Road Suite 190		
City, State, Zip Code Mobile, AL 36606-4749		
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) MOA PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Optometry For Progress	10/06/2011	\$5,000.00
Mailing Address 141 Executive Drive Suite 5		
City, State, Zip Code Madison, MS 39110-8457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00

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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 KCS Rail PAC	10/01/2011	\$1,000.00
Mailing Address PO Box 219335		
City, State, Zip Code Kansas City, MO 64121-9335		
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 Missco Corporation	10/01/2011	\$1,000.00
Mailing Address 2510 Lakeland Terrace Suite 100		
City, State, Zip Code Jackson, MS 39216-4717		
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 Sheldon Laboratory Systems, Inc	10/01/2011	\$1,000.00
Mailing Address PO Box 836		
City, State, Zip Code Crystal Springs, MS 39059-0836		
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 School Book Supply Company of Mississippi, LLC	10/01/2011	\$1,000.00
Mailing Address PO Box 1059		
City, State, Zip Code Jackson, MS 39215-1059		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>School Book Supply Company of Louisiana, LLC</u>	<u>10/01/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>9380 Ashland Road Suite 190</u>		
City, State, Zip Code <u>Gonzales, LA 70737-8056</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>Missco Contract Sales LLC</u>	<u>10/01/2011</u>	<u>\$1,000.00</u>
Mailing Address <u>2510 Lakeland Terrace Suite 100</u>		
City, State, Zip Code <u>Jackson, MS 39216-4717</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>MS Hospitality & Restaurant Association PAC</u>	<u>10/01/2011</u>	<u>\$1,500.00</u>
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	\$1,500.00
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. Lee M. Rone</u>	<u>10/06/2011</u>	<u>\$500.00</u>
Mailing Address <u>803 Harbor Isle Circle E</u>		
City, State, Zip Code <u>Memphis, TN 38103-0837</u>		
Name of Employer (Required) <u>Youth Villages</u>		
Occupation (Required) <u>COO</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 <u>Ms. Jennifere M. Simmons</u>	10/06/2011	\$2,000.00
Mailing Address <u>P.O. Pox 206</u>		
City, State, Zip Code <u>Lake, MS 39092</u>		
Name of Employer (Required) <u>Simmons Erosion Control, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Centene Corporation PAC</u>	10/12/2011	\$5,000.00
Mailing Address <u>7711 Carondelet Avenue</u>		
City, State, Zip Code <u>Saint Louis, MO 63105-3313</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00
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>CCA Of Tennessee, LLC</u>	10/07/2011	\$1,000.00
Mailing Address <u>10 Burton Hills Boulevard</u>		
City, State, Zip Code <u>Nashville, TN 37215-6105</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. Alan Wilson</u>	10/13/2011	\$250.00
Mailing Address <u>4000 Lakeland Drive</u>		
City, State, Zip Code <u>Jackson, MS 39232-8891</u>		
Name of Employer (Required) <u>Howard Wilson Chrysler Jeep Dodge</u>		
Occupation (Required) <u>Care Dealer</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Bail Agents Assn.	10/10/2011	\$1,000.00
Mailing Address 413 S President Street Suite 111		
City, State, Zip Code Jackson, MS 39201-5006		
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 Ray Long	10/01/2011	\$250.00
Mailing Address 4512 8th Avenue		
City, State, Zip Code Meridian, MS 39305-2836		
Name of Employer (Required) Long Wholesale		
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 Thomas Wallace	10/20/2011	\$2,500.00
Mailing Address PO Box 523		
City, State, Zip Code Columbia, MS 39429-0523		
Name of Employer (Required) TL Wallace Construction, Inc.		
Occupation (Required) President	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 Mark Fairchild	10/20/2011	\$1,000.00
Mailing Address PO Box 15909		
City, State, Zip Code Hattiesburg, MS 39404-5909		
Name of Employer (Required) WR Fairchild Const. Co.		
Occupation (Required) Manager	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. C.T. Finnegan	10/20/2011	\$1,000.00
Mailing Address 1200 Velma Street		
City, State, Zip Code Hattiesburg, MS 39402-2749		
Name of Employer (Required) Finlo Construction Company, Inc.		
Occupation (Required) Owner	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. David Burckel	10/20/2011	\$1,000.00
Mailing Address 67 Dover Trace		
City, State, Zip Code Hattiesburg, MS 39401-2902		
Name of Employer (Required) Southern Bone and Joint		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caterpillar Employees PAC	10/10/2011	\$5,000.00
Mailing Address 100 NE Adams Street		
City, State, Zip Code Peoria, IL 61629-0001		
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. Joseph Tatum Jr.	10/24/2011	\$100.00
Mailing Address 46 Priest Point		
City, State, Zip Code Hattiesburg, MS 39401-8201		
Name of Employer (Required) Tatum Development Services		
Occupation (Required) Owner	Aggregate Year-to-date	\$350.00

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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 Mr. David L Anderson	10/25/2011	\$250.00
Mailing Address 610 Highway 44		
City, State, Zip Code Sumrall, MS 39482-4302		
Name of Employer (Required) Self-Employed		
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 Sherwood Bailey Jr.	10/26/2011	\$1,000.00
Mailing Address 813 E Pass Road		
City, State, Zip Code Gulfport, MS 39507-3307		
Name of Employer (Required) Bailey Lumber and Home Center		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,200.00
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.	10/01/2011	\$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	\$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 Elaine Enis	10/26/2011	\$750.00
Mailing Address 8081 Hunters Creek Drive		
City, State, Zip Code Olive Branch, MS 38654-7600		
Name of Employer (Required) Cash In A Flash Check Advance		
Occupation (Required) Audit and Supervision	Aggregate Year-to-date	\$750.00

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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>NRA- Political Victory Fund</u>	10/19/2011	\$1,000.00
Mailing Address <u>11250 Waples Mill Road</u>		
City, State, Zip Code <u>Fairfax, VA 22030-7400</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Canon Farms</u>	10/26/2011	\$500.00
Mailing Address <u>PO Box 729</u>		
City, State, Zip Code <u>Tunica, MS 38676-0729</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>C.P. Owen Jr.</u>	10/26/2011	\$1,000.00
Mailing Address <u>PO Box 98</u>		
City, State, Zip Code <u>Robinsonville, MS 38664-0098</u>		
Name of Employer (Required) <u>Self-Employed</u>		
Occupation (Required) <u>Farmer</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. and Mrs. Jerry Stogner</u>	10/18/2011	\$1,000.00
Mailing Address <u>PO Box 1683</u>		
City, State, Zip Code <u>Mccomb, MS 39649-1683</u>		
Name of Employer (Required) <u>East McComb Check Cash</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$5,500.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sanofi-Aventis	10/06/2011	\$1,000.00
Mailing Address 5417 Chevaux Court		
City, State, Zip Code Little Rock, AR 72223-4296		
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. Jerry L. Levens	10/27/2011	\$1,000.00
Mailing Address 20059 Pineville Road		
City, State, Zip Code Long Beach, MS 39560-3351		
Name of Employer (Required) J. Levens Builders		
Occupation (Required) Builder	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. Derek Arrington	10/27/2011	\$100.00
Mailing Address 14 Amen Corner		
City, State, Zip Code Hattiesburg, MS 39401-6622		
Name of Employer (Required) Jackson, Bowman, Blumentritt & Arrington, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Carl Nicholson	10/27/2011	\$2,500.00
Mailing Address PO Box 15099		
City, State, Zip Code Hattiesburg, MS 39404-5099		
Name of Employer (Required) Nicholson & Company, PLLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,500.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hensley R. Lee Contracting, Inc.	10/28/2011	\$1,000.00
Mailing Address 311 Acorn Lane		
City, State, Zip Code Picayune, MS 39466-2047		
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 Willow Bend Ventures	10/27/2011	\$1,000.00
Mailing Address 311 Acorn Lane		
City, State, Zip Code Picayune, MS 39466-2047		
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. Lowell Heinmiller	10/24/2011	\$200.00
Mailing Address 2506 Arcadia Street		
City, State, Zip Code Hattiesburg, MS 39402-2509		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$400.00
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 Walgreens	10/20/2011	\$1,000.00
Mailing Address 104 Wilmot Road # 1444		
City, State, Zip Code Deerfield, IL 60015-5121		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

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 GMRI, Inc.	10/01/2011	\$1,000.00
Mailing Address PO Box 695012		
City, State, Zip Code Orlando, FL 32869-5012		
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 General Motors Company	10/27/2011	\$1,000.00
Mailing Address 25 Massachusetts Avenue NW Suite 400		
City, State, Zip Code Washington, DC 20001-1427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard Bentz II	10/27/2011	\$250.00
Mailing Address 13408 Damon Court		
City, State, Zip Code Biloxi, MS 39532-9519		
Name of Employer (Required) Public Service Commission		
Occupation (Required) Commissioner	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>Philip and Sheila Moran</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Moran Campaign Fund	10/28/2011	\$250.00
Mailing Address PO Box 6201		
City, State, Zip Code Diamondhead, MS 39525-6003		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2011 through 10/29/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
People Lease	10/03/2011	\$18,181.45
Mailing Address		
689 Towne Center Boulevard Suite B		
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Aggregate	
Payroll	Year-to-date	\$167,436.90
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Aristotle International, Inc.	10/03/2011	\$2,175.00
Mailing Address		
200 Pennsylvania Ave. SE		
City, State, Zip Code		
Washington, DC 20003		
Purpose of Disbursement (Optional)	Aggregate	
Campaign BackOffice	Year-to-date	\$18,157.84
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail Direct	10/03/2011	\$693.46
Mailing Address		
125 E South Street		
City, State, Zip Code		
Jackson, MS 39201-5106		
Purpose of Disbursement (Optional)	Aggregate	
Printing	Year-to-date	\$40,559.14
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Telecommunications	10/03/2011	\$442.07
Mailing Address		
PO Box 12865		
City, State, Zip Code		
Jackson, MS 39236-2865		
Purpose of Disbursement (Optional)	Aggregate	
Campaign Phones	Year-to-date	\$6,387.33
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Atmos Energy	10/03/2011	\$17.34
Mailing Address		
PO Box 790311		
City, State, Zip Code		
Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional)	Aggregate	
Gas Bill	Year-to-date	\$779.59
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lakeland Income Properties/Stone Creek Assests	10/03/2011	\$1,400.00
Mailing Address		
PO Box 320219		
City, State, Zip Code		
Flowood, MS 39232-0219		
Purpose of Disbursement (Optional)	Aggregate	
Office Rent	Year-to-date	\$14,200.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Philip Moran Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 6201	10/04/2011	\$5,000.00
City, State, Zip Code	Diamondhead, MS 39525-6003		
Purpose of Disbursement (Optional) Donation		Aggregate Year-to-date	\$5,000.00
Full Name	Friends Of Lydia Chassaniol	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 211	10/04/2011	\$2,500.00
City, State, Zip Code	Winona, MS 38967-0211		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$2,500.00
Full Name	Sally Doty For Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 4662	10/04/2011	\$5,000.00
City, State, Zip Code	Brookhaven, MS 39603-6662		
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$5,000.00
Full Name	Friends Of Will Longwitz	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 1273	10/04/2011	\$1,000.00
City, State, Zip Code	Madison, MS 39130-1273		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$1,000.00
Full Name	Collins Senate Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1604 Briar Ridge Road	10/04/2011	\$1,000.00
City, State, Zip Code	Tupelo, MS 38804-5108		
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$1,000.00
Full Name	Friends Of Tony Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	51 Lancair Drive	10/04/2011	\$1,000.00
City, State, Zip Code	Picayune, MS 39466-7739		
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Giles K Ward For Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	114 Jordan Circle	10/04/2011	\$2,500.00
City, State, Zip Code	Louisville, MS 39339-7706		
Purpose of Disbursement (Optional) contribution		Aggregate Year-to-date	\$2,500.00
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	10/06/2011	\$1,070.00
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Texting Platform		Aggregate Year-to-date	\$40,559.14
Full Name	Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 790311	10/06/2011	\$29.60
City, State, Zip Code	Saint Louis, MO 63179-0311		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$779.59
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	10/06/2011	\$162.35
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing/Postcards		Aggregate Year-to-date	\$40,559.14
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	10/06/2011	\$451.81
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional) Utilities		Aggregate Year-to-date	\$4,555.94
Full Name	Lakeland Income Properties/Stone Creek Assests	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 320219	10/06/2011	\$25.00
City, State, Zip Code	Flowood, MS 39232-0219		
Purpose of Disbursement (Optional) Utilities Reimbursement		Aggregate Year-to-date	\$14,200.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 10/01/2011

through 10/29/2011

ITEMIZED DISBURSEMENTS

Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	10/07/2011	\$880.00
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$32,546.36
Full Name	Justin Brasell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1306 Robert Drive	10/01/2011	\$10,099.00
City, State, Zip Code	Jackson, MS 39211-6336		
Purpose of Disbursement (Optional)	Campaign Management Consulting	Aggregate Year-to-date	\$20,099.00
Full Name	Mr. Kenny Ellis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	126 Mockingbird Lane	10/11/2011	\$100.00
City, State, Zip Code	Ridgeland, MS 39157-9408		
Purpose of Disbursement (Optional)	Expense Reimbursement	Aggregate Year-to-date	\$1,591.16
Full Name	Anna Rogers, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4333 Lakeland Drive	10/11/2011	\$12,500.00
City, State, Zip Code	Flowood, MS 39232-8947		
Purpose of Disbursement (Optional)	Fundraising Consulting	Aggregate Year-to-date	\$19,080.41
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	10/11/2011	\$8,364.95
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Campaign Credit Cards	Aggregate Year-to-date	\$112,883.44
Full Name	MSGOP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 60	10/13/2011	\$100,000.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursement (Optional)	Republican Party	Aggregate Year-to-date	\$103,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	10/14/2011	\$2,185.95
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$167,436.90
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	10/10/2011	\$6,395.28
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Direct mail design, printing, postage		Aggregate Year-to-date	\$306,539.51
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	10/17/2011	\$4,263.52
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Direct mail design, printing, postage		Aggregate Year-to-date	\$306,539.51
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	10/18/2011	\$919.30
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Postage		Aggregate Year-to-date	\$40,559.14
Full Name	Steve Simpson For Attorney General	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1755 Lelia Drive Suite 105	10/18/2011	\$2,500.00
City, State, Zip Code	Jackson, MS 39216-4828		
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$2,500.00
Full Name	Cindy Hyde-Smith For Ag Commissioner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	400 Cattle Trail NW	10/18/2011	\$2,500.00
City, State, Zip Code	Brookhaven, MS 39601-9045		
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Lynn Fitch For Treasurer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 698	10/18/2011	\$5,000.00
City, State, Zip Code	Madison, MS 39130-0698		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$5,000.00
Full Name	Lovin'Spoonful Catering, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2315 40th Street	10/18/2011	\$1,298.98
City, State, Zip Code	Meridian, MS 39305-3802		
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$1,298.98
Full Name	Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8105	10/18/2011	\$36.34
City, State, Zip Code	Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$4,555.94
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	10/18/2011	\$310.40
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$40,559.14
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	10/18/2011	\$257.87
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$2,797.09