

Candidate
REPORT OF RECEIPTS AND
DISBURSEMENTS

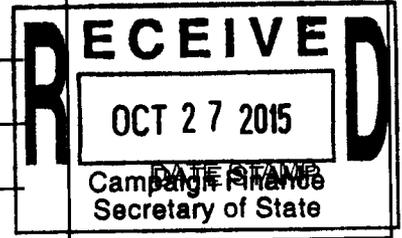
Name of Candidate Tate Reeves

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				Calendar
	Itemized + Non-itemized =		This Period	Year-To-Date
Total amount of contributions	\$107,995.00	+ \$2,139.00	\$110,134.00	\$1,763,821.13
Total amount of disbursements	\$41,926.15	+ \$250.26	\$42,176.41	\$640,574.73
Total amount of cash on hand			\$3,604,948.85	

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

Tate Reeves
Signature of Candidate

10/27/2015
Date

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

(1972).

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

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wier Boerner Architecture PLLC</u>	10/12/2015	\$1,000.00
Mailing Address <u>2906 N State St Ste 106</u>		
City, State, Zip Code <u>Jackson, MS 39216-4239</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>General Electric Company</u>	10/13/2015	\$1,000.00
Mailing Address <u>PO Box 9544</u>		
City, State, Zip Code <u>Fort Myers, FL 33906-9544</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>Tellus Operating Group LLC</u>	10/20/2015	\$1,000.00
Mailing Address <u>602 Crescent Place Suite 100</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8676</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>Medical Transportation Management</u>	10/16/2015	\$1,000.00
Mailing Address <u>16 Hawk Ridge Dr</u>		
City, State, Zip Code <u>Lake St Louis, MO 63367-1861</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 10/01/2015 through 10/24/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tellus Energy, LLC</u>	10/20/2015	\$1,000.00
Mailing Address <u>602 Crescent Place</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8676</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>AT&T Mississippi Political Action Committee</u>	10/02/2015	\$5,000.00
Mailing Address <u>111 E Capitol St</u>		
City, State, Zip Code <u>Jackson, MS 39201-2108</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lehman-Roberts Company</u>	10/14/2015	\$1,000.00
Mailing Address <u>PO Box 1603</u>		
City, State, Zip Code <u>Memphis, TN 38101-1603</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>Shmoop University Inc.</u>	10/14/2015	\$1,000.00
Mailing Address <u>PO BOX 0935</u>		
City, State, Zip Code <u>Los Altos, CA 94023-0935</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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 Reporting Period 10/01/2015 through 10/24/2015

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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. Charlie T. Sutherland	10/02/2015	\$1,000.00
Mailing Address 14 Drumlin Dr		
City, State, Zip Code Hattiesburg, MS 39402-9035		
Name of Employer (Required) L&A Contracting Company		
Occupation (Required) Owner/Managing Partner	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name All Star Forest Products, Inc.	10/02/2015	(\$500.00)
Mailing Address PO Box 7538		
City, State, Zip Code Jackson, MS 39284-7538		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	(\$500.00)
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name All Star Forest Products, Inc.	10/02/2015	\$1,500.00
Mailing Address PO Box 7538		
City, State, Zip Code Jackson, MS 39284-7538		
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 Distilled Spirits Council US	10/13/2015	\$500.00
Mailing Address 1250 Eye Street, NW, Suite 400		
City, State, Zip Code Washington, DC 20005-5977		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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 Reporting Period 10/01/2015 through 10/24/2015

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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>Dr. William H. Crowder</u>	10/17/2015	\$750.00
Mailing Address <u>970 Lakeland Dr</u>		
City, State, Zip Code <u>Jackson, MS 39216-4635</u>		
Name of Employer (Required) <u>Jackson Heart Clinic</u>		
Occupation (Required) <u>Cardiologist</u>	Aggregate Year-to-date	\$750.00
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>Costo LLC</u>	10/08/2015	\$250.00
Mailing Address <u>PO BOx 205</u>		
City, State, Zip Code <u>Southaven, MS 38671-0003</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Barry W. Bridgforth</u>	10/08/2015	\$250.00
Mailing Address <u>3606 Bridgeforth Rd</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-6924</u>		
Name of Employer (Required) <u>Bridgforth Realty, Inc.</u>		
Occupation (Required) <u>President, Director</u>	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 <u>Mr. Michael Freeman</u>	10/02/2015	\$2,500.00
Mailing Address <u>29 Monarch Boulevard</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-7200</u>		
Name of Employer (Required) <u>Ice Contractors</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$2,500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sampat S Shivangi</u>	10/02/2015	\$250.00
Mailing Address <u>104 Summer Lake Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8630</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physican</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>Treetop Midstream Services LLC</u>	10/20/2015	\$1,000.00
Mailing Address <u>623 Highland Colony Pkwy #204</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-6077</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>Paramount Construction Group LLC</u>	10/07/2015	\$1,000.00
Mailing Address <u>234 W School St Suite B</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2707</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>	10/19/2015	\$1,000.00
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	\$6,000.00

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 Reporting Period 10/01/2015 through 10/24/2015

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>Maria George Rappai</u>	<u>10/02/2015</u>	<u>\$250.00</u>
Mailing Address <u>219 Hidden Oaks Dr</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-7001</u>		
Name of Employer (Required) <u>Jackson Pulmonary Associates, PA</u>		
Occupation (Required) <u>Pulmonologist</u>	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hankins, Inc.</u>	<u>10/08/2015</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 517</u>		
City, State, Zip Code <u>Ripley, MS 38663-0517</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>Avichal Aggarwal</u>	<u>10/02/2015</u>	<u>\$250.00</u>
Mailing Address <u>107 Bristol Dr</u>		
City, State, Zip Code <u>Madison, MS 39110-5028</u>		
Name of Employer (Required) <u>UMMC</u>		
Occupation (Required) <u>Pediatric Cardiologist</u>	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Contract Fabricators, Inc.</u>	<u>10/20/2015</u>	<u>\$3,000.00</u>
Mailing Address <u>PO Box 758</u>		
City, State, Zip Code <u>Holly Springs, MS 38635-0758</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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>Contract Fabricators, Inc.</u>	10/20/2015	(\$2,000.00)
Mailing Address <u>PO Box 758</u>		
City, State, Zip Code <u>Holly Springs, MS 38635-0758</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>Anil Patel</u>	10/02/2015	\$250.00
Mailing Address <u>2620 Hwy 80 West</u>		
City, State, Zip Code <u>Jackson, MS 39204-2215</u>		
Name of Employer (Required) <u>Anna Purna MAA</u>		
Occupation (Required) <u>Incorporator</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>Top Ten Holdings, LLC</u>	10/20/2015	\$1,000.00
Mailing Address <u>602 Crescent Place</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8676</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. Guy White</u>	10/20/2015	\$1,000.00
Mailing Address <u>136 Woodmont Way</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8618</u>		
Name of Employer (Required) <u>White Construction</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$6,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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 Jerry Crosby	10/16/2015	\$1,000.00
Mailing Address 10 Autumn Cove		
City, State, Zip Code Jackson, MS 39206-5064		
Name of Employer (Required) Tri State		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Donald Flynt	10/13/2015	\$500.00
Mailing Address 240 Birch Lane		
City, State, Zip Code Flowood, MS 39232-8003		
Name of Employer (Required) City Of Flowood		
Occupation (Required) Alderman	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 Rebecca Brumfield	10/19/2015	\$250.00
Mailing Address 10007 Osyka Progress Road		
City, State, Zip Code Magnolia, MS 39652-8215		
Name of Employer (Required) Southwest Mississippi Community College		
Occupation (Required) Instructor	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Exxon Mobil Corporation	10/15/2015	\$1,000.00
Mailing Address PO Box 2519		
City, State, Zip Code Houston, TX 77252-2519		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harinder Bedi	10/02/2015	\$2,500.00
Mailing Address 457 Bozeman Rd		
City, State, Zip Code Madison, MS 39110-7533		
Name of Employer (Required) Bedi Construction LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kris Graham	10/02/2015	\$2,500.00
Mailing Address 138 Cherry Laurel Ln		
City, State, Zip Code Ridgeland, MS 39157-8622		
Name of Employer (Required) Galloway Advisors LLC		
Occupation (Required) Principal	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 SB Holding Company, Inc.	10/15/2015	\$1,000.00
Mailing Address PO Box 14888		
City, State, Zip Code Jackson, MS 39236-4888		
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 Charles C. Blalack	10/16/2015	\$500.00
Mailing Address 9012 Suntree Lane		
City, State, Zip Code Gulfport, MS 39503-6137		
Name of Employer (Required) Kare-In-Home		
Occupation (Required) CEO	Aggregate Year-to-date	\$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 Dale Partners Architects P.A.	10/14/2015	\$1,000.00
Mailing Address 188 E. Capitol Street Suite 250		
City, State, Zip Code Jackson, MS 39201-2146		
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 27-55 Fuel Plaza LLC	10/02/2015	\$2,500.00
Mailing Address 26171 Hwy 27		
City, State, Zip Code Crystal Springs, MS 39059-8742		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
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 Ellis Avenue Car Wash LLC	10/02/2015	\$1,500.00
Mailing Address 5430 Charter Oak Place		
City, State, Zip Code Jackson, MS 39211-4617		
Name of Employer (Required)		
Occupation (Required)	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 First Pharmacy Services LLC	10/09/2015	\$2,500.00
Mailing Address PO Box 47		
City, State, Zip Code Pope, MS 38658-0047		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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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 <u>Lenders Political Action Committee</u>	10/15/2015	\$5,000.00
Mailing Address <u>PO Box 24087</u>		
City, State, Zip Code <u>Jackson, MS 39225-4087</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>Jaspal Singh</u>	10/02/2015	\$1,000.00
Mailing Address <u>548 Florence Dr</u>		
City, State, Zip Code <u>Madison, MS 39110-6301</u>		
Name of Employer (Required) <u>Jasco-Paul, LLC</u>		
Occupation (Required) <u>Member</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>Dr. Kara L. Rosamond</u>	10/02/2015	\$250.00
Mailing Address <u>909 Montrose Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-1394</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Michael Dunlap</u>	10/13/2015	\$1,000.00
Mailing Address <u>PO Box 720</u>		
City, State, Zip Code <u>Batesville, MS 38606-0720</u>		
Name of Employer (Required) <u>Dunlap & Kyle</u>		
Occupation (Required) <u>Retail Tire Dealer</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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 Electric Power Associations Of Mississippi State PAC	10/13/2015	\$15,000.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$50,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Michael Dees	10/08/2015	\$1,000.00
Mailing Address PO Box 98		
City, State, Zip Code Ripley, MS 38663-0098		
Name of Employer (Required) Dees Oil Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$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 Frank B White	10/20/2015	\$1,000.00
Mailing Address Po Box 368		
City, State, Zip Code Bolton, MS 39041-0368		
Name of Employer (Required) Metro Mechiancal, Inc.		
Occupation (Required) Construction	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hannah Lang	10/19/2015	\$1,000.00
Mailing Address 219 Winged Foot Circle		
City, State, Zip Code Jackson, MS 39211-2530		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Suman K. Das, MD, P.A.</u>	10/01/2015	\$250.00
Mailing Address <u>2629 Courthouse Circle</u>		
City, State, Zip Code <u>Flowood, MS 39232-9521</u>		
Name of Employer (Required)		
Occupation (Required)	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>Laxmi JHN Properties of MS, LLC DBA Holiday Inn Express Hotel & S</u>	10/02/2015	\$500.00
Mailing Address <u>495 Springridge Rd</u>		
City, State, Zip Code <u>Clinton, MS 39056-5602</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Advance America</u>	10/07/2015	\$1,000.00
Mailing Address <u>2000 Stokes Lane</u>		
City, State, Zip Code <u>Nashville, TN 37215-1520</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>David Parker</u>	10/06/2015	\$1,000.00
Mailing Address <u>4889 Bobo Pl</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-8223</u>		
Name of Employer (Required) <u>Olive Branch Eyecare</u>		
Occupation (Required) <u>Optometrist</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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>William B. Jones</u>	10/20/2015	\$250.00
Mailing Address <u>408 Greensboro St</u>		
City, State, Zip Code <u>Starkville, MS 39759-2804</u>		
Name of Employer (Required) <u>Thomas Shelton Jones & Associates, PLLC</u>		
Occupation (Required) <u>Principal Architect</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Karen Elam</u>	10/21/2015	\$1,000.00
Mailing Address <u>3805 Majestic Oaks Dr</u>		
City, State, Zip Code <u>Oxford, MS 38655-8153</u>		
Name of Employer (Required) <u>Elam Consulting</u>		
Occupation (Required) <u>President</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>Denise Pratt</u>	10/08/2015	\$5,000.00
Mailing Address <u>4886 Malone Road</u>		
City, State, Zip Code <u>Olive Branch, MS 38654</u>		
Name of Employer (Required) <u>First Pharmacy Services LLC</u>		
Occupation (Required) <u>Principal</u>	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 <u>La Grange Plantation</u>	10/22/2015	\$500.00
Mailing Address <u>PO Box 23</u>		
City, State, Zip Code <u>Woodville, MS 39669-0023</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bernard Holman	10/01/2015	\$250.00
Mailing Address PO Box 4672		
City, State, Zip Code Jackson, MS 39296-4672		
Name of Employer (Required) Self		
Occupation (Required) Oil and Gas Exploration	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 O. L. Sims	10/02/2015	\$1,000.00
Mailing Address PO Box 16749		
City, State, Zip Code Hattiesburg, MS 39404-6749		
Name of Employer (Required) L & A Contracting Company		
Occupation (Required) Founder	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 E. Bruce Martin	10/16/2015	\$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 Agent	Aggregate Year-to-date	\$6,000.00
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 Reef Biloxi LLC	10/10/2015	\$1,500.00
Mailing Address 1749 Beach Blvd		
City, State, Zip Code Biloxi, MS 39531-5303		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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>Dr. Nancy Perrizo</u>	10/02/2015	\$1,000.00
Mailing Address <u>1003 S 34th Ave</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-3002</u>		
Name of Employer (Required) <u>Hattiesburg Clinic</u>		
Occupation (Required) <u>Doctor</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>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Internal Medicine & Pediatric Associates, PLLC</u>	10/02/2015	\$2,500.00
Mailing Address <u>6919 Old Canton Rd</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-1268</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William L Smith</u>	10/16/2015	\$1,000.00
Mailing Address <u>1200 Meadowbrook Road Apt. 18</u>		
City, State, Zip Code <u>Jackson, MS 39206-6109</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>Attorney</u>	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 <u>South MS Higher Education Alliance DBA Eagle PAC</u>	10/16/2015	\$5,000.00
Mailing Address <u>PO Box 16885</u>		
City, State, Zip Code <u>Jackson, MS 39236-6885</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 10/01/2015 through 10/24/2015

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 Julie Taylor	10/06/2015	\$500.00
Mailing Address 18970 Highway 12 E		
City, State, Zip Code Kosciusko, MS 39090-3271		
Name of Employer (Required) Mitchell Metal Products, Inc.		
Occupation (Required) Secretary/Treasurer	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 Sukhdev S Thind	10/02/2015	\$2,500.00
Mailing Address 102 Colony Way		
City, State, Zip Code Brandon, MS 39047-8249		
Name of Employer (Required) I-55 Development LLC		
Occupation (Required) Principal	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 Richard Poole	10/03/2015	\$200.00
Mailing Address 4 Troon		
City, State, Zip Code Hattiesburg, MS 39401-7881		
Name of Employer (Required) N/A		
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 A&B Electric Co. Inc.	10/20/2015	\$1,000.00
Mailing Address PO Box 1265		
City, State, Zip Code Meridian, MS 39302-1265		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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 Jagdish Barot	10/02/2015	\$2,000.00
Mailing Address 118 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) Neelam Builders, Inc.		
Occupation (Required) Principal	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 George Walker	10/20/2015	\$5,000.00
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	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Mills	10/20/2015	\$1,000.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
Name of Employer (Required) Tellus Energy, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy Thornton	10/02/2015	\$1,000.00
Mailing Address 137 W Canebrake Boulevard		
City, State, Zip Code Hattiesburg, MS 39402-8341		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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 Mrs. Monica Harrigill	10/02/2015	\$2,500.00
Mailing Address 106 Gabriel Place		
City, State, Zip Code Madison, MS 39110-8532		
Name of Employer (Required) Jackie's International		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Political Party Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rankin County Republican Executive Committee	10/06/2015	\$500.00
Mailing Address 4 River Bend PI Ste 110		
City, State, Zip Code Flowood, MS 39232-9710		
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 Robert Cagle	10/08/2015	\$500.00
Mailing Address 15900 Hwy 15 N		
City, State, Zip Code Ripley, MS 38663-9208		
Name of Employer (Required) Ashley Furniture Industries, Inc.		
Occupation (Required) Director of Operations, Ripley Facility	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 Robert Forster	10/08/2015	\$250.00
Mailing Address 5005 Bluff Cove		
City, State, Zip Code Oxford, MS 38655-5978		
Name of Employer (Required) The University of Mississippi		
Occupation (Required) COO	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 10/01/2015 through 10/24/2015

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. Guy White</u>	<u>10/20/2015</u>	<u>\$545.00</u>
Mailing Address <u>136 Woodmont Way</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8618</u>		
Name of Employer (Required) <u>White Construction</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$6,545.00

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 10/01/2015 through 10/24/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shuttle Service, Inc.	10/12/2015	\$1,000.00
Mailing Address 6678 Highway 98		
City, State, Zip Code Hattiesburg, MS 39402		
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$1,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT&T	10/12/2015	\$55.00
Mailing Address PO Box 5093		
City, State, Zip Code Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet & Phone Service	Aggregate Year-to-date	\$1,684.40
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
J. Walter Michel Agency	10/01/2015	\$1,325.00
Mailing Address 2660 Ridgewood Road Suite 101		
City, State, Zip Code Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent	Aggregate Year-to-date	\$10,600.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton	10/01/2015	\$6,000.00
Mailing Address PO Box 463		
City, State, Zip Code Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting	Aggregate Year-to-date	\$84,434.85
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton	10/12/2015	\$2,681.46
Mailing Address PO Box 463		
City, State, Zip Code Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense reimbursement	Aggregate Year-to-date	\$84,434.85
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center	10/17/2015	\$9,764.58
Mailing Address PO Box 114		
City, State, Zip Code Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$57,771.07

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period

10/01/2015

through

10/24/2015

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	10/17/2015	\$1,652.13
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$57,771.07
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	10/22/2015	\$250.00
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$98,642.79
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	10/05/2015	\$77.90
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$3,568.37
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	10/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$102,945.10
Full Name	Mr. Guy White	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	136 Woodmont Way	10/20/2015	\$545.00
City, State, Zip Code	Ridgeland, MS 39157-8618		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$545.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	10/12/2015	\$2,100.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Campaign Software		Aggregate Year-to-date	\$8,400.00

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 10/01/2015 through 10/24/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. James R. Peavy	10/01/2015	\$4,000.00
Mailing Address 4830 15th Street		
City, State, Zip Code Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Grassroots Consulting	Aggregate Year-to-date	\$37,097.48
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
R.J. Young	10/06/2015	\$241.38
Mailing Address 809 Division Street		
City, State, Zip Code Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease	Aggregate Year-to-date	\$2,232.80
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chase Baker	10/12/2015	\$734.06
Mailing Address 244 Dominion Parkway		
City, State, Zip Code Brandon, MS 39042-7306		
Purpose of Disbursement (Optional) Intern stipend; expenses	Aggregate Year-to-date	\$734.06
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail Direct	10/02/2015	\$1,499.64
Mailing Address 125 E South Street		
City, State, Zip Code Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing and Postage	Aggregate Year-to-date	\$11,051.53