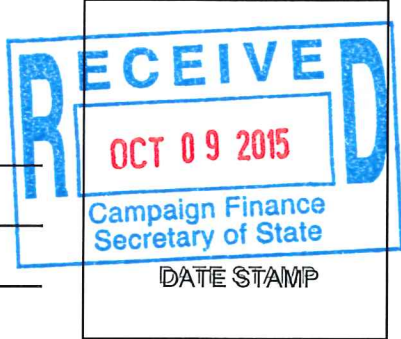


Candidate
REPORT OF RECEIPTS AND
DISBURSEMENTS



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) All Candidates and Political Committees
(Independent Candidates report January 1, 2015 through October 2015)
- _____ **November 17, 2015 Pre-Runoff Report**..... **Mandatory**
All Candidates and Political Committees in a Runoff Election
- _____ **January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015)..... **Mandatory**
- _____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such cases, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the

REPORTED CONTRIBUTIONS AND DISBURSEMENT

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$644,337.00 + \$11,628.00	\$655,965.00	\$1,653,687.13
Total amount of disbursements	\$260,377.78 + \$561.98	\$260,939.76	\$598,398.32
Total amount of cash on hand		\$3,536,991.26	

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

10/9/2015
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 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Lisa Rotolo	07/09/2015	\$500.00
Mailing Address 102 Cherry Laurel Court		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	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 J & R Properties	09/08/2015	\$1,000.00
Mailing Address PO Box 1176		
City, State, Zip Code Gulfport, MS 39502-1176		
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. R.B. Dossett Jr.	07/23/2015	\$500.00
Mailing Address 2540 Lakeshire Drive		
City, State, Zip Code Tupelo, MS 38804-6977		
Name of Employer (Required) Dossett Big 4		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Spaulding	09/21/2015	\$500.00
Mailing Address 7546 Willow Circle		
City, State, Zip Code Mobile, AL 36695-4488		
Name of Employer (Required) Self		
Occupation (Required) Artist	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brad Thompson</u>	08/27/2015	\$250.00
Mailing Address <u>PO Box 45</u>		
City, State, Zip Code <u>Laurel, MS 39441-0045</u>		
Name of Employer (Required) <u>Sullivan & Sullivan</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Robert B. Barnes</u>	07/23/2015	\$250.00
Mailing Address <u>173 Glenway Dr</u>		
City, State, Zip Code <u>Jackson, MS 39216-4102</u>		
Name of Employer (Required) <u>Robert B. Barnes Land Surveyor</u>		
Occupation (Required) <u>Civil Engineer</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Scott Newton</u>	09/21/2015	\$250.00
Mailing Address <u>206 Bellewether Pass</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8763</u>		
Name of Employer (Required) <u>Baker, Donelson, Bearman, Caldwell & Berkowitz</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>George Jones</u>	09/23/2015	\$250.00
Mailing Address <u>1603 Girvan Court</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-3446</u>		
Name of Employer (Required) <u>Huntington Ingalls Industries</u>		
Occupation (Required) <u>Vice President of Operations</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hattiesburg Clinic Healthcare Policy Committee</u>	09/01/2015	\$5,000.00
Mailing Address <u>PO Box 17739</u>		
City, State, Zip Code <u>Hattiesburg, MS 39404-7739</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. Kim Bennett</u>	09/16/2015	\$1,000.00
Mailing Address <u>390 Briarbend Drive</u>		
City, State, Zip Code <u>Columbus, MS 39705-1410</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bank Of Brookhaven</u>	07/30/2015	\$1,000.00
Mailing Address <u>411 Brookway Blvd.</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-3243</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>Park Investments IV, LLC</u>	07/30/2015	\$1,000.00
Mailing Address <u>124 One Madison Plaza Suite 1500</u>		
City, State, Zip Code <u>Madison, MS 39110-2021</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

07/01/2015

through

09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amy Amundson	09/21/2015	\$500.00
Mailing Address 108 Summerlake Dr		
City, State, Zip Code Ridgeland, MS 39157-8630		
Name of Employer (Required) Saint Andrews School		
Occupation (Required) Teacher	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Lampkin Butts	08/25/2015	\$1,000.00
Mailing Address 8 Laurawood Court		
City, State, Zip Code Laurel, MS 39443-5811		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) COO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dwight Dyess	09/15/2015	\$250.00
Mailing Address 618 E Main Street		
City, State, Zip Code West Point, MS 39773-3008		
Name of Employer (Required) BancorpSouth		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chancellor, Inc.	08/21/2015	\$2,500.00
Mailing Address 1228 West 5th St		
City, State, Zip Code Laurel, MS 39440-3808		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chancellor, Inc.	09/02/2015	(\$1,500.00)
Mailing Address 1228 West 5th St		
City, State, Zip Code Laurel, MS 39440-3808		
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 Jack C Hoover	09/28/2015	\$250.00
Mailing Address 1112 Driftwood Street		
City, State, Zip Code Pascagoula, MS 39567		
Name of Employer (Required) Boggy Creek Vineyard		
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 William N. Dixon	09/14/2015	\$1,000.00
Mailing Address 307 Allbritton Trail SW		
City, State, Zip Code Bogue Chitto, MS 39629-5104		
Name of Employer (Required) W N Dixon MD, PA		
Occupation (Required) President	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 Tompkins Law Firm	08/27/2015	\$500.00
Mailing Address PO Box 1804		
City, State, Zip Code Columbus, MS 39703-1804		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nancy Sharon Martin</u>	08/27/2015	\$500.00
Mailing Address <u>2306 Twin Lakes Circle</u>		
City, State, Zip Code <u>Jackson, MS 39211-6757</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Psychiatrist</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>Timothy Perkins</u>	09/15/2015	\$250.00
Mailing Address <u>PO Box 186</u>		
City, State, Zip Code <u>Columbus, MS 39703-0186</u>		
Name of Employer (Required) <u>Monroe-Tufline Manufacturing Co., Inc.</u>		
Occupation (Required) <u>President</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>Wilmer H. Whittle</u>	07/02/2015	\$500.00
Mailing Address <u>PO Box 120</u>		
City, State, Zip Code <u>Newton, MS 39345-0120</u>		
Name of Employer (Required) <u>Newton County Bank</u>		
Occupation (Required) <u>Chairman of the Board</u>	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ausbern Construction Co., Inc.</u>	07/10/2015	\$250.00
Mailing Address <u>PO Box 329</u>		
City, State, Zip Code <u>Okolona, MS 38860-0329</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Prosperity PAC LLC</u>	09/14/2015	\$500.00
Mailing Address <u>P.O. Box 1869</u>		
City, State, Zip Code <u>Brandon, MS 39043-1869</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Novartis Pharmaceuticals Corporation</u>	07/01/2015	\$1,000.00
Mailing Address <u>6201 South Freeway WR-57</u>		
City, State, Zip Code <u>Fort Worth, TX 76134-2001</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>Jackie's International</u>	09/30/2015	(\$1,500.00)
Mailing Address <u>1554 W Peace Street</u>		
City, State, Zip Code <u>Canton, MS 39046-5325</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>Jackie's International</u>	09/28/2015	\$2,500.00
Mailing Address <u>1554 W Peace Street</u>		
City, State, Zip Code <u>Canton, MS 39046-5325</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dunn Roadbuilders LLC</u>	08/21/2015	\$500.00
Mailing Address <u>PO Box 6560</u>		
City, State, Zip Code <u>Laurel, MS 39441-6560</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>Mrs. Ellen Short</u>	07/15/2015	\$250.00
Mailing Address <u>2365 Quail Creek Road</u>		
City, State, Zip Code <u>Tupelo, MS 38801-7253</u>		
Name of Employer (Required) <u>TRI, Inc.</u>		
Occupation (Required) <u>Realtor</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Matthew B. Wesson</u>	08/03/2015	\$500.00
Mailing Address <u>1818 Northwood Drive</u>		
City, State, Zip Code <u>Tupelo, MS 38804-1047</u>		
Name of Employer (Required) <u>Wesson Ophthalmologist Association, PLLC</u>		
Occupation (Required) <u>Ophthalmologist</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John M. Hairston</u>	07/22/2015	\$2,000.00
Mailing Address <u>9114 Victoria Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6140</u>		
Name of Employer (Required) <u>Hancock Bank</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dudley Development LLC</u>	07/30/2015	\$500.00
Mailing Address <u>PO Box 2039</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-2039</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MAE PAC</u>	07/01/2015	\$10,000.00
Mailing Address <u>118 Service Dr</u>		
City, State, Zip Code <u>Brandon, MS 39042-2426</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
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>MAE PAC</u>	09/11/2015	\$5,750.00
Mailing Address <u>118 Service Dr</u>		
City, State, Zip Code <u>Brandon, MS 39042-2426</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,750.00
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. William Womack</u>	07/29/2015	\$250.00
Mailing Address <u>526 Heatherstone Court</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2908</u>		
Name of Employer (Required) <u>Womack Asset Management</u>		
Occupation (Required) <u>Investments</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name F.L. Crane & Sons, Inc.	07/01/2015	\$1,000.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
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. Lawrence W. Warren	08/03/2015	\$1,000.00
Mailing Address PO Box 572		
City, State, Zip Code Hattiesburg, MS 39403-0572		
Name of Employer (Required) Warren Paving		
Occupation (Required) CEO	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Lawrence W. Warren	07/06/2015	\$5,000.00
Mailing Address PO Box 572		
City, State, Zip Code Hattiesburg, MS 39403-0572		
Name of Employer (Required) Warren Paving		
Occupation (Required) CEO	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 Brown Forestry Service	09/17/2015	\$1,000.00
Mailing Address 3217 Hwy 51 SE		
City, State, Zip Code Bogue Chitto, MS 39629-9518		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Julius M. Ridgway Sr.	08/03/2015	\$500.00
Mailing Address PO Box 195		
City, State, Zip Code Ridgeland, MS 39158-0195		
Name of Employer (Required) Self		
Occupation (Required) Oil and Gas Exploration	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. W.T. Robertson Jr.	08/04/2015	\$500.00
Mailing Address 65 Holly Ridge Road		
City, State, Zip Code Indianola, MS 38751-9691		
Name of Employer (Required) N/A		
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 Billy Pape Plumbing, Inc.	07/30/2015	\$500.00
Mailing Address 565 Port Gibson Street		
City, State, Zip Code Raymond, MS 39154-9736		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 CHH Enterprises Inc.	07/30/2015	\$1,000.00
Mailing Address 115 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4710		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mary Heard</u>	<u>09/15/2015</u>	<u>\$250.00</u>
Mailing Address <u>1822 Stinson Creek Rd</u>		
City, State, Zip Code <u>Columbus, MS 39705-9352</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>David Ratcliff</u>	<u>09/16/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 706</u>		
City, State, Zip Code <u>Laurel, MS 39441-0706</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Laura McCullough</u>	<u>07/23/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>245 Road 183</u>		
City, State, Zip Code <u>Tupelo, MS 38804-9711</u>		
Name of Employer (Required) <u>GLM Associates, LLC</u>		
Occupation (Required) <u>Principal</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. J.L. Holloway</u>	<u>09/23/2015</u>	<u>\$500.00</u>
Mailing Address <u>600 Crescent Boulevard Suite B</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8645</u>		
Name of Employer (Required) <u>Tenax, LLC</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Joe F. Sanderson Jr.</u>	08/28/2015	\$10,000.00
Mailing Address <u>PO Box 988</u>		
City, State, Zip Code <u>Laurel, MS 39441-0988</u>		
Name of Employer (Required) <u>Sanderson Farms</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$20,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Duane Stevens</u>	08/23/2015	\$250.00
Mailing Address <u>110 Lone Wolf Dr</u>		
City, State, Zip Code <u>Madison, MS 39110-7028</u>		
Name of Employer (Required) <u>Stevens Mechanical Systems, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$450.00
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>The C.L. Dews & Sons Foundry & Machinery Co., Inc.</u>	07/22/2015	\$500.00
Mailing Address <u>PO Box 1647</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-1647</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Philip Moran Campaign Fund</u>	09/22/2015	\$500.00
Mailing Address <u>PO Box 6201</u>		
City, State, Zip Code <u>Diamondhead, MS 39525-6003</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Betty Webster</u>	<u>07/29/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>241 Green T Lake E</u>		
City, State, Zip Code <u>Hernando, MS 38632-4505</u>		
Name of Employer (Required) <u>Accents on the Square</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	\$1,000.00
Source: <input 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 <u>Neshoba County Republican Party</u>	<u>09/15/2015</u>	<u>\$250.00</u>
Mailing Address <u>303 Stribling St</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-3341</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>Dr. David H. Curtis</u>	<u>07/02/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 9099</u>		
City, State, Zip Code <u>Columbus, MS 39705-0038</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Optometrist</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Richard J. Hale</u>	<u>07/19/2015</u>	<u>\$2,000.00</u>
Mailing Address <u>110 Clairemont Cove</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9760</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Unicorp, LLC</u>	07/30/2015	\$1,000.00
Mailing Address <u>124 One Madison Plaza Suite 1500</u>		
City, State, Zip Code <u>Madison, MS 39110-2021</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. Andrew Kellum</u>	07/17/2015	\$250.00
Mailing Address <u>139 Chickasaw Trail</u>		
City, State, Zip Code <u>Saltillo, MS 38866-9784</u>		
Name of Employer (Required) <u>Hematoglogy Ongology Assoiicates</u>		
Occupation (Required) <u>Physician (Oncologist)</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>Third Union Finance, Inc.</u>	07/29/2015	\$1,000.00
Mailing Address <u>PO Box 400</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-0400</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard H. Puckett</u>	09/11/2015	\$10,000.00
Mailing Address <u>PO Box 3170</u>		
City, State, Zip Code <u>Jackson, MS 39207-3170</u>		
Name of Employer (Required) <u>Puckett Machinery</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$10,000.00

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 Pennington & Trim Alarm Services, Inc.	07/02/2015	\$250.00
Mailing Address 4374 Mangum Dr, Ste. C		
City, State, Zip Code Flowood, MS 39232-2111		
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 Empower PAC	08/26/2015	\$10,000.00
Mailing Address P O Box 4028		
City, State, Zip Code Madison, MS 39130-4028		
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 Pfizer, Inc.	08/26/2015	\$1,000.00
Mailing Address 6730 Lenox Center Court		
City, State, Zip Code Memphis, TN 38115-4288		
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. Arthur D. Spratlin, Jr.	07/07/2015	\$1,000.00
Mailing Address 2480 Sandridge Dr		
City, State, Zip Code Jackson, MS 39211-6203		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Christopher E. Wiggins	09/25/2015	\$500.00
Mailing Address 3117 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7502		
Name of Employer (Required) Bienville Orthopaedic		
Occupation (Required) Surgeon	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 Leigh G Thomas	08/30/2015	\$250.00
Mailing Address 121 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	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 Slats Lucas, LLC	08/03/2015	\$1,000.00
Mailing Address PO Box 572		
City, State, Zip Code Hattiesburg, MS 39403-0572		
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 Cash In A Flash Check Advance, LLC	07/29/2015	\$250.00
Mailing Address 1669 - B Stateline Road		
City, State, Zip Code Southaven, MS 38671		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$450.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Export Railroad Company	09/21/2015	\$1,000.00
Mailing Address 4519 McInnis Ave		
City, State, Zip Code Moss Point, MS 39563-2815		
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 Sam Mims	08/15/2015	\$250.00
Mailing Address 605 Lakeshore Drive		
City, State, Zip Code McComb, MS 39648-2256		
Name of Employer (Required) Cameilla Healthcare		
Occupation (Required) Marketing Representative	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 Ronnie West	09/08/2015	\$1,000.00
Mailing Address 581 Timber Creek Dr		
City, State, Zip Code Columbus, MS 39702-8029		
Name of Employer (Required) Ronnie West Construction Inc.		
Occupation (Required) Director	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 Wayne Carroll	09/21/2015	\$500.00
Mailing Address 101 Flowood Drive		
City, State, Zip Code Flowood, MS 39232-3206		
Name of Employer (Required) Mobility Medical, Incorporated		
Occupation (Required) Vice President	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Holly Ogletree	09/02/2015	\$250.00
Mailing Address 114 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) Home Restorations, LLC		
Occupation (Required) Manager	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 Columbus Hyundai, LLC	09/02/2015	\$1,000.00
Mailing Address 150 Hwy 12 E		
City, State, Zip Code Columbus, MS 39702-7828		
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 Will Austin	08/17/2015	\$1,000.00
Mailing Address 405 Marion Avenue		
City, State, Zip Code McComb, MS 39648-2709		
Name of Employer (Required) Self-Employed		
Occupation (Required) Otolaryngologist	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 T & K Holding Company LLC	07/30/2015	\$1,000.00
Mailing Address Po Box 4058		
City, State, Zip Code Monroe, LA 71211-4058		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Michael Belote	08/21/2015	\$250.00
Mailing Address 2132 Highway 570 W		
City, State, Zip Code Summit, MS 39666-7101		
Name of Employer (Required) Southwest Distributors Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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 Exxon Hwy 45, LLC	09/23/2015	\$1,500.00
Mailing Address 133 Frontage Rd		
City, State, Zip Code Macon, MS 39341-2336		
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 Billy Milican	09/09/2015	\$250.00
Mailing Address PO Box 387		
City, State, Zip Code West Point, MS 39773-0387		
Name of Employer (Required) Royal Trucking Company		
Occupation (Required) Owner	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. Terry W. Green	09/21/2015	\$2,500.00
Mailing Address PO Box 2788		
City, State, Zip Code Sugar Land, TX 77487-2788		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	Aggregate Year-to-date	\$3,000.00

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. Zachariah L. Wasson	08/03/2015	\$500.00
Mailing Address 106 Lantern Hill Dr		
City, State, Zip Code Choudrant, LA 71227-4820		
Name of Employer (Required) Community Trust Bank		
Occupation (Required) CFO	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Ron Peresich	09/25/2015	\$2,500.00
Mailing Address PO Box 289		
City, State, Zip Code Biloxi, MS 39533-0289		
Name of Employer (Required) Page, Mannino, Peresich, and McDermott		
Occupation (Required) Attorney	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 Hilary Burroughs	08/13/2015	\$1,000.00
Mailing Address 7 Ashton Court		
City, State, Zip Code Laurel, MS 39440-2511		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) Director of Marketing	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 Bill Benson	07/23/2015	\$250.00
Mailing Address 475 County Road 520		
City, State, Zip Code Shannon, MS 38868-8753		
Name of Employer (Required) Lee County, MS		
Occupation (Required) Chancery Clerk	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulf States Toyota, Inc.	07/07/2015	\$1,000.00
Mailing Address 1375 Enclave Parkway		
City, State, Zip Code Houston, TX 77077-2026		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephanie Herzig	09/18/2015	\$1,000.00
Mailing Address 69 Ashbury Place		
City, State, Zip Code Columbia, MS 39429-3730		
Name of Employer (Required) 2nd Generation Health Care, LLC		
Occupation (Required) Manager	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Tagert	09/13/2015	\$1,000.00
Mailing Address 504 Greensboro Street		
City, State, Zip Code Starkville, MS 39759-2805		
Name of Employer (Required) State of MS		
Occupation (Required) Transportation Commissioner	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. Jeff B. Robertson	07/23/2015	\$250.00
Mailing Address 317 Magazine St.		
City, State, Zip Code Tupelo, MS 38804-4865		
Name of Employer (Required) Tom's Automotive Service, Inc.		
Occupation (Required) President, Vice President, Director	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baxter Healthcare Corporation	07/31/2015	\$500.00
Mailing Address 1 Baxter Parkway		
City, State, Zip Code Deerfield, IL 60015-4625		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
<hr/>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	08/03/2015	\$10,000.00
Mailing Address 4209 Lakeland Dr		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00
<hr/>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	08/17/2015	\$4,000.00
Mailing Address 4209 Lakeland Dr		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$24,000.00
<hr/>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	09/23/2015	\$2,500.00
Mailing Address 4209 Lakeland Dr		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$26,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael A Bradshaw	09/17/2015	\$1,000.00
Mailing Address 165 Tallulah Ridge		
City, State, Zip Code Hattiesburg, MS 39402-7624		
Name of Employer (Required) M.A.A.J. Investments, LLC		
Occupation (Required) Manager One	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 Elevate Credit Service, LLC	08/28/2015	\$500.00
Mailing Address 4150 International Plaza Suite 300		
City, State, Zip Code Fort Worth, TX 76109-4819		
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 Barbara Hughes	07/30/2015	\$1,000.00
Mailing Address 105 Dorrinch Drive		
City, State, Zip Code Booneville, MS 38829-1115		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Shannon Patterson	07/01/2015	\$250.00
Mailing Address 192 Lampton Lane NE		
City, State, Zip Code Brookhaven, MS 39601-7013		
Name of Employer (Required) Brookhaven Dental Center		
Occupation (Required) Dentist	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Luke Montgomery	07/01/2015	\$500.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required) Montgomery Enterprises, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Donald A. White	07/17/2015	\$500.00
Mailing Address PO Box 12590		
City, State, Zip Code Jackson, MS 39236-2590		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	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 Davis Ford Sales Inc.	07/20/2015	\$1,000.00
Mailing Address Po Box 8		
City, State, Zip Code Fulton, MS 38843-0008		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Malcolm Portera	09/15/2015	\$2,500.00
Mailing Address 6721 Waterfront Drive		
City, State, Zip Code Tuscaloosa, AL 35406-3269		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael L. Hatcher	07/29/2015	\$1,500.00
Mailing Address 12841 Old Country Cove		
City, State, Zip Code Olive Branch, MS 38654-6200		
Name of Employer (Required) Michael Hatcher & Associates, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol Parker	09/15/2015	\$250.00
Mailing Address PO Box 672		
City, State, Zip Code Summit, MS 39666-0672		
Name of Employer (Required) Freedom Healthcare		
Occupation (Required) Marketing Management Liaison	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. Kathy Sasser	07/28/2015	\$250.00
Mailing Address 913 Bogue Chitto Road SW		
City, State, Zip Code Bogue Chitto, MS 39629-9545		
Name of Employer (Required) Self		
Occupation (Required) Farmer	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 Newell Farms LLC	07/20/2015	\$1,000.00
Mailing Address 3639 Old Red Star Dr. NW		
City, State, Zip Code Wesson, MS 39191-9740		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Walter M. Denny Jr.	07/01/2015	\$500.00
Mailing Address 800 Woodlands Parkway Suite 118		
City, State, Zip Code Ridgeland, MS 39157-5200		
Name of Employer (Required) Barksdale Management		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Walter Weems	07/30/2015	\$1,000.00
Mailing Address PO Box 119		
City, State, Zip Code Jackson, MS 39205-0119		
Name of Employer (Required) Brunini Grantham Grower and Hewes		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Stafford	09/14/2015	\$500.00
Mailing Address PO Box 1216		
City, State, Zip Code West Point, MS 39773-1216		
Name of Employer (Required) Watkins, Ward & Stafford, PLLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Kevin Blackwell	07/29/2015	\$250.00
Mailing Address 4105 Jessica Dr		
City, State, Zip Code Southaven, MS 38672-6676		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Joe Usry	09/21/2015	\$500.00
Mailing Address 603 Little Pine Cove		
City, State, Zip Code Flowood, MS 39232-9080		
Name of Employer (Required) Joe Usry Chrysler Dodge Jeep Ram		
Occupation (Required) Owner	Aggregate Year-to-date	\$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. Troy S. Griffin	09/23/2015	\$6,000.00
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	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. A.J. Oustalet III	09/29/2015	\$2,500.00
Mailing Address 9274 Highway 49		
City, State, Zip Code Gulfport, MS 39503-4256		
Name of Employer (Required) Butch Oustalet, Inc.		
Occupation (Required) Auto Dealer	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 Carr Plumbing Supply, Inc.	07/01/2015	\$250.00
Mailing Address 2611 S. Gallatin St.		
City, State, Zip Code Jackson, MS 39204-5804		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Tosh	08/22/2015	\$250.00
Mailing Address 351 N 15th Street		
City, State, Zip Code Oxford, MS 38655-3707		
Name of Employer (Required) FNC Inc		
Occupation (Required) Co-Founder	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert King	09/21/2015	\$2,500.00
Mailing Address 110 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) King Enterprises, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watkins & Eager PLLC	07/16/2015	\$5,000.00
Mailing Address P.O. Box 650		
City, State, Zip Code Jackson, MS 39205-0650		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Automobile Dealers Association	09/30/2015	(\$500.00)
Mailing Address 1705 Old Whitfield Road		
City, State, Zip Code Pearl, MS 39208-9243		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	(\$500.00)

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Automobile Dealers Association	09/30/2015	(\$500.00)
Mailing Address 1705 Old Whitfield Road		
City, State, Zip Code Pearl, MS 39208-9243		
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 Liza Cirlot Looser	09/21/2015	\$1,000.00
Mailing Address PO Box 16087		
City, State, Zip Code Jackson, MS 39236		
Name of Employer (Required) The Cirlot Agency		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Brian J Cuccias	09/25/2015	\$1,000.00
Mailing Address 3580 Lakefront Dr		
City, State, Zip Code Mobile, AL 36695-8652		
Name of Employer (Required) Ingalls Shipbuilding		
Occupation (Required) President	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lew Yoder	09/02/2015	\$1,250.00
Mailing Address PO Box 1842		
City, State, Zip Code Laurel, MS 39441-1842		
Name of Employer (Required) Gilchrist, Sumrall, Yoder & Boone		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Schenk	09/22/2015	\$500.00
Mailing Address 3812 Chaumont Circle		
City, State, Zip Code Ocean Springs, MS 39564-8539		
Name of Employer (Required) Ingalls		
Occupation (Required) Vice President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sundbeck Investments	09/15/2015	\$1,000.00
Mailing Address 8050 Towncreek Rd		
City, State, Zip Code West Point, MS 39773-5704		
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 Phillips Contracting Company Inc.	09/02/2015	\$500.00
Mailing Address PO Box 2069		
City, State, Zip Code Columbus, MS 39704-2069		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Gary Marchand	08/24/2015	\$500.00
Mailing Address 6 Rosalie Drive		
City, State, Zip Code Long Beach, MS 39560-3627		
Name of Employer (Required) Memorial Hospital at Gulfport		
Occupation (Required) President and CEO	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>David Steward II</u>	<u>07/02/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>P.O. Box 1724</u>		
City, State, Zip Code <u>Maryland Heights, MO 63043-0724</u>		
Name of Employer (Required) <u>World Wide Technology, Inc.</u>		
Occupation (Required) <u>Chairman, Co-Founder</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. Don R. Shelton</u>	<u>08/18/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 1011</u>		
City, State, Zip Code <u>Columbus, MS 39703-1011</u>		
Name of Employer (Required) <u>Trans Power Corporation</u>		
Occupation (Required) <u>President</u>	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 <u>Elizabeth Thomas</u>	<u>09/14/2015</u>	<u>\$500.00</u>
Mailing Address <u>1300 25th Avenue Suite 204</u>		
City, State, Zip Code <u>Gulfport, MS 39501-1994</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael William Chancellor</u>	<u>09/09/2015</u>	<u>\$1,500.00</u>
Mailing Address <u>1228 West 5th St</u>		
City, State, Zip Code <u>Laurel, MS 39440-3808</u>		
Name of Employer (Required) <u>Chancellor, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Szabo</u>	09/24/2015	\$2,000.00
Mailing Address <u>2510 14th St Suite 1010</u>		
City, State, Zip Code <u>Gulfport, MS 39501-1984</u>		
Name of Employer (Required) <u>Covington Civil and Environmental</u>		
Occupation (Required) <u>Engineer</u>	Aggregate Year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Biloxi Freezing & Processing, Inc.</u>	09/16/2015	\$1,000.00
Mailing Address <u>204 Bohn Street</u>		
City, State, Zip Code <u>Biloxi, MS 39530-3018</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>West Quality Food Services, Inc.</u>	07/24/2015	\$500.00
Mailing Address <u>PO Box 2906</u>		
City, State, Zip Code <u>Laurel, MS 39442-2906</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Regions Financial Corporation PAC</u>	07/30/2015	\$5,000.00
Mailing Address <u>1015 15th St NW Suite 920</u>		
City, State, Zip Code <u>Washington, DC 20005-2623</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$6,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Gregory Fairey	09/24/2015	\$250.00
Mailing Address PO Box 1842		
City, State, Zip Code Gulfport, MS 39502-1842		
Name of Employer (Required) Nicholson & Company		
Occupation (Required) Managing Partner/CPA	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 Elmore Elmore LLC	09/17/2015	\$2,500.00
Mailing Address PO Box 2482		
City, State, Zip Code Madison, MS 39130-2482		
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 Mr. Spencer E Medlin	07/21/2015	\$500.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 39225-4087		
Name of Employer (Required) Buddy Medlin and Associates		
Occupation (Required) Consultant	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jay Fenton	08/13/2015	\$2,500.00
Mailing Address 207 S 13th Avenue		
City, State, Zip Code Laurel, MS 39440-4225		
Name of Employer (Required) Venture Oil & Gas		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thermo- Kool</u>	08/13/2015	\$1,000.00
Mailing Address <u>PO Box 989</u>		
City, State, Zip Code <u>Laurel, MS 39441-0989</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>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Elizabeth Mitchell Eye Care, P.A.</u>	07/01/2015	\$500.00
Mailing Address <u>501 Baptist Dr. Suite 220</u>		
City, State, Zip Code <u>Madison, MS 39110-2031</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>Thomas L. Phillips</u>	08/17/2015	\$250.00
Mailing Address <u>PO Box 2069</u>		
City, State, Zip Code <u>Columbus, MS 39704-2069</u>		
Name of Employer (Required) <u>Phillips Contracting Co Inc</u>		
Occupation (Required) <u>Officer</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>Kent Kebert</u>	08/24/2015	\$250.00
Mailing Address <u>1307 Aston Avenue</u>		
City, State, Zip Code <u>McComb, MS 39648-2898</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James C. Galloway	08/24/2015	\$500.00
Mailing Address 1700 Bramblewood Drive		
City, State, Zip Code Columbus, MS 39705-1517		
Name of Employer (Required) Galloway Chandler Insurance		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Xan Robertson	07/24/2015	\$500.00
Mailing Address 3305 Old Highway 61 S		
City, State, Zip Code Leland, MS 38756-9797		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Jackie Edwards	08/25/2015	\$500.00
Mailing Address 940 E Broad Street		
City, State, Zip Code West Point, MS 39773-3234		
Name of Employer (Required) Clay County Growth Alliance		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gholson Burson Entrekin & Orr, PA	09/01/2015	\$1,000.00
Mailing Address PO Box 1289		
City, State, Zip Code Laurel, MS 39441-1289		
Name of Employer (Required)		
Occupation (Required)	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 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>Premier Lab, LLC</u>	<u>09/12/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>4706 Country Club Dr</u>		
City, State, Zip Code <u>Meridian, MS 39305-2729</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brian Cain</u>	<u>09/22/2015</u>	<u>\$6,000.00</u>
Mailing Address <u>16411 Robinson Road</u>		
City, State, Zip Code <u>Gulfport, MS 39503-4879</u>		
Name of Employer (Required) <u>Lakeview Management Inc.</u>		
Occupation (Required) <u>President, Director</u>	Aggregate Year-to-date	<u>\$6,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Dental PAC</u>	<u>07/01/2015</u>	<u>\$15,000.00</u>
Mailing Address <u>439B Katherine Drive</u>		
City, State, Zip Code <u>Flowood, MS 39232-9781</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$15,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Gordon</u>	<u>08/06/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>8187 Valley Ridge Drive</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-5887</u>		
Name of Employer (Required) <u>Horne LLP</u>		
Occupation (Required) <u>CPA-Partner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Burton B. Hosch	07/23/2015	\$250.00
Mailing Address 707 Clift Rd		
City, State, Zip Code Tupelo, MS 38804-2002		
Name of Employer (Required) Renasant Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Brent Tice	09/23/2015	\$6,000.00
Mailing Address PO Box 458		
City, State, Zip Code Wiggins, MS 39577-0458		
Name of Employer (Required) Tice and Associates PA		
Occupation (Required) CPA	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 Mitchell Metal Products Inc.	07/13/2015	\$1,000.00
Mailing Address PO Box 789		
City, State, Zip Code Kosciusko, MS 39090-0789		
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. Larry Montgomery	07/01/2015	\$250.00
Mailing Address 101 Francis Dr		
City, State, Zip Code Fulton, MS 38843-6615		
Name of Employer (Required) Montgomery Enterprises Inc.		
Occupation (Required) Registered Agent, Director	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hughes Spellings LLC</u>	<u>07/30/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 30</u>		
City, State, Zip Code <u>Louisville, MS 39339-0030</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. Edward Hacskaylo</u>	<u>09/21/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>115 Oakridge Trail</u>		
City, State, Zip Code <u>Flowood, MS 39232-8688</u>		
Name of Employer (Required) <u>Mississippi Roofing Supply</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ben Stone</u>	<u>09/10/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 130</u>		
City, State, Zip Code <u>Gulfport, MS 39502-0130</u>		
Name of Employer (Required) <u>Balch & Bingham LLP</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Square Knot, LLC</u>	<u>07/30/2015</u>	<u>\$10,000.00</u>
Mailing Address <u>1855 Crane Ridge Drive</u>		
City, State, Zip Code <u>Jackson, MS 39216-4944</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Samson And Powers PLLC</u>	<u>09/18/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 1417</u>		
City, State, Zip Code <u>Gulfport, MS 39502-1417</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>Al Puckett</u>	<u>08/21/2015</u>	<u>\$500.00</u>
Mailing Address <u>424 Taylor Thurston Road</u>		
City, State, Zip Code <u>Columbus, MS 39701-8755</u>		
Name of Employer (Required) <u>Columbus Brick Company</u>		
Occupation (Required) <u>Manufacturer</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>Paul Stephenson III</u>	<u>09/21/2015</u>	<u>\$250.00</u>
Mailing Address <u>102 Oakridge Trail</u>		
City, State, Zip Code <u>Flowood, MS 39232-8687</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Avonna Cain</u>	<u>09/23/2015</u>	<u>\$6,000.00</u>
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	\$6,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John Drake</u>	09/17/2015	\$500.00
Mailing Address <u>12018 Oak Hollow</u>		
City, State, Zip Code <u>Vanceleave, MS 39565-3706</u>		
Name of Employer (Required) <u>Bienville Orthopaedic</u>		
Occupation (Required) <u>Orthopaedist</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>Rudy M. Warnock Jr.</u>	07/02/2015	\$10,000.00
Mailing Address <u>PO Box 1623</u>		
City, State, Zip Code <u>Canton, MS 39046-1623</u>		
Name of Employer (Required) <u>Warnock & Associates, LLC</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ainsworth & Associates LLC</u>	07/20/2015	\$500.00
Mailing Address <u>149 Westhaven Circle</u>		
City, State, Zip Code <u>Winston Salem, NC 27104-1854</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Women's Health Center, PLLC</u>	09/02/2015	\$250.00
Mailing Address <u>1318 Harrison Ave</u>		
City, State, Zip Code <u>McComb, MS 39648-2830</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John Sneed</u>	<u>09/18/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>141 Bayou Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4623</u>		
Name of Employer (Required) <u>Stewart, Sneed, Hewes Insurance</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Anheuser Busch Companies</u>	<u>07/13/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>1 Busch Place</u>		
City, State, Zip Code <u>Saint Louis, MO 63118-1849</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>Kimberly Remak</u>	<u>07/22/2015</u>	<u>\$250.00</u>
Mailing Address <u>5240 Wedgewood Drive</u>		
City, State, Zip Code <u>Olive Branch, MS 38654-6617</u>		
Name of Employer (Required) <u>The Arc of Northwest Mississippi</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$350.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rainbow Casino Vicksburg Partnership, L.P.</u>	<u>07/03/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>P.O. Box 820768</u>		
City, State, Zip Code <u>Vicksburg, MS 39182-0768</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 07/01/2015through 09/30/2015

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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 Sprint	07/30/2015	\$500.00
Mailing Address PO Box 63670		
City, State, Zip Code Phoenix, AZ 85082-3670		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Charles R Porter	09/21/2015	\$1,000.00
Mailing Address 1037 Lake Village Circle		
City, State, Zip Code Brandon, MS 39047-6725		
Name of Employer (Required) Porter Construction Inc.		
Occupation (Required) Insurance	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 Steven G Rogers	09/21/2015	\$250.00
Mailing Address 414 Greenwood Ln		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required) Rogers and Associates		
Occupation (Required) Self	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 MS Hospitality & Restaurant Association PAC	09/14/2015	\$1,000.00
Mailing Address 130 Riverview Drive Suite A		
City, State, Zip Code Flowood, MS 39232-8921		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nicholas J Correnti	09/15/2015	\$1,000.00
Mailing Address 46 Boxwood Dr		
City, State, Zip Code Columbus, MS 39705-1201		
Name of Employer (Required) Nicholas Services, LLC		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Gartin	07/20/2015	\$250.00
Mailing Address 35 S Crownpointe Drive		
City, State, Zip Code Jackson, MS 39211-2210		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Christian Blue Waddell	07/21/2015	\$500.00
Mailing Address 1500 Poplar Boulevard		
City, State, Zip Code Jackson, MS 39202-2115		
Name of Employer (Required) Balch & Bingham LLP		
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 Dr. Phillip H. Gray	07/07/2015	\$500.00
Mailing Address 105 S Fulton Street		
City, State, Zip Code Iuka, MS 38852-2328		
Name of Employer (Required) Self		
Occupation (Required) Optometrist	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>Lee D Miller</u>	08/31/2015	\$500.00
Mailing Address <u>222 Bellewether Pass</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8762</u>		
Name of Employer (Required) <u>Miller Transporters Inc</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>Dr. David Cole</u>	07/23/2015	\$500.00
Mailing Address <u>602 W Hill St</u>		
City, State, Zip Code <u>Fulton, MS 38843-1022</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> 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. Mark S. Jordan</u>	07/24/2015	\$5,000.00
Mailing Address <u>PO Box 328</u>		
City, State, Zip Code <u>Madison, MS 39130-0328</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Real Estate</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>Chevron Policy Govt & Public Affairs</u>	07/01/2015	\$1,000.00
Mailing Address <u>PO Box 9034</u>		
City, State, Zip Code <u>Concord, CA 94524-1934</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Arthur L. Cook</u>	07/30/2015	\$1,000.00
Mailing Address <u>107 W Jefferson St.</u>		
City, State, Zip Code <u>Kosciusko, MS 39090-3618</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Architect</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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Park Management II, LLC</u>	07/30/2015	\$1,000.00
Mailing Address <u>124 One Madison Plaza Suite 1500</u>		
City, State, Zip Code <u>Madison, MS 39110-2021</u>		
Name of Employer (Required)		
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>George T. Malvaney</u>	07/10/2015	\$2,500.00
Mailing Address <u>1745 Hall Road</u>		
City, State, Zip Code <u>Edwards, MS 39066-4129</u>		
Name of Employer (Required) <u>Malvaney & Associates</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Scott Moak</u>	09/21/2015	\$500.00
Mailing Address <u>114 Oakridge Trail</u>		
City, State, Zip Code <u>Flowood, MS 39232-8687</u>		
Name of Employer (Required) <u>Ross & Yerger Insurance, Inc</u>		
Occupation (Required) <u>Shareholder</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bowen	09/15/2015	\$250.00
Mailing Address 141 Sagamore Circle		
City, State, Zip Code Columbus, MS 39705-1132		
Name of Employer (Required) BankTEL Systems LLC		
Occupation (Required) CEO	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 Victor V Mavar	09/17/2015	\$250.00
Mailing Address PO Box 1910		
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Doyle	09/16/2015	\$250.00
Mailing Address 6505 Shore Drive		
City, State, Zip Code Ocean Springs, MS 39564-2521		
Name of Employer (Required) Continuing Professional Education Associate		
Occupation (Required) Steve Passin & Associates	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 Len Blanton	07/07/2015	\$250.00
Mailing Address 4361 View Love Ln		
City, State, Zip Code Tupelo, MS 38801		
Name of Employer (Required) Nesco, Inc.		
Occupation (Required) Comptroller	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Blakeney	09/30/2015	\$1,000.00
Mailing Address PO Box 355		
City, State, Zip Code Bay Springs, MS 39422-0355		
Name of Employer (Required) Southern Industrial Contractor		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Machine Works, Inc.	09/15/2015	\$500.00
Mailing Address PO Box 1247		
City, State, Zip Code Columbus, MS 39703-1247		
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 Greg Hinkebein	08/17/2015	\$250.00
Mailing Address 125 Dumaine Place		
City, State, Zip Code Madison, MS 39110-9283		
Name of Employer (Required) MSET		
Occupation (Required) President & CEO	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 Federal Express PAC	07/28/2015	\$2,500.00
Mailing Address 942 S Shady Grove Road		
City, State, Zip Code Memphis, TN 38120-4117		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John A. Polk</u>	07/07/2015	\$1,000.00
Mailing Address <u>53 Tidewater Road</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-9778</u>		
Name of Employer (Required) <u>Polks Meat Products Inc.</u>		
Occupation (Required) <u>Owner</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>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mike Chaney Campaign</u>	09/01/2015	\$2,500.00
Mailing Address <u>115 Henry Rd</u>		
City, State, Zip Code <u>Vicksburg, MS 39183-9567</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>Mitchell T. Hairston</u>	09/24/2015	\$2,000.00
Mailing Address <u>49 54th Street</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4608</u>		
Name of Employer (Required) <u>Covington Civil & Env.</u>		
Occupation (Required) <u>Managing Partner</u>	Aggregate Year-to-date	\$4,000.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Shoemaker Family Partners, LP</u>	08/21/2015	\$1,000.00
Mailing Address <u>PO Box 986</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-0986</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renasant Bank Employees Voluntary PAC	07/20/2015	\$1,000.00
Mailing Address PO Box 709		
City, State, Zip Code Tupelo, MS 38802-0709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Bill Russell	08/25/2015	\$1,000.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Premier Ford, Lincoln, Mercury		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,350.00
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 Jim Brashier	09/15/2015	\$1,000.00
Mailing Address 1302 Beach Boulevard		
City, State, Zip Code Biloxi, MS 39530-3527		
Name of Employer (Required) Jim E Brashier Insurance		
Occupation (Required) Agent	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dawn James	09/28/2015	\$500.00
Mailing Address 435 Wimbledon Drive		
City, State, Zip Code Brandon, MS 39047-7303		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pam Development, LLC</u>	07/30/2015	\$1,000.00
Mailing Address <u>124 One Madison Plaza Suite 1500</u>		
City, State, Zip Code <u>Madison, MS 39110-2021</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John C. Nelson</u>	08/18/2015	\$2,500.00
Mailing Address <u>101 W Canebrake Blvd</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-8341</u>		
Name of Employer (Required) <u>Southern MS Emergency Physicians Center</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gary Rhoads</u>	09/21/2015	\$1,000.00
Mailing Address <u>225 Birch Lane</u>		
City, State, Zip Code <u>Flowood, MS 39232-8412</u>		
Name of Employer (Required) <u>City Of Flowood</u>		
Occupation (Required) <u>Mayor</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. Thomas Dews</u>	08/17/2015	\$1,000.00
Mailing Address <u>1515 S 40th Avenue</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-2904</u>		
Name of Employer (Required) <u>Dews Foundry</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Stanley Sullivan Jr.</u>	09/17/2015	\$500.00
Mailing Address <u>114 Bridgepointe Boulevard</u>		
City, State, Zip Code <u>Brandon, MS 39047-7028</u>		
Name of Employer (Required) <u>Rapid Oil Change, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Cecile R. McCaffrey</u>	07/23/2015	\$250.00
Mailing Address <u>3100 Wallace Drive SW</u>		
City, State, Zip Code <u>Bogue Chitto, MS 39629-5206</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gregory Cronin</u>	09/25/2015	\$1,000.00
Mailing Address <u>105 Surgeres Place</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-3030</u>		
Name of Employer (Required) <u>Charter Bank</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chuck Barlow</u>	09/30/2015	\$1,000.00
Mailing Address <u>227 Ingleside Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-9528</u>		
Name of Employer (Required) <u>Barlow Eddy Jenkins</u>		
Occupation (Required) <u>Architect</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 checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MADA AutoPAC	08/18/2015	\$1,000.00
Mailing Address 800 Woodlands Parkway Suite 100		
City, State, Zip Code Ridgeland, MS 39157-5215		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$11,000.00
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 Columbus Nissan, Inc.	09/14/2015	(\$500.00)
Mailing Address 100 Hwy 12 East		
City, State, Zip Code Columbus, MS 39702-7828		
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 Columbus Nissan, Inc.	09/02/2015	\$1,500.00
Mailing Address 100 Hwy 12 East		
City, State, Zip Code Columbus, MS 39702-7828		
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sunrise Partners, LP	09/21/2015	\$250.00
Mailing Address 4 River Bend Place Ste 110		
City, State, Zip Code Flowood, MS 39232-9710		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MCPA PAC	08/28/2015	\$1,000.00
Mailing Address PO Box 16630		
City, State, Zip Code Jackson, MS 39236-6630		
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 Brad White	09/21/2015	\$250.00
Mailing Address 572 Spring Hill Dr		
City, State, Zip Code Madison, MS 39110-8659		
Name of Employer (Required) Senator Thad Cochran		
Occupation (Required) State Director	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blanche B. Moore	07/01/2015	\$200.00
Mailing Address 114 Fox Loop		
City, State, Zip Code McComb, MS 39648-8774		
Name of Employer (Required) Walthal County Schools		
Occupation (Required) Educator	Aggregate Year-to-date	\$200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blanche B. Moore	09/17/2015	\$250.00
Mailing Address 114 Fox Loop		
City, State, Zip Code McComb, MS 39648-8774		
Name of Employer (Required) Walthal County Schools		
Occupation (Required) Educator	Aggregate Year-to-date	\$450.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy Gollott	09/08/2015	\$2,500.00
Mailing Address 235 Bayview Avenue		
City, State, Zip Code Biloxi, MS 39530-2717		
Name of Employer (Required) Transfer & Storage Company		
Occupation (Required) Owner	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 Missco Corporation	09/11/2015	\$1,000.00
Mailing Address PO Box 321400		
City, State, Zip Code Flowood, MS 39232-1400		
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. Edward Moak	08/24/2015	\$250.00
Mailing Address 520 Burnham Road		
City, State, Zip Code Brandon, MS 39042-2010		
Name of Employer (Required) Stuart C. Irby Company		
Occupation (Required) Sales VP	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. Edward Moak	08/10/2015	\$100.00
Mailing Address 520 Burnham Road		
City, State, Zip Code Brandon, MS 39042-2010		
Name of Employer (Required) Stuart C. Irby Company		
Occupation (Required) Sales VP	Aggregate Year-to-date	\$100.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Atmos Energy Corporation PAC</u>	09/08/2015	\$2,500.00
Mailing Address <u>790 Liberty Rd</u>		
City, State, Zip Code <u>Flowood, MS 39232-9321</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>Robert Sullivan</u>	07/30/2015	\$4,000.00
Mailing Address <u>109 Northside Center</u>		
City, State, Zip Code <u>Kosciusko, MS 39090-3254</u>		
Name of Employer (Required) <u>Sullivan's Discount Drugs</u>		
Occupation (Required) <u>Pharmacist</u>	Aggregate Year-to-date	\$4,000.00
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>EMS Management, LLC</u>	09/02/2015	\$250.00
Mailing Address <u>6200 S Syracuse Way Ste 200</u>		
City, State, Zip Code <u>Greenwood Village, CO 80111-4739</u>		
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 <u>Sanofi U.S. Services, Inc. Employees' PAC</u>	08/05/2015	\$1,000.00
Mailing Address <u>5417 Chevaux Court</u>		
City, State, Zip Code <u>Little Rock, AR 72223-4296</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 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Warren Paving	08/03/2015	\$1,000.00
Mailing Address PO Box 572		
City, State, Zip Code Hattiesburg, MS 39403-0572		
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. Guy Mitchell III	07/15/2015	\$500.00
Mailing Address PO Box 7120		
City, State, Zip Code Tupelo, MS 38802-7120		
Name of Employer (Required) Mitchell McNutt and Sams		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Thomas M. Duff	08/18/2015	\$2,500.00
Mailing Address 73 Tidewater Rd		
City, State, Zip Code Hattiesburg, MS 39402-9780		
Name of Employer (Required) Southern Tire Mart		
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 Courtney Smith	09/15/2015	\$250.00
Mailing Address PO Box 648		
City, State, Zip Code Columbus, MS 39703-0648		
Name of Employer (Required) Sims & Sims, LLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hurst Review Services, Inc.</u>	<u>07/30/2015</u>	<u>\$500.00</u>
Mailing Address <u>111 S Railroad Avenue</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-3330</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John T. Bean III</u>	<u>08/22/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 1368</u>		
City, State, Zip Code <u>Columbus, MS 39703-1368</u>		
Name of Employer (Required) <u>Bean Real Estate, LLC</u>		
Occupation (Required) <u>Director</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>Instate Partners, LLC</u>	<u>07/23/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>909 Poydras Street Suite 2230</u>		
City, State, Zip Code <u>New Orleans, LA 70112-4003</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>Brenda H. Simkins</u>	<u>07/31/2015</u>	<u>\$250.00</u>
Mailing Address <u>1303 S. Market St.</u>		
City, State, Zip Code <u>Pascagoula, MS 39567-6604</u>		
Name of Employer (Required) <u>Brenda H. Simkins - State Farm</u>		
Occupation (Required) <u>Insurance Agent, Attorney</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Roy Anderson III	09/24/2015	\$1,000.00
Mailing Address PO Box 520		
City, State, Zip Code Gulfport, MS 39502-0520		
Name of Employer (Required) Roy Anderson Corp		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Castle	08/27/2015	\$1,000.00
Mailing Address 11194 Hughes Rd		
City, State, Zip Code Bailey, MS 39320-9578		
Name of Employer (Required) Progressive Pipeline Construction, LLC		
Occupation (Required) Manager	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brooks Wallace	08/25/2015	\$500.00
Mailing Address 6017 Angler Dr		
City, State, Zip Code Picayune, MS 39466-2198		
Name of Employer (Required) Staff Dungan Engineering		
Occupation (Required) Principal	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 Boyce Adams	08/30/2015	\$1,500.00
Mailing Address 2005 Seminole Drive		
City, State, Zip Code Columbus, MS 39705-1415		
Name of Employer (Required) Banktel		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JTS & Co.	09/14/2015	\$500.00
Mailing Address 294B Chubby Dr		
City, State, Zip Code Columbus, MS 39705-1358		
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 Hernando Smiles	07/15/2015	\$1,000.00
Mailing Address 7 E Commerce Street		
City, State, Zip Code Hernando, MS 38632-2215		
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. Garnett B. West	07/29/2015	\$1,000.00
Mailing Address 5220 Wedgewood Drive		
City, State, Zip Code Olive Branch, MS 38654-6617		
Name of Employer (Required) State Farm Insurance		
Occupation (Required) Insurance Agent	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 Venyu Solutions, LLC	09/08/2015	\$2,500.00
Mailing Address 7127 Florida Blvd		
City, State, Zip Code Baton Rouge, LA 70806-4549		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mcright Services, LLC</u>	09/30/2015	\$5,000.00
Mailing Address <u>PO Box 4812</u>		
City, State, Zip Code <u>Greenville, MS 38704-4812</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>Eustace Andrew Allen II</u>	07/23/2015	\$250.00
Mailing Address <u>1402 Hellmers Ln</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-4938</u>		
Name of Employer (Required) <u>Allen Beverages, Inc.</u>		
Occupation (Required) <u>President, CEO</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Marcus Wilson</u>	09/15/2015	\$250.00
Mailing Address <u>704 Pine Way Hill</u>		
City, State, Zip Code <u>Flowood, MS 39232-8993</u>		
Name of Employer (Required) <u>Bennett, Lotterhos Susler and Wilson</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Elsie Crawford</u>	07/23/2015	\$1,000.00
Mailing Address <u>698 Kiskatom Lane</u>		
City, State, Zip Code <u>Mandeville, LA 70471-1614</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Coomes Distributors, Inc.	08/03/2015	\$250.00
Mailing Address 1659 W Government Cove		
City, State, Zip Code Brandon, MS 39042-2410		
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 Ergon State PAC	09/21/2015	\$2,500.00
Mailing Address PO Box 1639		
City, State, Zip Code Jackson, MS 39215-1639		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Nell Wall	07/28/2015	\$250.00
Mailing Address 129 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2532		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Dan Waring III	07/23/2015	\$1,000.00
Mailing Address PO Box 66		
City, State, Zip Code Vicksburg, MS 39181-0066		
Name of Employer (Required) Waring Oil Co.		
Occupation (Required) Petroleum Marketer	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William B Stagers</u>	09/09/2015	\$250.00
Mailing Address <u>835 E Main Street</u>		
City, State, Zip Code <u>West Point, MS 39773-3136</u>		
Name of Employer (Required) <u>Watkins Ward and Stafford CPAs PLLC</u>		
Occupation (Required) <u>CPA</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>Allegra Brigham</u>	09/15/2015	\$250.00
Mailing Address <u>148 Sagamore Circle</u>		
City, State, Zip Code <u>Columbus, MS 39705-1131</u>		
Name of Employer (Required) <u>4-County Electric Power Association</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>M.G. Dyess Inc.</u>	07/06/2015	\$1,000.00
Mailing Address <u>PO Box 520</u>		
City, State, Zip Code <u>Bassfield, MS 39421-0520</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input 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>Schwartz, Orgler & Jordan, PLLC</u>	09/15/2015	\$250.00
Mailing Address <u>2355 Pass Road</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2344</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input 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	09/09/2015	\$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	\$35,000.00
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 Electric Power Associations Of Mississippi State PAC	08/10/2015	\$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	\$20,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dinesh Goel	09/30/2015	\$500.00
Mailing Address PO Box 16594		
City, State, Zip Code Jackson, MS 39236-6594		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Josh Harkins	09/21/2015	\$2,500.00
Mailing Address PO Box 320374		
City, State, Zip Code Flowood, MS 39232-0374		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Carl Nicholson	08/18/2015	\$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	\$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 John I. Brasher	07/17/2015	\$250.00
Mailing Address 145 Brasher Road		
City, State, Zip Code Batesville, MS 38606-9179		
Name of Employer (Required) Treasurer Loans of Batesville		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David C. Majure II	07/21/2015	\$1,000.00
Mailing Address 805 Beechwood Dr		
City, State, Zip Code Meridian, MS 39305-2805		
Name of Employer (Required) Fred's of Meridian, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. C.T. Finnegan	08/18/2015	\$2,500.00
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	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bellemont Gardens LP</u>	<u>07/30/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 1614</u>		
City, State, Zip Code <u>Brandon, MS 39043-1614</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kinetic Staffing, LLC</u>	<u>09/30/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 55914</u>		
City, State, Zip Code <u>Jackson, MS 39296-5914</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nancy Craddock</u>	<u>08/19/2015</u>	<u>\$250.00</u>
Mailing Address <u>1002 Hillshire Drive</u>		
City, State, Zip Code <u>McComb, MS 39648-9559</u>		
Name of Employer (Required) <u>Craddock Oil Company Inc</u>		
Occupation (Required) <u>Owner</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. James R. Moreton</u>	<u>07/20/2015</u>	<u>\$250.00</u>
Mailing Address <u>22 Longleaf Trail NE</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-9617</u>		
Name of Employer (Required) <u>Moreton Estates Inc.</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Park Investments III, LLC</u>	07/30/2015	\$1,000.00
Mailing Address <u>124 One Madison Plaza Suite 1500</u>		
City, State, Zip Code <u>Madison, MS 39110-2021</u>		
Name of Employer (Required)		
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. Robert H. Dunlap</u>	09/08/2015	\$10,000.00
Mailing Address <u>880 County Road 202</u>		
City, State, Zip Code <u>Abbeville, MS 38601-9797</u>		
Name of Employer (Required) <u>Dunlap & Kyle Co, Inc.</u>		
Occupation (Required) <u>Chairman</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>Dr Michael Artigues</u>	09/15/2015	\$250.00
Mailing Address <u>900 Hickory Avenue</u>		
City, State, Zip Code <u>McComb, MS 39648-2216</u>		
Name of Employer (Required) <u>McComb Children's Clinic</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. John C. Morrow</u>	08/22/2015	\$500.00
Mailing Address <u>597 Greenbriar Drive</u>		
City, State, Zip Code <u>Columbus, MS 39705-1454</u>		
Name of Employer (Required) <u>Pryor and Morrow</u>		
Occupation (Required) <u>Principal Architect</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>Troy F Odom</u>	09/01/2015	\$250.00
Mailing Address <u>216 Greenfield Place</u>		
City, State, Zip Code <u>Brandon, MS 39047-9008</u>		
Name of Employer (Required) <u>Blair & Bondurant PA</u>		
Occupation (Required) <u>Attorney</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>GCTS LLC</u>	09/24/2015	\$1,000.00
Mailing Address <u>20 Mockingbird Ln</u>		
City, State, Zip Code <u>Gulfport, MS 39507-1629</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>Hassell Franklin</u>	09/29/2015	\$1,000.00
Mailing Address <u>PO Box 569</u>		
City, State, Zip Code <u>Houston, MS 38851-0569</u>		
Name of Employer (Required) <u>Franklin Corp.</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Jonathan Woodward</u>	09/30/2015	\$500.00
Mailing Address <u>101 Saint Davids Way</u>		
City, State, Zip Code <u>Madison, MS 39110-7530</u>		
Name of Employer (Required) <u>Onyx Properties LLC</u>		
Occupation (Required) <u>Principal</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Don E Mason	09/25/2015	\$500.00
Mailing Address 5 Colonel Wink Drive		
City, State, Zip Code Gulfport, MS 39507-4252		
Name of Employer (Required) Hancock Bank		
Occupation (Required) Director	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. A.D. Buffington	09/04/2015	\$500.00
Mailing Address 1007 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6623		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	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 Soigne Corporation	07/24/2015	\$250.00
Mailing Address PO Box 14054		
City, State, Zip Code Jackson, MS 39236-4054		
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 type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Country Creek RV Center, Inc.	07/24/2015	\$300.00
Mailing Address 7696 U.S. Hwy. 49 North		
City, State, Zip Code Hattiesburg, MS 39402-9105		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Power Company State PAC	07/01/2015	\$13,000.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
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 The Chickasaw Nation	07/22/2015	\$5,000.00
Mailing Address 2020 Lonnie Abbott Blvd		
City, State, Zip Code Ada, OK 74820-9255		
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 Theresa L. Brady	07/23/2015	\$500.00
Mailing Address 1889 Forest Park		
City, State, Zip Code Tupelo, MS 38801-7100		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Boar's Head Bed & Breakfast	07/30/2015	\$1,000.00
Mailing Address Po Box 1366		
City, State, Zip Code Tupelo, MS 38802-1366		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

07/01/2015

through

09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Frank Genzer Jr.	09/25/2015	\$1,000.00
Mailing Address 145 Saint Jude Street		
City, State, Zip Code Biloxi, MS 39530-3602		
Name of Employer (Required) Self		
Occupation (Required) Architect	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 Neely's Starter Alternator Service, Inc.	07/01/2015	\$200.00
Mailing Address 151 Linda Jo Drive		
City, State, Zip Code Richland, MS 39218-9224		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laurel Machine and Foundry Co.	08/27/2015	\$500.00
Mailing Address PO Box 1049		
City, State, Zip Code Laurel, MS 39441-1049		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Covington Civil and Environmental	09/25/2015	\$1,000.00
Mailing Address 2510 14th St, Ste 1010		
City, State, Zip Code Gulfport, MS 39501-1984		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clifford E Olsen Attorney At Law	08/04/2015	\$1,500.00
Mailing Address 2701 Houma Blvd. Suite C		
City, State, Zip Code Metairie, LA 70006-6650		
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 Market Max LLC	08/26/2015	\$2,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Don Underwood	07/19/2015	\$250.00
Mailing Address 987 S. Church St.		
City, State, Zip Code Brookhaven, MS 39601-4003		
Name of Employer (Required) Metis Services, LLC		
Occupation (Required) Registered Agent	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Rader	09/15/2015	\$10,000.00
Mailing Address PO Box 8670		
City, State, Zip Code Columbus, MS 39705-0012		
Name of Employer (Required) Columbus Recycling		
Occupation (Required) President	Aggregate Year-to-date	\$15,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Fraidy Cat LLC</u>	09/17/2015	\$1,000.00
Mailing Address <u>1155 Caston Rd</u>		
City, State, Zip Code <u>McComb, MS 39648-8760</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>Thomas Stiehle</u>	09/25/2015	\$500.00
Mailing Address <u>7301 Isle of palms Dr</u>		
City, State, Zip Code <u>Mobile, AL 36695-5513</u>		
Name of Employer (Required) <u>Ingalls Shipbuilding</u>		
Occupation (Required) <u>CFO</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Freddie Bagley</u>	07/09/2015	\$500.00
Mailing Address <u>112 Colony Way</u>		
City, State, Zip Code <u>Brandon, MS 39047-8271</u>		
Name of Employer (Required) <u>Community Bancshares, Inc.</u>		
Occupation (Required) <u>Chairman of the Board</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mrs. Tara McDaniel</u>	09/07/2015	\$250.00
Mailing Address <u>112 Oakridge Trail</u>		
City, State, Zip Code <u>Flowood, MS 39232-8687</u>		
Name of Employer (Required) <u>Jackson Academy</u>		
Occupation (Required) <u>Preschool Dean</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Isle of Capri Casino, Lula	07/09/2015	\$1,000.00
Mailing Address P. O. Box 447		
City, State, Zip Code Lula, MS 38644-0447		
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 Larry Barton	09/15/2015	\$500.00
Mailing Address PO Box 1434		
City, State, Zip Code West Point, MS 39773-1434		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Dudley Burwell	09/10/2015	\$250.00
Mailing Address 2301 Anniston Oaks Drive		
City, State, Zip Code Gulfport, MS 39507-5001		
Name of Employer (Required) Self		
Occupation (Required) Orthopedic Surgeon	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 Mississippi Primary Health Care Association, Inc. PAC	09/18/2015	\$1,000.00
Mailing Address 6400 Lakeover Road Suite A		
City, State, Zip Code Jackson, MS 39213-8020		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Darren Musselwhite</u>	07/29/2015	\$250.00
Mailing Address <u>2830 Grove Meadow Drive</u>		
City, State, Zip Code <u>Nesbit, MS 38651-9301</u>		
Name of Employer (Required) <u>Musselwhite Insurance Agency LLC</u>		
Occupation (Required) <u>Insurance Agent</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gordon Flowers</u>	09/15/2015	\$250.00
Mailing Address <u>817 Greenbriar Drive</u>		
City, State, Zip Code <u>Columbus, MS 39705-1458</u>		
Name of Employer (Required) <u>Brunini</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Community Bancshares Of Mississippi</u>	09/10/2015	\$1,000.00
Mailing Address <u>PO Box 1869</u>		
City, State, Zip Code <u>Brandon, MS 39043-1869</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>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Benjamin L. Taylor, P.A.</u>	08/04/2015	\$500.00
Mailing Address <u>961 Main Street</u>		
City, State, Zip Code <u>Southaven, MS 38671-1508</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Moore's Moving & Storage, Inc.	08/31/2015	\$250.00
Mailing Address PO Box 729		
City, State, Zip Code Summit, MS 39666-0729		
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 Silver Slipper Casino Venture, LLC	09/16/2015	\$1,000.00
Mailing Address PO Box 3270		
City, State, Zip Code Bay Saint Louis, MS 39521-3270		
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 Barbara Sauls	08/27/2015	\$1,000.00
Mailing Address PO Box 979		
City, State, Zip Code Heidelberg, MS 39439-0979		
Name of Employer (Required) Platinum Real Estate, LLC		
Occupation (Required) Real Estate Agent	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hugh Keating	09/14/2015	\$500.00
Mailing Address 26 Greenbriar Drive		
City, State, Zip Code Gulfport, MS 39507-4215		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rimmer Covington Sr.	09/24/2015	\$2,000.00
Mailing Address 207 Fairway Drive		
City, State, Zip Code Pass Christian, MS 39571-2126		
Name of Employer (Required) Covington Civil & Environmental		
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 Mrs. Robbie W. Hughes	07/14/2015	\$1,000.00
Mailing Address 4050 Crane Boulevard		
City, State, Zip Code Jackson, MS 39216-3403		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 Centene Management Company LLC	07/01/2015	\$25,000.00
Mailing Address 7700 Forsyth Blvd		
City, State, Zip Code Saint Louis, MO 63105-1807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
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 Community Bank	09/11/2015	\$1,000.00
Mailing Address PO Box 59		
City, State, Zip Code Forest, MS 39074-0059		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Mark Prince</u>	<u>07/23/2015</u>	<u>\$250.00</u>
Mailing Address <u>108 Brookside Ct</u>		
City, State, Zip Code <u>Tupelo, MS 38801-9488</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>Columbus Communities LLC</u>	<u>09/11/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>909 Poydras St #1700</u>		
City, State, Zip Code <u>New Orleans, LA 70112-4010</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>Mr. George Simmerman</u>	<u>09/16/2015</u>	<u>\$500.00</u>
Mailing Address <u>11650 Jeff Hamilton Road</u>		
City, State, Zip Code <u>Mobile, AL 36695-8019</u>		
Name of Employer (Required) <u>Huntington Ingalls Industries</u>		
Occupation (Required) <u>Vice President and Chief Counsel</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>Leland Speed</u>	<u>08/04/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 22728</u>		
City, State, Zip Code <u>Jackson, MS 39225-2728</u>		
Name of Employer (Required) <u>EastGroup Properties Inc</u>		
Occupation (Required) <u>Chairman</u>	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Castle Properties	09/15/2015	\$2,500.00
Mailing Address 412 Main Street		
City, State, Zip Code Columbus, MS 39701-4548		
Name of Employer (Required)		
Occupation (Required)	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>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Angela Burks Hill	08/25/2015	\$1,000.00
Mailing Address 54 Watts Rd		
City, State, Zip Code Picayune, MS 39466-7846		
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 James Duff	08/18/2015	\$2,500.00
Mailing Address 183 W Canebrake Blvd		
City, State, Zip Code Hattiesburg, MS 39402-8348		
Name of Employer (Required) Southern Tire Mart, LLC		
Occupation (Required) Manager	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 Howard Industries, Inc.	08/17/2015	\$1,000.00
Mailing Address PO Box 1588		
City, State, Zip Code Laurel, MS 39441-1588		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Garden Park Medical Center PAC	07/10/2015	\$2,000.00
Mailing Address 15200 Community Rd		
City, State, Zip Code Gulfport, MS 39503-3085		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Old Waverly Properties LLC	09/01/2015	\$1,000.00
Mailing Address 1 Magnolia Drive		
City, State, Zip Code West Point, MS 39773-9148		
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. Richard Wax	07/15/2015	\$25,000.00
Mailing Address PO Box 60		
City, State, Zip Code Amory, MS 38821-0060		
Name of Employer (Required) Wax Seed Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marathon Petroleum Co LP	08/27/2015	\$1,000.00
Mailing Address 3475 Corporate Way, Suite B		
City, State, Zip Code Alpharetta, GA 30009		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. M. Paul Haynes</u>	07/16/2015	\$250.00
Mailing Address <u>PO Box 278</u>		
City, State, Zip Code <u>Baldwyn, MS 38824-0278</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</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>Fairchild Management Co., LLC</u>	08/18/2015	\$1,000.00
Mailing Address <u>PO Box 15909</u>		
City, State, Zip Code <u>Hattiesburg, MS 39404-5909</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>Susanne Cunningham</u>	08/27/2015	\$250.00
Mailing Address <u>300 Elm Drive</u>		
City, State, Zip Code <u>Columbus, MS 39701-8603</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Optometrist</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>Isle of Capri Casinos, Inc.</u>	07/07/2015	\$1,000.00
Mailing Address <u>600 Emerson Road Suite 300</u>		
City, State, Zip Code <u>Saint Louis, MO 63141-6762</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 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Chris Hughes	07/30/2015	\$1,000.00
Mailing Address 115 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4710		
Name of Employer (Required) CHH Enterprises Inc.		
Occupation (Required) Executive	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. Payton Lockey	07/02/2015	\$2,500.00
Mailing Address PO Box 180789		
City, State, Zip Code Richland, MS 39218-0789		
Name of Employer (Required) Vacuum Truck Rentals		
Occupation (Required) Vice President	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 David Rumbarger	07/30/2015	\$1,000.00
Mailing Address 1440 Charleston Gardens Dr.		
City, State, Zip Code Tupelo, MS 38801-8436		
Name of Employer (Required) Community Development Foundation		
Occupation (Required) President, CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cooper Tire & Rubber Company PAC	07/08/2015	\$1,000.00
Mailing Address PO Box 550		
City, State, Zip Code Findlay, OH 45839-0550		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wellington Associates, Inc.</u>	09/21/2015	\$1,000.00
Mailing Address <u>PO Box 12029</u>		
City, State, Zip Code <u>Jackson, MS 39236-2029</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Brad Dye</u>	07/28/2015	\$250.00
Mailing Address <u>210 Devander Run</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9709</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Motorola Solutions, Inc PAC Multicandidate Committee</u>	08/13/2015	\$1,000.00
Mailing Address <u>1455 Pennsylvania Ave NW Ste 900</u>		
City, State, Zip Code <u>Washington, DC 20004-1016</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. Billy L. McBryde</u>	07/22/2015	\$1,000.00
Mailing Address <u>PO Box 9699</u>		
City, State, Zip Code <u>Columbus, MS 39705-0021</u>		
Name of Employer (Required) <u>McBryde, Inc.</u>		
Occupation (Required) <u>Realtor</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Resolute FP US Inc.	08/03/2015	\$1,000.00
Mailing Address 5300 Cureton Ferry Road		
City, State, Zip Code Catawba, SC 29704-7700		
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 American Pharmacy Cooperative, Inc.	09/30/2015	(\$4,000.00)
Mailing Address PO Box 728		
City, State, Zip Code Bessemer, AL 35021-0728		
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 American Pharmacy Cooperative, Inc.	08/03/2015	\$5,000.00
Mailing Address PO Box 728		
City, State, Zip Code Bessemer, AL 35021-0728		
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. Clovis Reed	09/21/2015	\$250.00
Mailing Address 920 Ridgeside Drive		
City, State, Zip Code Brandon, MS 39042-9581		
Name of Employer (Required) Rankin County Unit System		
Occupation (Required) County Administrator	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jimmy D. Webster III	07/29/2015	\$500.00
Mailing Address 10 N Main St Apt. 1001		
City, State, Zip Code Memphis, TN 38103-2172		
Name of Employer (Required) Style Craft Lighting		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rodney C Richardson	08/27/2015	\$150.00
Mailing Address 3823 23rd Ave		
City, State, Zip Code Meridian, MS 39305-3842		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$350.00
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 Clark PAC	08/27/2015	\$2,500.00
Mailing Address 300 Oakland Flatrock Rd		
City, State, Zip Code Oakland, KY 42159-9766		
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 Paxton Sales Inc.	08/03/2015	\$1,000.00
Mailing Address 1020 N Gloster Street # 116		
City, State, Zip Code Tupelo, MS 38804-1202		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Estes Group Inc.	09/30/2015	\$250.00
Mailing Address PO Box 12486		
City, State, Zip Code Jackson, MS 39236-2486		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mrs. Mary Melissa Covington	08/03/2015	\$250.00
Mailing Address 1611 Lissa Drive		
City, State, Zip Code McComb, MS 39648-2007		
Name of Employer (Required) E.D. Covington, L.P.		
Occupation (Required) General Partner	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 Ed Holliday	07/23/2015	\$250.00
Mailing Address 901 Garfield Street		
City, State, Zip Code Tupelo, MS 38801-5737		
Name of Employer (Required) Ed Holliday, D.M.D. Inc.		
Occupation (Required) President, Director, Treasurer	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 Tammy Burnett	09/23/2015	\$1,000.00
Mailing Address 2550 Flowood Dr. Suite 101		
City, State, Zip Code Flowood, MS 39232-9304		
Name of Employer (Required) Plastic and Hand Surgy Associates		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name UnitedHealth Group, Inc.	07/01/2015	\$1,000.00
Mailing Address PO Box 1459		
City, State, Zip Code Minneapolis, MN 55440-1459		
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 MD Eye Political Action Committee	09/14/2015	\$10,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ted Kendall	08/27/2015	\$250.00
Mailing Address PO Box 505		
City, State, Zip Code Bolton, MS 39041-0505		
Name of Employer (Required) Mississippi Farm Bureau Service Company, Inc		
Occupation (Required) VP, Director	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 Shannon Strunk	09/25/2015	\$1,250.00
Mailing Address 3001 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7515		
Name of Employer (Required) Baber-Strunk Enterprises		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Navin Barot	09/24/2015	\$20,000.00
Mailing Address 4640 W Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-1127		
Name of Employer (Required) Self		
Occupation (Required) Gastroenterologist	Aggregate Year-to-date	\$20,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott A Shelton	09/10/2015	\$250.00
Mailing Address 2241 Stanley Rd		
City, State, Zip Code Caledonia, MS 39740-7500		
Name of Employer (Required) Trans Power Corporation Of Mississippi		
Occupation (Required) VP, Director	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Eugene F. Brown Sr.	07/30/2015	\$5,000.00
Mailing Address 584 E Main Street Suite B3		
City, State, Zip Code Philadelphia, MS 39350-2330		
Name of Employer (Required) Brown's Discount Drugs		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name LJ Goodgame	09/08/2015	\$250.00
Mailing Address PO Box 132		
City, State, Zip Code Columbus, MS 39703-0132		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>David C. Hudson</u>	<u>07/30/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>11333 Highway 43 North</u>		
City, State, Zip Code <u>Kosciusko, MS 39090-3372</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Pharmacist</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. Johnny Morgan</u>	<u>08/04/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 309</u>		
City, State, Zip Code <u>Oxford, MS 38655-0309</u>		
Name of Employer (Required) <u>Morgan White Group</u>		
Occupation (Required) <u>President</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>Reed's Metals, Inc.</u>	<u>07/22/2015</u>	<u>\$500.00</u>
Mailing Address <u>19 E. Lincoln Dr. NE</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-8757</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Guice Offshore, LLC</u>	<u>09/22/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1698</u>		
City, State, Zip Code <u>Mandeville, LA 70470-1698</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 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Gary A. Blair	07/15/2015	\$500.00
Mailing Address 223 Deer Run Trail NE		
City, State, Zip Code Brookhaven, MS 39601-3672		
Name of Employer (Required) Federal Land Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Prince	07/28/2015	\$500.00
Mailing Address PO Box 27		
City, State, Zip Code Philadelphia, MS 39350-0027		
Name of Employer (Required) Prince Oil Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bobby Harper	09/15/2015	\$250.00
Mailing Address 1524 Briarwood Circle		
City, State, Zip Code Columbus, MS 39705-1425		
Name of Employer (Required) GTRA Board		
Occupation (Required) Lowndes County Representative	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. W. James Threadgill	07/03/2015	\$1,000.00
Mailing Address 3119 Plantation Circle E		
City, State, Zip Code Tupelo, MS 38804-9799		
Name of Employer (Required) Bancorp South		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Billingsley	09/08/2015	\$1,000.00
Mailing Address 20 Tallahoma West Dr		
City, State, Zip Code Laurel, MS 39440-2519		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Farrell	09/21/2015	\$250.00
Mailing Address 5080 Gautier Vancleave Apt C3		
City, State, Zip Code Gautier, MS 39553-4816		
Name of Employer (Required) Ingalls Shipbuilding		
Occupation (Required) VP of Business Development and Strategy	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 Mary James	09/08/2015	\$1,000.00
Mailing Address 2107 W Lincoln Drive SW		
City, State, Zip Code Mc Call Creek, MS 39647-8018		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Roberts	09/17/2015	\$250.00
Mailing Address 130 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) PTI, LLC		
Occupation (Required) President	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Missy Younger	09/08/2015	\$250.00
Mailing Address 1213 Younger Rd		
City, State, Zip Code Columbus, MS 39701-8503		
Name of Employer (Required) The Dermatology Clinic		
Occupation (Required) Receptionist	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Randy Easterling	08/31/2015	\$500.00
Mailing Address 607 Tiffintown Road		
City, State, Zip Code Vicksburg, MS 39183-1503		
Name of Employer (Required) River Region Health Systems		
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 Hancock Bank	07/01/2015	\$1,000.00
Mailing Address 228 St. Charles Ave.		
City, State, Zip Code New Orleans, LA 70130-2601		
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 Lee Ann B. Starr	07/13/2015	\$1,000.00
Mailing Address 770 Greenbriar Drive		
City, State, Zip Code Columbus, MS 39705-1457		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate ReevesReporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Hughes Home Designs LLC	07/30/2015	\$1,000.00
Mailing Address 115 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4710		
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. Cade G. Travis	08/03/2015	\$250.00
Mailing Address 906 Kety Dr.		
City, State, Zip Code Picayune, MS 39466-2546		
Name of Employer (Required) Department of Navy		
Occupation (Required) Program Manager	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. Alan Wilson	08/25/2015	\$1,000.00
Mailing Address 4000 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8891		
Name of Employer (Required) Howard Wilson Chrysler Jeep Dodge		
Occupation (Required) Owner	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 Benlaw Ventures LLC	08/03/2015	\$1,000.00
Mailing Address P.O. Box 572		
City, State, Zip Code Hattiesburg, MS 39403-0572		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Windle Davis	07/20/2015	\$2,000.00
Mailing Address 600 S Adams St		
City, State, Zip Code Fulton, MS 38843-8950		
Name of Employer (Required) Davis Ford Sales, 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. Windle Davis	07/23/2015	\$500.00
Mailing Address 600 S Adams St		
City, State, Zip Code Fulton, MS 38843-8950		
Name of Employer (Required) Davis Ford Sales, Inc.		
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 John Parker	08/27/2015	\$1,000.00
Mailing Address PO Box 1856		
City, State, Zip Code Laurel, MS 39441-1856		
Name of Employer (Required) J.P. Services, 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 Laura Peebles	09/21/2015	\$2,500.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rakesh Sabharwal</u>	09/01/2015	\$500.00
Mailing Address <u>345 Woodstone Rd</u>		
City, State, Zip Code <u>Clinton, MS 39056-4945</u>		
Name of Employer (Required) <u>A & R Enterprises LLC</u>		
Occupation (Required) <u>Principal</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. George R. Rea Jr.</u>	08/24/2015	\$250.00
Mailing Address <u>PO Box 2090</u>		
City, State, Zip Code <u>Meridian, MS 39302-2090</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Larry W. Clark</u>	08/14/2015	\$1,500.00
Mailing Address <u>PO Box 789</u>		
City, State, Zip Code <u>Amory, MS 38821-0789</u>		
Name of Employer (Required) <u>Larry Clark Chevrolet-Cadillac, Inc.</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>Larry Clark Chevrolet, Buick, Pontiac, GMC, Cadillac Inc.</u>	08/27/2015	\$1,000.00
Mailing Address <u>PO Box 789</u>		
City, State, Zip Code <u>Amory, MS 38821-0789</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input 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 Valley Services, Inc.	07/31/2015	\$1,000.00
Mailing Address PO Box 5454		
City, State, Zip Code Jackson, MS 39288-5454		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Clyde Musgrave	08/04/2015	\$500.00
Mailing Address 4648 Spring Meadow Way N		
City, State, Zip Code Olive Branch, MS 38654-8108		
Name of Employer (Required) North MS Dental Specialists		
Occupation (Required) Pediatric Dentist	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. David Clarke	07/28/2015	\$250.00
Mailing Address PO Box 673		
City, State, Zip Code Greenville, MS 38702-0673		
Name of Employer (Required) Clarke Bradley Baker & Co., LLP		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Auto Dealers Associations INC	07/23/2015	\$1,500.00
Mailing Address 1705 Old Whitfield Road Suite A		
City, State, Zip Code Pearl, MS 39208-9243		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. David Burckel</u>	<u>08/18/2015</u>	<u>\$2,500.00</u>
Mailing Address <u>67 Dover Trace</u>		
City, State, Zip Code <u>Hattiesburg, MS 39401-2902</u>		
Name of Employer (Required) <u>Southern Bone and Joint</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Polks Meat Products Inc.</u>	<u>07/01/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1190</u>		
City, State, Zip Code <u>Magee, MS 39111-1190</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>Necaise Construction Co., Inc.</u>	<u>08/03/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 572</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-0572</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>Waters Truck & Tractor Co, Inc.</u>	<u>09/01/2015</u>	<u>\$250.00</u>
Mailing Address <u>PO BOx 831</u>		
City, State, Zip Code <u>Columbus, MS 39703-0831</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input 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 Takeda Pharmaceuticals USA, Inc.	09/21/2015	\$1,000.00
Mailing Address 1 Takeda Parkway		
City, State, Zip Code Deerfield, IL 60015-5713		
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 Polk Inc.	07/07/2015	\$1,000.00
Mailing Address P.O. Box 1190		
City, State, Zip Code Magee, MS 39111-1190		
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 Alex Ross	09/22/2015	\$500.00
Mailing Address 402 Sundial Road		
City, State, Zip Code Madison, MS 39110-8783		
Name of Employer (Required) Ross Construction Group, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Ricky Cox	09/24/2015	\$500.00
Mailing Address 21 Colonel Wink Drive		
City, State, Zip Code Gulfport, MS 39507-4252		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Managing Partner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robison & Holmes PLLC</u>	09/17/2015	\$500.00
Mailing Address <u>PO Drawer 1128</u>		
City, State, Zip Code <u>McComb, MS 39649-1128</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>Larry Albert</u>	08/18/2015	\$2,500.00
Mailing Address <u>PO Box 1567</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-1567</u>		
Name of Employer (Required) <u>Albert & Associates, Inc</u>		
Occupation (Required) <u>Architect</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>Brandt Galloway</u>	09/01/2015	\$250.00
Mailing Address <u>1810 Pine Knoll Dr</u>		
City, State, Zip Code <u>Columbus, MS 39705-1505</u>		
Name of Employer (Required) <u>Galloway Chandler McKinney Insurance</u>		
Occupation (Required) <u>Principal</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>Houston Ezell</u>	09/21/2015	\$250.00
Mailing Address <u>106 Oakridge Trail</u>		
City, State, Zip Code <u>Flowood, MS 39232-8687</u>		
Name of Employer (Required) <u>Ergon Inc</u>		
Occupation (Required) <u>VP of Risk Management</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends Of Tate Reeves

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W M Ballard	08/19/2015	\$5,000.00
Mailing Address 318 Seaboard LN		
City, State, Zip Code Franklin, TN 37067-8275		
Name of Employer (Required) National Seating & Mobility		
Occupation (Required) CEO	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. Steven Watkins	07/10/2015	\$1,000.00
Mailing Address 4480 Highway 80 W		
City, State, Zip Code Jackson, MS 39209-5924		
Name of Employer (Required) Watkins Auto Sales, Inc.		
Occupation (Required) President, Vice Presidet	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. Irl Dean Rhodes	09/21/2015	\$250.00
Mailing Address 159 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9236		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Melvin A. Luter	07/17/2015	\$250.00
Mailing Address 52 Sandalwood Trail NE		
City, State, Zip Code Brookhaven, MS 39601-9450		
Name of Employer (Required) Retired		
Occupation (Required) Engineer/Forestry	Aggregate Year-to-date	\$350.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Fetzer Strategic Partners</u>	08/05/2015	\$1,000.00
Mailing Address <u>210 Person Street</u>		
City, State, Zip Code <u>Raleigh, NC 27601</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>Jack R Norris</u>	09/24/2015	\$250.00
Mailing Address <u>12216 Preservation Dr.</u>		
City, State, Zip Code <u>Gulfport, MS 39503-7069</u>		
Name of Employer (Required) <u>MSPA Board of Commissioners</u>		
Occupation (Required) <u>Vice President</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>Airbus Helicopters, Inc.</u>	09/17/2015	\$500.00
Mailing Address <u>1782 Airport Road</u>		
City, State, Zip Code <u>Columbus, MS 39701-9663</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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>Cynthia Baber Strunk</u>	09/25/2015	\$1,250.00
Mailing Address <u>3001 Beach Boulevard</u>		
City, State, Zip Code <u>Pascagoula, MS 39567</u>		
Name of Employer (Required) <u>Baber-Strunk Enterprises</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$1,250.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Puckett Machinery Company	09/14/2015	\$1,000.00
Mailing Address PO Box 321033		
City, State, Zip Code Flowood, MS 39232-1033		
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 HC Services Inc.	08/17/2015	\$1,000.00
Mailing Address P.O. Box 266		
City, State, Zip Code Laurel, MS 39441-0266		
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 Twin River Management Group, Inc.	07/01/2015	\$1,000.00
Mailing Address 100 Twin River Road		
City, State, Zip Code Lincoln, RI 02865-4835		
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 Ernie L. Clark	07/30/2015	\$500.00
Mailing Address PO Box 1007		
City, State, Zip Code Brookhaven, MS 39602-1007		
Name of Employer (Required) Ernie L. Clark Real Estate		
Occupation (Required) Realtor	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Bennett Hubbard Jr.	09/23/2015	\$6,000.00
Mailing Address PO Box 414		
City, State, Zip Code Magee, MS 39111-0414		
Name of Employer (Required) Advanced Health Care		
Occupation (Required) President	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-kind Food and Beverage</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Medical PAC -State	07/01/2015	\$936.77
Mailing Address PO Box 2548		
City, State, Zip Code Ridgeland, MS 39158-2548		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,936.77
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-kind Food & Beverage</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. James Lunsford	07/30/2015	\$750.00
Mailing Address 3955 Nail Road		
City, State, Zip Code Southaven, MS 38672-6739		
Name of Employer (Required) A&B Distributing Company		
Occupation (Required) Branch Manager	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) <u>In-kind Food & Beverage</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Lee Smart	07/30/2015	\$300.00
Mailing Address 7355 Allison Road		
City, State, Zip Code Olive Branch, MS 38654-9237		
Name of Employer (Required) Bank Plus		
Occupation (Required) Vice President	Aggregate Year-to-date	\$400.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-kind event space</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Bill Sones</u>	07/30/2015	\$550.00
Mailing Address <u>108 Noble Drive</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-3624</u>		
Name of Employer (Required) <u>Bank Of Brookhaven</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$550.00
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 in-kind printing</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stephens Printing, LLC</u>	08/03/2015	\$350.00
Mailing Address <u>642 Hwy 469 S</u>		
City, State, Zip Code <u>Florence, MS 39073-9064</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$470.00
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 in-kind printing</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stephens Printing, LLC</u>	09/17/2015	\$1,000.00
Mailing Address <u>642 Hwy 469 S</u>		
City, State, Zip Code <u>Florence, MS 39073-9064</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,470.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-kind food and Beverage</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dr. John D. Davis IV</u>	09/21/2015	\$1,250.23
Mailing Address <u>200 Bent Tree Cove</u>		
City, State, Zip Code <u>Flowood, MS 39232-8689</u>		
Name of Employer (Required) <u>New South Neurospine</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$1,250.23

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Neshoba County Fair	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	16800 Highway 21 S	07/25/2015	\$1,410.00
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursement (Optional) Event Expense		Aggregate Year-to-date	\$1,410.00
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5093	07/23/2015	\$255.15
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet & Phone Service		Aggregate Year-to-date	\$1,629.40
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5093	08/22/2015	\$266.93
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet & Phone Service		Aggregate Year-to-date	\$1,629.40
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5093	07/06/2015	\$55.00
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet & Phone Service		Aggregate Year-to-date	\$1,629.40
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5093	09/18/2015	\$55.00
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet & Phone Service		Aggregate Year-to-date	\$1,629.40
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	965 Highway 51 Suite 4	07/01/2015	\$508.25
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,521.54

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	07/23/2015	\$180.13
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$1,357.94
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	09/14/2015	\$180.13
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$1,357.94
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	07/03/2015	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$1,357.94
Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	07/03/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$9,275.00
Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	09/01/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$9,275.00
Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	08/01/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$9,275.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED DISBURSEMENTS

Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	07/01/2015	\$3,756.49
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$75,753.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	08/22/2015	\$2,490.14
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$75,753.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	07/01/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$75,753.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	09/01/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$75,753.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	07/20/2015	\$2,071.77
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$75,753.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	08/01/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$75,753.39

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	07/25/2015	\$1,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$75,753.39
Full Name	BKCD Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	08/04/2015	\$51.90
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$303.60
Full Name	BKCD Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	09/02/2015	\$51.90
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$303.60
Full Name	Imogene Ryan	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	421 Perkins Drive	07/29/2015	\$550.00
City, State, Zip Code	Brookhaven, MS 39601-4061		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$550.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	08/22/2015	\$1,217.29
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$46,354.36
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	07/23/2015	\$582.22
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$46,354.36

Name of Candidate or Committee Friends Of Tate Reeves
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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	08/22/2015	\$6,355.42
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$46,354.36
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	07/23/2015	\$3,958.42
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$46,354.36
Full Name	WRBE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3276 MS Hwy. 198	07/27/2015	\$550.00
City, State, Zip Code	Lucaledale, MS 39452-7914		
Purpose of Disbursement (Optional) Radio Live Remote		Aggregate Year-to-date	\$550.00
Full Name	South Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1010 S. Gloster Street	07/24/2015	\$640.00
City, State, Zip Code	Tupelo, MS 38801		
Purpose of Disbursement (Optional) Event Costs - Catering		Aggregate Year-to-date	\$640.00
Full Name	Bravo! Italian Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4500 I 55 N	07/01/2015	\$4,686.44
City, State, Zip Code	Jackson, MS 39211-5930		
Purpose of Disbursement (Optional) Event Expense - Catering		Aggregate Year-to-date	\$4,686.44
Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	08/22/2015	\$1,544.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Digital Services		Aggregate Year-to-date	\$5,144.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Date	Amount of each
People Lease	(Mo., Day, Year)	disbursement this period
Mailing Address	09/03/2015	\$16,388.78
689 Towne Center Boulevard Suite B		
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Aggregate	\$98,392.79
Payroll	Year-to-date	
Full Name	Date	Amount of each
People Lease	(Mo., Day, Year)	disbursement this period
Mailing Address	09/29/2015	\$16,388.78
689 Towne Center Boulevard Suite B		
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Aggregate	\$98,392.79
Payroll	Year-to-date	
Full Name	Date	Amount of each
Case Knight	(Mo., Day, Year)	disbursement this period
Mailing Address	07/28/2015	\$1,109.43
317 Private Road 1107		
City, State, Zip Code		
Oxford, MS 38655-8363		
Purpose of Disbursement (Optional)	Aggregate	\$2,515.30
Expense Reimbursement	Year-to-date	
Full Name	Date	Amount of each
Case Knight	(Mo., Day, Year)	disbursement this period
Mailing Address	09/04/2015	\$192.87
317 Private Road 1107		
City, State, Zip Code		
Oxford, MS 38655-8363		
Purpose of Disbursement (Optional)	Aggregate	\$2,515.30
Expense Reimbursement	Year-to-date	
Full Name	Date	Amount of each
Case Knight	(Mo., Day, Year)	disbursement this period
Mailing Address	07/10/2015	\$426.00
317 Private Road 1107		
City, State, Zip Code		
Oxford, MS 38655-8363		
Purpose of Disbursement (Optional)	Aggregate	\$2,515.30
Expense Reimbursement	Year-to-date	
Full Name	Date	Amount of each
The Embroidery Shop	(Mo., Day, Year)	disbursement this period
Mailing Address	08/22/2015	\$461.44
PO Box 398		
City, State, Zip Code		
Meadville, MS 39653-0398		
Purpose of Disbursement (Optional)	Aggregate	\$2,130.94
Printing	Year-to-date	

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Romie's Grocery	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	804 W. Jackson Street	07/31/2015	\$2,392.58
City, State, Zip Code	Tupelo, MS 38804-1960		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$2,392.58
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	09/01/2015	\$2,100.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Campaign Software		Aggregate Year-to-date	\$6,300.00
Full Name	Garrett McInnis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4701 Lakeland Drive Apt. 14A	09/18/2015	\$1,663.33
City, State, Zip Code	Flowood, MS 39232-9754		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$4,255.87
Full Name	Garrett McInnis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4701 Lakeland Drive Apt. 14A	07/10/2015	\$1,785.91
City, State, Zip Code	Flowood, MS 39232-9754		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$4,255.87
Full Name	The Neshoba Democrat	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 30	07/01/2015	\$1,110.00
City, State, Zip Code	Philadelphia, MS 39350-0030		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$1,110.00
Full Name	Weidmann's Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	210 22nd Avenue	07/20/2015	\$1,081.92
City, State, Zip Code	Meridian, MS 39301-5849		
Purpose of Disbursement (Optional) Event Costs - Catering		Aggregate Year-to-date	\$1,081.92

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	08/14/2015	\$185.25
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$3,490.47
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	08/31/2015	\$12.80
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Maintenance Fee		Aggregate Year-to-date	\$348.10
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	09/30/2015	\$35.30
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Maintenance Fee		Aggregate Year-to-date	\$348.10
Full Name	Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	248 E Capitol Street	08/03/2015	\$100.00
City, State, Zip Code	Jackson, MS 39201-2503		
Purpose of Disbursement (Optional) Internet Banking Fee		Aggregate Year-to-date	\$348.10
Full Name	Deluxe Corporation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3680 Victoria Street North	09/02/2015	\$53.69
City, State, Zip Code	Shoreview, MN 55126-2906		
Purpose of Disbursement (Optional) Checks and deposit slips		Aggregate Year-to-date	\$252.64
Full Name	Corbin Keown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6510 Masters Drive	09/11/2015	\$434.50
City, State, Zip Code	Olive Branch, MS 38654-8238		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$2,017.38

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Corbin Keown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6510 Masters Drive	07/20/2015	\$750.00
City, State, Zip Code	Olive Branch, MS 38654-8238		
Purpose of Disbursement (Optional) Intern stipend		Aggregate Year-to-date	\$2,017.38
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	08/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$92,945.10
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	07/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$92,945.10
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	07/25/2015	\$2,945.10
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Printing and Postage		Aggregate Year-to-date	\$92,945.10
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	09/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$92,945.10
Full Name	Mahaffey's Quality Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	355 W. Pearl Street	07/23/2015	\$291.60
City, State, Zip Code	Jackson, MS 39203-3002		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$291.60

Name of Candidate or Committee

Friends Of Tate Reeves

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ITEMIZED DISBURSEMENTS

Full Name	Rocky Creek Catfish	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4196 MS Hwy. 63	07/27/2015	\$1,737.38
City, State, Zip Code	Lucedale, MS 39452-7232		
Purpose of Disbursement (Optional) Event expense		Aggregate Year-to-date	\$1,737.38
Full Name	Tate Lewis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	201 West Capitol Street	08/22/2015	\$942.88
City, State, Zip Code	Jackson, MS 39201-2005		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$2,730.88
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	07/27/2015	\$700.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Database software		Aggregate Year-to-date	\$4,550.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	09/18/2015	\$700.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Database software		Aggregate Year-to-date	\$4,550.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	09/17/2015	\$1,000.00
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$54,565.06
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	07/09/2015	\$35,564.95
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$54,565.06

Name of Candidate or Committee

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ITEMIZED DISBURSEMENTS

Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	09/18/2015	\$2,177.45
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$54,565.06
Full Name	Soiree Gifts & Floral	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	919 MS Hwy. 51	08/04/2015	\$953.64
City, State, Zip Code	Madison, MS 39110-8407		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$953.64
Full Name	Mitchell's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1203 Hampton Drive	09/17/2015	\$2,400.00
City, State, Zip Code	Brookhaven, MS 39601-2699		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$2,560.50
Full Name	Mitchell's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1203 Hampton Drive	09/17/2015	\$160.50
City, State, Zip Code	Brookhaven, MS 39601-2699		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$2,560.50
Full Name	American Pharmacy Cooperative, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 728	08/03/2015	\$4,000.00
City, State, Zip Code	Bessemer, AL 35021-0728		
Purpose of Disbursement (Optional) Contribution Refund		Aggregate Year-to-date	\$4,000.00
Full Name	Rick Hux	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 295	08/22/2015	\$334.16
City, State, Zip Code	Seminary, MS 39479-0295		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$334.16

Name of Candidate or Committee

Friends Of Tate Reeves

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ITEMIZED DISBURSEMENTS

Full Name	Haley Grantham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	109 East Fork Drive	07/01/2015	\$1,500.00
City, State, Zip Code	Florence, MS 39073-9189		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$6,500.00
Full Name	Haley Grantham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	109 East Fork Drive	08/15/2015	\$2,000.00
City, State, Zip Code	Florence, MS 39073-9189		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$6,500.00
Full Name	Haley Grantham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	109 East Fork Drive	07/31/2015	\$1,500.00
City, State, Zip Code	Florence, MS 39073-9189		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$6,500.00
Full Name	R.J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	809 Division Street	09/23/2015	\$241.38
City, State, Zip Code	Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$1,991.42
Full Name	R.J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	809 Division Street	08/22/2015	\$264.55
City, State, Zip Code	Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$1,991.42
Full Name	R.J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	809 Division Street	07/23/2015	\$241.38
City, State, Zip Code	Nashville, TN 37203-4108		
Purpose of Disbursement (Optional) Copier Lease		Aggregate Year-to-date	\$1,991.42

Name of Candidate or Committee

Friends Of Tate Reeves

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ITEMIZED DISBURSEMENTS

Full Name	Improve Mississippi Political Action Committee (Impic)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 23021	09/30/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39225-3021		
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$10,000.00
Full Name	Gateway Billing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	08/04/2015	\$59.95
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$359.70
Full Name	Gateway Billing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 8999	09/02/2015	\$59.95
City, State, Zip Code	San Francisco, CA 94128-8999		
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$359.70
Full Name	Mississippi Independent Auto Dealers Associations INC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1705 Old Whitfield Road Suite A	08/03/2015	\$500.00
City, State, Zip Code	Pearl, MS 39208-9243		
Purpose of Disbursement (Optional) Contribution Refund		Aggregate Year-to-date	\$500.00
Full Name	Johnny Gentry	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	106 Bill Burnham Road	08/22/2015	\$1,312.01
City, State, Zip Code	Mendenhall, MS 39114-4659		
Purpose of Disbursement (Optional) Event catering		Aggregate Year-to-date	\$1,312.01
Full Name	Square Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		07/31/2015	\$16,338.78
City, State, Zip Code			
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$32,770.19

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ITEMIZED DISBURSEMENTS

Full Name	Square Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		08/04/2015	\$0.49
City, State, Zip Code			
Purpose of Disbursement (Optional) Credit Card Processing		Aggregate Year-to-date	\$32,770.19
Full Name	State Traditions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3625 1st Avenue South	09/14/2015	\$256.05
City, State, Zip Code	Birmingham, AL 35222-1801		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,450.95
Full Name	State Traditions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3625 1st Avenue South	08/28/2015	\$597.45
City, State, Zip Code	Birmingham, AL 35222-1801		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,450.95
Full Name	State Traditions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3625 1st Avenue South	09/23/2015	\$597.45
City, State, Zip Code	Birmingham, AL 35222-1801		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,450.95
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	08/20/2015	\$5,594.91
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing and Postage		Aggregate Year-to-date	\$9,551.89
Full Name	Amerimail Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 E South Street	07/20/2015	\$3,956.98
City, State, Zip Code	Jackson, MS 39201-5106		
Purpose of Disbursement (Optional) Printing and Postage		Aggregate Year-to-date	\$9,551.89

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

07/01/2015

through

09/30/2015

ITEMIZED DISBURSEMENTS

Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	815 Slaters Lane	07/03/2015	\$455.70
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$6,294.01
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	815 Slaters Lane	08/05/2015	\$5,838.31
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursement (Optional) Media production		Aggregate Year-to-date	\$6,294.01
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	09/03/2015	\$579.94
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$54,565.06
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	07/20/2015	\$3,647.04
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$33,097.48
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	09/25/2015	\$1,831.75
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$33,097.48
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	07/01/2015	\$646.41
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$33,097.48

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	08/01/2015	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional)	Grassroots Consulting	Aggregate Year-to-date	\$33,097.48
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	08/20/2015	\$1,632.20
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional)	Expense Reimbursement	Aggregate Year-to-date	\$33,097.48
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	07/01/2015	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional)	Grassroots Consulting	Aggregate Year-to-date	\$33,097.48
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	09/01/2015	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional)	Grassroots Consulting	Aggregate Year-to-date	\$33,097.48
Full Name	Mississippi Medical PAC -State	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 2548	07/01/2015	\$936.77
City, State, Zip Code	Ridgeland, MS 39158-2548		
Purpose of Disbursement (Optional)	Food and Beverage <i>m-kind</i>	Aggregate Year-to-date	\$936.77
Full Name	Mr. James Lunsford	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3955 Nail Road	07/30/2015	\$750.00
City, State, Zip Code	Southaven, MS 38672-6739		
Purpose of Disbursement (Optional)	Food and Beverage <i>m-kind</i>	Aggregate Year-to-date	\$750.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 07/01/2015 through 09/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	08/03/2015	\$350.00
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing	<i>in-kind</i>	Aggregate Year-to-date	\$54,565.06
Full Name	Mr. Lee Smart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7355 Allison Road	07/30/2015	\$300.00
City, State, Zip Code	Olive Branch, MS 38654-9237		
Purpose of Disbursement (Optional) Food and Beverage	<i>in-kind</i>	Aggregate Year-to-date	\$300.00
Full Name	Dr. John D. Davis IV	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Bent Tree Cove	09/25/2015	\$1,250.23
City, State, Zip Code	Flowood, MS 39232-8689		
Purpose of Disbursement (Optional) Food and Beverage	<i>in-kind</i>	Aggregate Year-to-date	\$1,250.23