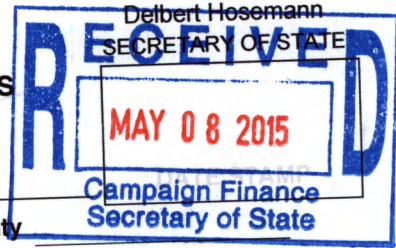


2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Vicki Slater
Address P. O. Box 23384 Jackson, MS 39225
Telephone (Work) (769) 257-7222 (Home) (Fax)
Contact Name Will Godfrey Email Address info@slaterformississippi.c
Office Sought Governor Political Party Democrat
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
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) Mandatory
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
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 case, 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 Secretary of State 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 deadline. Faxed reports are acceptable.

Table with 4 columns: Itemized + non-itemized, This Period, Calendar Year-To-Date. Rows include Total amount of contributions, Total amount of disbursements, and Total amount of cash on hand.

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate and complete.
Signature of Candidate: [Handwritten Signature]
Date: 5/8/2015

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 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 Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
3. Candidates for Municipal office should return forms to their Municipal Clerk.

Name of Candidate or Committee Vicki Slater

Reporting Period 1/1/2015 through 4/30/2015

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 Gail Swan Akin Mailing Address PO Box 133 City, State, Zip Code Clinton, MS 39060-0133 Name of Employer (Required) Self Occupation (Required) Attorney	04/23/2015	\$500.00
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) _____ Full Name Zaki Ali Mailing Address 522 W 8th St City, State, Zip Code Anderson, IN 46016-1388 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$1,000.00
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) _____ Full Name Earle S. Banks Sr. Mailing Address PO Box 2539 City, State, Zip Code Jackson, MS 39207-2539 Name of Employer (Required) Self Occupation (Required) Businessman	04/30/2015	\$1,000.00
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) _____ Full Name Douglas R. Beam Mailing Address 25 W New Haven Ave City, State, Zip Code Melbourne, FL 32901-4463 Name of Employer (Required) Self Occupation (Required) Attorney	04/29/2015	\$250.00
Aggregate year-to-date		\$250.00

Name of Candidate or Committee Vicki Slater

Reporting Period 1/1/2015 through 4/30/2015

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 Micah Belden Mailing Address 100 N Travis St City, State, Zip Code Sherman, TX 75090-0016 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$300.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brehm Bell Mailing Address 544 Main St City, State, Zip Code Bay St Louis, MS 39520-2730 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$250.00
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 Lisa Blue Baron Mailing Address 5950 Deloache Ave City, State, Zip Code Dallas, TX 75225-3005 Name of Employer (Required) Baron and Blue Occupation (Required) Attorney	03/19/2015	\$1,000.00
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 Keith D. Bodoh Mailing Address 990 Cobb Pkwy N City, State, Zip Code Marietta, GA 30062-2463 Name of Employer (Required) Robertson Bodoh & Nasrallah LLP Occupation (Required) Attorney	04/30/2015	\$250.00
Aggregate year-to-date		\$250.00

Name of Candidate or Committee Vicki Slater

Reporting Period 1/1/2015 through 4/30/2015

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 Lynne Bratcher Mailing Address PO Box 26156 City, State, Zip Code Kansas City, MO 64196-6156 Name of Employer (Required) Self	04/29/2015	\$500.00
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 Taylor Brinkley Mailing Address PO Box 31 City, State, Zip Code Hattiesburg, MS 39403-0031 Name of Employer (Required) Self	04/22/2015	\$400.00
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael S. Callahan Mailing Address 3120 Southwest Fwy City, State, Zip Code Houston, TX 77098-4509 Name of Employer (Required) The Callahan Law Firm	04/30/2015	\$500.00
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 Graham Carner Mailing Address 771 N Congress St City, State, Zip Code Jackson, MS 39202-3009 Name of Employer (Required) Self	04/17/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Vicki SlaterPage 5 of 34Reporting Period 1/1/2015 through 4/30/2015

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 Matthew A. Cartwright Mailing Address 672 N River St City, State, Zip Code Wilkes Barre, PA 18705-1036 Name of Employer (Required) Munley Munley & Cartwright, PC Occupation (Required) Attorney	02/25/2015	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Clark Mailing Address PO Box 1268 City, State, Zip Code Pascagoula, MS 39568-1268 Name of Employer (Required) Self Occupation (Required) Attorney	04/28/2015	\$500.00
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 Tena Clark Mailing Address 35 W Dayton St City, State, Zip Code Pasadena, CA 91105-2001 Name of Employer (Required) Self Occupation (Required) DMI	03/31/2015	\$2,500.00
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 James Clary Mailing Address 406 N 4th St City, State, Zip Code Baton Rouge, LA 70802-5506 Name of Employer (Required) Clary Law Firm, APLC Occupation (Required) Attorney	04/30/2015	\$1,000.00
Aggregate year-to-date		\$1,000.00

Name of Candidate or Committee Vicki Slater

Reporting Period 1/1/2015 through 4/30/2015

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 Scott Colom <hr/> Mailing Address PO Box 866 <hr/> City, State, Zip Code Columbus, MS 39703-0866 <hr/> Name of Employer (Required) Self	04/30/2015	\$1,000.00
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) _____		
Full Name Wilbur O. Colom <hr/> Mailing Address 406 3rd Ave N <hr/> City, State, Zip Code Columbus, MS 39701-3917 <hr/> Name of Employer (Required) The Colom Law Firm	03/20/2015	\$1,000.00
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) _____		
Full Name John Conard <hr/> Mailing Address 7582 Currell Blvd <hr/> City, State, Zip Code Woodbury, MN 55125-8214 <hr/> Name of Employer (Required) Self	04/30/2015	\$1,000.00
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) _____		
Full Name Roxanne Barton Conlin <hr/> Mailing Address 319 7th St <hr/> City, State, Zip Code Des Moines, IA 50309-3826 <hr/> Name of Employer (Required) Roxanne B. Conlin & Associates	04/23/2015	\$2,000.00
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00

Reporting Period 1/1/2015 through 4/30/2015

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 Nick Crawford Mailing Address PO Box 1335 City, State, Zip Code Greenville, MS 38702-1335 Name of Employer (Required) Self Occupation (Required) Attorney	04/09/2015	\$1,000.00
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 Martin Crump Mailing Address 1712 15th St City, State, Zip Code Gulfport, MS 39501-2140 Name of Employer (Required) DavidCrump Occupation (Required) Attorney	04/07/2015	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Davidson Mailing Address PO Box 321405 City, State, Zip Code Flowood, MS 39232-1405 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$500.00
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 Joey Diaz Jr. Mailing Address 208 Waterford Sq City, State, Zip Code Madison, MS 39110-6857 Name of Employer (Required) Self Occupation (Required) Attorney	03/27/2015	\$1,000.00
Aggregate year-to-date		\$2,000.00

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 Joey Diaz Jr. <hr/> Mailing Address 208 Waterford Sq <hr/> City, State, Zip Code Madison, MS 39110-6857 <hr/> Name of Employer (Required) Self	04/27/2015	\$1,000.00
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 Margaret Parish Ellis <hr/> Mailing Address PO Box 1850 <hr/> City, State, Zip Code Jackson, MS 39215-1850 <hr/> Name of Employer (Required) AG	04/23/2015	\$500.00
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 Ron Estefan <hr/> Mailing Address 2306 Mason St <hr/> City, State, Zip Code Houston, TX 77006-2032 <hr/> Name of Employer (Required) Self	04/27/2015	\$500.00
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 Victor Fleitas <hr/> Mailing Address 452 N Spring St <hr/> City, State, Zip Code Tupelo, MS 38804-3946 <hr/> Name of Employer (Required) Self	02/19/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

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 Eric Fong Mailing Address 569 Division St., Ste. A City, State, Zip Code Port Orchard, OR Name of Employer (Required) Self	03/31/2015	\$1,500.00
Occupation (Required) Attorney	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 Harry E. Forst Mailing Address 639 Loyola Ave City, State, Zip Code New Orleans, LA 70113-7108 Name of Employer (Required) Self	04/30/2015	\$500.00
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 O. Fayrell Furr Jr. Mailing Address PO Box 2909 City, State, Zip Code Myrtle Beach, SC 29578-2909 Name of Employer (Required) Furr Henshaw & Ohanesian	04/17/2015	\$1,000.00
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 Renee Galente Mailing Address 1260 Alta Vista Dr City, State, Zip Code Vista, CA 92084-5647 Name of Employer (Required) Galente Ganci, APC	03/19/2015	\$500.00
Occupation (Required) Trial Lawyer	Aggregate year-to-date	\$500.00

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 Brandi Denton Gatewood Mailing Address PO Box 828 City, State, Zip Code Ocean Springs, MS 39566-0828 Name of Employer (Required) Self	04/22/2015	\$1,000.00
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 Vicki L Gilliam Mailing Address PO Box 1303 City, State, Zip Code Clinton, MS 39060-1303 Name of Employer (Required) Self	03/27/2015	\$1,000.00
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 James E. Girards Mailing Address 6444 Mimosa Ln City, State, Zip Code Dallas, TX 75230-5137 Name of Employer (Required) The Girards Law Firm	04/29/2015	\$1,000.00
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 Betsy K. Greene Mailing Address 320 W 8th St City, State, Zip Code Bloomington, IN 47404-3745 Name of Employer (Required) Greene & Schultz Trial Lawyers Showers Plaza	03/19/2015	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$750.00

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 Betsy K. Greene Mailing Address 320 W 8th St City, State, Zip Code Bloomington, IN 47404-3745 Name of Employer (Required) Greene & Schultz Trial Lawyers Showers Plaza Occupation (Required) Attorney	04/30/2015	\$250.00
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 Judy M Guice Mailing Address PO Box 1919 City, State, Zip Code Biloxi, MS 39533-1919 Name of Employer (Required) Self Occupation (Required) Attorney	03/19/2015	\$1,000.00
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 Judy M Guice Mailing Address PO Box 1919 City, State, Zip Code Biloxi, MS 39533-1919 Name of Employer (Required) Self Occupation (Required) Attorney	04/22/2015	\$500.00
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 Andrea Hailey Mailing Address 2247 47th St NW City, State, Zip Code Washington, DC 20007-1034 Name of Employer (Required) None Occupation (Required) Student	04/23/2015	\$500.00
Aggregate year-to-date		\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Joe Clay Hamilton Mailing Address PO Box 2146 City, State, Zip Code Meridian, MS 39302-2146 Name of Employer (Required) Self	04/17/2015	\$1,000.00
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 Kevin Hamilton Mailing Address 451 Northpark Dr City, State, Zip Code Ridgeland, MS 39157-5109 Name of Employer (Required) The Hamilton Law Firm	04/24/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John F Hawkins Jr. Mailing Address PO Box 24627 City, State, Zip Code Jackson, MS 39225-4627 Name of Employer (Required) Hawkins Gibson	03/26/2015	\$1,000.00
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Vendor</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Haxton Construction Mailing Address City, State, Zip Code Name of Employer (Required)	04/07/2015	\$500.00
Occupation (Required)	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Dan Hofmann Mailing Address 101 N Throop St City, State, Zip Code Woodstock, IL 60098-3248 Name of Employer (Required) Donahue and Walsh Occupation (Required) Attorney	04/30/2015	\$500.00
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 Christina Huffman Mailing Address PO Box 33 City, State, Zip Code Jackson, MS 39205-0033 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$1,500.00
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 Nancy Iler Mailing Address 3305 Braemar Rd City, State, Zip Code Shaker Hts, OH 44120-3331 Name of Employer (Required) Not employed Occupation (Required) Lawyer	03/19/2015	\$1,000.00
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 Carroll Ingram Mailing Address PO Box 15039 City, State, Zip Code Hattiesburg, MS 39404-5039 Name of Employer (Required) Ingram Law Firm Occupation (Required) Attorney	04/22/2015	\$250.00
Aggregate year-to-date		\$250.00

Reporting Period 1/1/2015 through 4/30/2015

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 Janice Jackson Mailing Address 113 Greens View Dr City, State, Zip Code Madison, MS 39110-8050 Name of Employer (Required) Self Occupation (Required) Attorney	03/19/2015	\$250.00
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 Todd Jeffreys Mailing Address PO Box 1199 City, State, Zip Code Cleveland, MS 38732-1199 Name of Employer (Required) Self Occupation (Required) Attorney	04/23/2015	\$250.00
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 H. C. Johnson Mailing Address 297 Mary Magdalene Rd City, State, Zip Code Hattiesburg, MS 39401-8161 Name of Employer (Required) not employed Occupation (Required) not employed	03/31/2015	\$25.00
Aggregate year-to-date		\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H. C. Johnson Mailing Address 297 Mary Magdalene Rd City, State, Zip Code Hattiesburg, MS 39401-8161 Name of Employer (Required) not employed Occupation (Required) not employed	04/22/2015	\$200.00
Aggregate year-to-date		\$225.00

Reporting Period 1/1/2015 through 4/30/2015

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 Jennifer Ingram Johnson Mailing Address PO Box 15039 City, State, Zip Code Hattiesburg, MS 39404-5039 Name of Employer (Required) Ingram Law Firm Occupation (Required) Attorney	04/22/2015	\$250.00
		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 D. Richard Jones Mailing Address 1117 Perimeter Ctr City, State, Zip Code Atlanta, GA 30338-5417 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$500.00
		Aggregate year-to-date \$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Jones Mailing Address PO Box 282 City, State, Zip Code Petal, MS 39465-0282 Name of Employer (Required) Self Occupation (Required) Attorney	04/17/2015	\$200.00
		Aggregate year-to-date \$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Jones Mailing Address PO Box 282 City, State, Zip Code Petal, MS 39465-0282 Name of Employer (Required) Self Occupation (Required) Attorney	04/28/2015	\$200.00
		Aggregate year-to-date \$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julie Braman Kane Mailing Address 255 Aragon Ave City, State, Zip Code Coral Gables, FL 33134-5014 Name of Employer (Required) Colson Hicks Eidson Occupation (Required) Attorney	04/29/2015	\$250.00
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 Kristina N. Kastl Mailing Address 4144 N Central Expy City, State, Zip Code Dallas, TX 75204-3163 Name of Employer (Required) Kastl Law, PC Occupation (Required) Attorney	04/27/2015	\$1,000.00
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 Jared Kobs Mailing Address PO Box 2230 City, State, Zip Code Madison, MS 39130-2230 Name of Employer (Required) Self Occupation (Required) Attorney	03/27/2015	\$250.00
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 Celinda Lake Mailing Address 126 F St SE City, State, Zip Code Washington, DC 20003-2603 Name of Employer (Required) LRP Occupation (Required) Cosultant	03/25/2015	\$1,000.00
Aggregate year-to-date		\$1,000.00

Reporting Period 1/1/2015 through 4/30/2015

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>Vendor</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Landfair Solutions LLC Mailing Address 6035 Waverly Dr City, State, Zip Code Jackson, MS 39206-2508 Name of Employer (Required) 	03/31/2015	\$500.00
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 Virginia Lococo Mailing Address 10243 Central Ave City, State, Zip Code Diberville, MS 39540-4903 Name of Employer (Required) Self	04/23/2015	\$1,000.00
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 Walter Ludwig Mailing Address 1717 Lamont St NW City, State, Zip Code Washington, DC 20010-2600 Name of Employer (Required) Indigo Strategies LLC	03/19/2015	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,010.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Ludwig Mailing Address 1717 Lamont St NW City, State, Zip Code Washington, DC 20010-2600 Name of Employer (Required) Indigo Strategies LLC	04/28/2015	\$5.00
Occupation (Required)	Aggregate year-to-date	\$1,010.00

Reporting Period 1/1/2015 through 4/30/2015

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 Walter Ludwig Mailing Address 1717 Lamont St NW City, State, Zip Code Washington, DC 20010-2600 Name of Employer (Required) Indigo Strategies LLC Occupation (Required) Consultant	04/28/2015	\$5.00
Aggregate year-to-date		\$1,010.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Selene D Maddox Mailing Address 362 N Broadway St City, State, Zip Code Tupelo, MS 38804-3926 Name of Employer (Required) Self Occupation (Required) Attorney	03/31/2015	\$500.00
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 Reginald E. McKamie Mailing Address 1210 Antoine Dr City, State, Zip Code Houston, TX 77055-6950 Name of Employer (Required) McKamie, PC Occupation (Required) Attorney	04/28/2015	\$250.00
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 Alice McLarty Mailing Address Turtle Creek Centre, Ste. 1400 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) The McLarty Firm Occupation (Required) Attorney	03/19/2015	\$500.00
Aggregate year-to-date		\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Mike McMahan Mailing Address 46 Longwood Dr City, State, Zip Code Hattiesburg, MS 39402-3083 Name of Employer (Required) Self Occupation (Required) Attorney	04/13/2015	\$500.00
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 McMahan Mailing Address 46 Longwood Dr City, State, Zip Code Hattiesburg, MS 39402-3083 Name of Employer (Required) Self Occupation (Required) Attorney	04/13/2015	\$500.00
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 J. Conard Metcalf Mailing Address 2919 Valmont Rd City, State, Zip Code Boulder, CO 80301-1350 Name of Employer (Required) Valmont Sq. Offices Occupation (Required) Attorney	04/29/2015	\$250.00
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 Cindy Mitchell Mailing Address 1620 Anne Dr City, State, Zip Code Clarksdale, MS 38614-1802 Name of Employer (Required) Self Occupation (Required) Attorney	03/19/2015	\$2,500.00
Aggregate year-to-date		\$2,500.00

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 Shelli Morrison Mailing Address 120 E Corsicana St City, State, Zip Code Athens, TX 75751-2502 Name of Employer (Required) Self Occupation (Required) Attorney	04/29/2015	\$500.00
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 Frank Mungo Mailing Address 7310 Turfway Rd City, State, Zip Code Florence, KY 41042-4872 Name of Employer (Required) Self Occupation (Required) Attorney	04/29/2015	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Murphy Mailing Address PO Box 703 City, State, Zip Code Ocean Springs, MS 39566-0703 Name of Employer (Required) Self Occupation (Required) Attorney	04/06/2015	\$2,500.00
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 Naizby Mailing Address 652 Boston Post Rd City, State, Zip Code Guilford, CT 06437-2748 Name of Employer (Required) Marcarelli - Naizby Occupation (Required) Attorney	04/30/2015	\$500.00
Aggregate year-to-date		\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Stacy Pepper <hr/> Mailing Address 571 Highway 51 <hr/> City, State, Zip Code Ridgeland, MS 39157-2597 <hr/> Name of Employer (Required) Self	03/20/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Felecia Perkins <hr/> Mailing Address PO Box 21 <hr/> City, State, Zip Code Jackson, MS 39205-0021 <hr/> Name of Employer (Required) Self	03/27/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Persante <hr/> Mailing Address 9010 Roberts Rd <hr/> City, State, Zip Code Odessa, FL 33556-1957 <hr/> Name of Employer (Required) Self	04/30/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephan H. Peskin <hr/> Mailing Address 20 Vesey St <hr/> City, State, Zip Code New York, NY 10007-4231 <hr/> Name of Employer (Required) Tolmage Peskin Harris & Falick	04/29/2015	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2015 through 4/30/2015

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 Dave Peterson Mailing Address PO Box 13960 City, State, Zip Code Jackson, MS 39236-3960 Name of Employer (Required) Self Occupation (Required) Attorney	03/25/2015	\$250.00
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 Beth Ramey Mailing Address 8624 Bay Colony Dr City, State, Zip Code Indianapolis, IN 46234-2912 Name of Employer (Required) Self Occupation (Required) Attorney	03/19/2015	\$500.00
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 Richard Raspet Mailing Address PO Box 2595 City, State, Zip Code Oxford, MS 38655-4900 Name of Employer (Required) University of Mississippi Occupation (Required) Professor	03/31/2015	\$500.00
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 Apryl L Ready Mailing Address PO Box 8025 City, State, Zip Code Biloxi, MS 39535-8025 Name of Employer (Required) Self Occupation (Required) Attorney	03/31/2015	\$500.00
Aggregate year-to-date		\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Sarah Reese Mailing Address 750 Dr Martin Luther King Jr Blvd City, State, Zip Code Biloxi, MS 39530-3834 Name of Employer (Required) Self Occupation (Required) Attorney	04/22/2015	\$500.00
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 Jim Reeves, Jr. Mailing Address PO Box 1388 City, State, Zip Code Biloxi, MS 39533-1388 Name of Employer (Required) Reeves & Mestayer, PLLC Occupation (Required) Attorney	04/22/2015	\$1,000.00
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 Phil Renfrow Mailing Address 304 Cave River Dr City, State, Zip Code Murphy, TX 75094-4355 Name of Employer (Required) AnjelDesign Occupation (Required) Creative Director	03/19/2015	\$500.00
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 Sarah Rivin Mailing Address City, State, Zip Code Houston, TX Name of Employer (Required) Self Occupation (Required) Communications	02/28/2015	\$1,500.00 IN-KIND CONTRIBUTION DESCRIPTION:
Aggregate year-to-date		\$1,500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Charliene Roemer Mailing Address PO Box 211 City, State, Zip Code Biloxi, MS 39533-0211 Name of Employer (Required) Self Occupation (Required) Attorney	03/31/2015	\$500.00
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 Lisa Mishune Ross Mailing Address PO Box 11264 City, State, Zip Code Jackson, MS 39283-1264 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$250.00
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 Karen K Sawyer Mailing Address PO Box 10 City, State, Zip Code Gulfport, MS 39502-0010 Name of Employer (Required) Self Occupation (Required) Attorney	03/31/2015	\$500.00
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 Renee Schaeffer Mailing Address 110 D St SE City, State, Zip Code Washington, DC 20003-1823 Name of Employer (Required) Schaeffer Strategies Occupation (Required) Consultant	02/28/2015	\$3,500.00 IN-KIND CONTRIBUTION DESCRIPTION:
Aggregate year-to-date		\$4,362.03

Reporting Period 1/1/2015 through 4/30/2015

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 Renee Schaeffer Mailing Address 110 D St SE City, State, Zip Code Washington, DC 20003-1823 Name of Employer (Required) Schaeffer Strategies Occupation (Required) Consultant	03/19/2015	\$115.00 IN-KIND CONTRIBUTION DESCRIPTION: travel expenses
Aggregate year-to-date		\$4,362.03
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renee Schaeffer Mailing Address 110 D St SE City, State, Zip Code Washington, DC 20003-1823 Name of Employer (Required) Schaeffer Strategies Occupation (Required) Consultant	03/22/2015	\$747.03 IN-KIND CONTRIBUTION DESCRIPTION:
Aggregate year-to-date		\$4,362.03
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) None Occupation (Required) N/A	03/27/2015	\$200.00 Aggregate year-to-date
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) None Occupation (Required) N/A	04/23/2015	\$200.00 Aggregate year-to-date
Aggregate year-to-date		\$400.00

Reporting Period 1/1/2015 through 4/30/2015

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 Sara Morris Schock Mailing Address PO Box 1858 City, State, Zip Code Hattiesburg, MS 39403-1858 Name of Employer (Required) Morris Sakalarios Occupation (Required) Attorney	03/31/2015	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard B. Schwartz Mailing Address 162 E Amite St City, State, Zip Code Jackson, MS 39201-2118 Name of Employer (Required) Self Occupation (Required) Attorney	03/13/2015	\$1,000.00
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 Ronald Shows Mailing Address 20 Golf Club Rd City, State, Zip Code Hattiesburg, MS 39402-7953 Name of Employer (Required) AUX Initiatives, LLC Occupation (Required) Lobbyist	04/06/2015	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Slater Mailing Address 140 Cross Creek Dr City, State, Zip Code Madison, MS 39110-7304 Name of Employer (Required) EBS Occupation (Required) benefits administrator	04/30/2015	\$500.00
Aggregate year-to-date		\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Vicki Slater	04/30/2015	\$10,000.00
Mailing Address 121 Fenwick Cir		
City, State, Zip Code Madison, MS 39110-7783		
Name of Employer (Required) Self		
Occupation (Required) Attorney	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 Gerry L. Spence	04/22/2015	\$1,000.00
Mailing Address PO Box 548		
City, State, Zip Code Jackson, WY 83001-0548		
Name of Employer (Required) The Spence Law Firm		
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 J. Kevin Stockstill	04/30/2015	\$500.00
Mailing Address 102 Versailles Blvd		
City, State, Zip Code Lafayette, LA 70501-6703		
Name of Employer (Required) Self		
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 Philip Thomas	04/28/2015	\$250.00
Mailing Address PO Box 24464		
City, State, Zip Code Jackson, MS 39225-4464		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2015 through 4/30/2015

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 Nina Stubblefield Tollison Mailing Address PO Box 1192 City, State, Zip Code Oxford, MS 38655-1192 Name of Employer (Required) Self Occupation (Required) Attorney	04/07/2015	\$500.00
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 Mark C. Wagner Mailing Address 6512 20th Street Ct W City, State, Zip Code Tacoma, WA 98466-6212 Name of Employer (Required) Law Office of Mark C. Wagner Occupation (Required) Attorney	03/19/2015	\$500.00
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 Jim Waide Mailing Address PO Box 1357 City, State, Zip Code Tupelo, MS 38802-1357 Name of Employer (Required) Self Occupation (Required) Attorney	04/30/2015	\$500.00
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 Alma Walls Mailing Address PO Box 236 City, State, Zip Code Clarksdale, MS 38614-0236 Name of Employer (Required) Self Occupation (Required) Attorney	03/19/2015	\$500.00
Aggregate year-to-date		\$500.00

Reporting Period 1/1/2015 through 4/30/2015

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 Stephen Watrel <hr/> Mailing Address 6129 Atlantic Blvd <hr/> City, State, Zip Code Jacksonville, FL 32211-7504 <hr/> Name of Employer (Required) Steve Watrel, PA <hr/> Occupation (Required) Attorney	04/30/2015	\$250.00
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 Jason C. Webster <hr/> Mailing Address 6200 Savoy Dr <hr/> City, State, Zip Code Houston, TX 77036-3369 <hr/> Name of Employer (Required) Matthews & Associates <hr/> Occupation (Required) Attorney	04/29/2015	\$500.00
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 Chris Weldy <hr/> Mailing Address 105 N College St <hr/> City, State, Zip Code Brandon, MS 39042-3167 <hr/> Name of Employer (Required) Self <hr/> Occupation (Required) Attorney	04/07/2015	\$250.00
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 Glenn White <hr/> Mailing Address PO Box 672 <hr/> City, State, Zip Code Petal, MS 39465-0672 <hr/> Name of Employer (Required) Self <hr/> Occupation (Required) Attorney	04/30/2015	\$500.00
Aggregate year-to-date		\$500.00

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 Mark Wiggs Mailing Address 917 Arlington St City, State, Zip Code Jackson, MS 39202-1621 Name of Employer (Required) Self Occupation (Required) Attorney	04/07/2015	\$250.00
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>Vendor</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Williams, Williams & Montgomery P. A. Mailing Address PO Box 113 City, State, Zip Code Poplarville, MS 39470-0113 Name of Employer (Required) 	04/17/2015	\$500.00
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 Ed A. Williamson Mailing Address 509 S Church Ave City, State, Zip Code Philadelphia, MS 39350-2502 Name of Employer (Required) Self Occupation (Required) Attorney	04/06/2015	\$5,000.00
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 Robert Wiygul Mailing Address 1011 Iberville Dr City, State, Zip Code Ocean Springs, MS 39564-2919 Name of Employer (Required) Self Occupation (Required) Attorney	04/07/2015	\$1,000.00
Aggregate year-to-date		\$1,000.00

Reporting Period 1/1/2015 through 4/30/2015

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 Mark Worthey Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required) Geologist	04/13/2015	\$2,500.00
	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 ZACKARY ZUROWESTE Mailing Address 1162 Deerwood Ln City, State, Zip Code Oldsmar, FL 34677-6324 Name of Employer (Required) SELF Occupation (Required) ATTORNEY	04/30/2015	\$250.00
	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Vicki Slater

Reporting Period 1/1/2015 through 4/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
A-1 Lock & Safe		
Mailing Address		
PO Box 180300	03/24/2015	\$481.63
City, State, Zip Code		
Richland, MS 39218-0300		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$481.63
Office locks		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comcast		
Mailing Address		
1701 John F Kennedy Blvd	04/13/2015	\$500.00
City, State, Zip Code		
Philadelphia, PA 19103-2833		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$500.00
Utilities		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comfort Inn		
Mailing Address		
122 Plaza Dr	04/23/2015	\$463.96
City, State, Zip Code		
Hattiesburg, MS 39402-1391		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$463.96
Travel		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Dallas Printing		
Mailing Address		
PO Box 902	04/17/2015	\$548.54
City, State, Zip Code		
Jackson, MS 39205-0902		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$548.54
Stationary		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Indigo Strategies		
Mailing Address		
1312 9th St NW	03/31/2015	\$17,157.50
City, State, Zip Code		
Washington, DC 20001-4208		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$25,657.50
Payroll		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Indigo Strategies		
Mailing Address		
1312 9th St NW	04/01/2015	\$8,500.00
City, State, Zip Code		
Washington, DC 20001-4208		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$25,657.50
Consulting fee		

Name of Candidate or Committee Vicki SlaterReporting Period 1/1/2015 through 4/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
La Quinta Inn and Suites	04/24/2015	\$443.48
Mailing Address 957 Cedar Lake Rd		
City, State, Zip Code Biloxi, MS 39532-2128		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$443.48
Full Name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 832 N Congress St	04/14/2015	\$2,500.00
City, State, Zip Code Jackson, MS 39202-2551		
Purpose of Disbursement (Optional) partial voter file payment	Aggregate year-to-date	\$2,500.00
Full Name Ridgeway Management Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 187	04/01/2015	\$1,750.00
City, State, Zip Code Jackson, MS 39205-0187		
Purpose of Disbursement (Optional) Office rent	Aggregate year-to-date	\$1,750.00
Full Name Sarah Rivin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04/09/2015	\$700.00
City, State, Zip Code Houston, TX		
Purpose of Disbursement (Optional) Housing Stipend	Aggregate year-to-date	\$700.00
Full Name Southern Oaks Catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1246 Richburg Rd	04/21/2015	\$1,045.60
City, State, Zip Code Hattiesburg, MS 39402-8668		
Purpose of Disbursement (Optional) Event Catering	Aggregate year-to-date	\$1,045.60
Full Name The Redding House	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 770 Jackson St	04/21/2015	\$1,500.00
City, State, Zip Code Biloxi, MS 39530-4208		
Purpose of Disbursement (Optional) Event Catering	Aggregate year-to-date	\$1,500.00

Name of Candidate or Committee Vicki SlaterReporting Period 1/1/2015 through 4/30/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
United States Post Office	04/14/2015	\$147.00
Mailing Address		
City, State, Zip Code Jackson, MS 39201		
Purpose of Disbursement (Optional) Postage	Aggregate year-to-date	\$294.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
United States Post Office	04/22/2015	\$147.00
Mailing Address		
City, State, Zip Code Jackson, MS 39201		
Purpose of Disbursement (Optional) Postage	Aggregate year-to-date	\$294.00