

Name of Candidate or Committee KEVIN MCGEE
 Reporting period 1-1-10 through 12-31-10

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
MAYOR GARY RHODOS	5/25/10	\$ 500 -
Mailing Address		
225 BIRCH LAKE	1/1/	\$
City, State, Zip Code		
Flowood MS 39232	1/1/	\$
Name of Employer (Required)		
Occupation (Required)	1/1/	\$
Aggregate year-to-date		\$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
JOE MAC HUSPETH JR	5/25/10	\$ 250 -
Mailing Address		
103 HICKORY COVE	1/1/	\$
City, State, Zip Code		
BRANDON MS 39047	1/1/	\$
Name of Employer (Required)		
Occupation (Required)	1/1/	\$
Aggregate year-to-date		\$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
J. KEVIN WATSON	5/25/10	\$ 500 -
Mailing Address		
P.O. Box 23546	1/1/	\$
City, State, Zip Code		
JACKSON MS 39225	1/1/	\$
Name of Employer (Required)		
Occupation (Required)	1/1/	\$
Aggregate year-to-date		\$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
TOWER LOAN	5/25/10	\$ 500 -
Mailing Address		
P.O. Box 320001	1/1/	\$
City, State, Zip Code		
Flowood MS 39232	1/1/	\$
Name of Employer (Required)		
Occupation (Required)	1/1/	\$
Aggregate year-to-date		\$

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
WILSONS TERMITE	6/1/10	\$ 250 ⁻
Mailing Address		
206 A. E. GOVERNMENT ST	1/1/	\$
City, State, Zip Code		
BRANDON MS 39042	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
FRIENDS OF PHIL BRYANT	5/26/10	\$ 500 ⁻
Mailing Address		
P.O. Box 5141	1/1/	\$
City, State, Zip Code		
BRANDON MS 39047	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
THOMAS + MICHELLE HARRIS	5/25/10	\$ 250 ⁻
Mailing Address		
100 BUCKINGHAM PL	1/1/	\$
City, State, Zip Code		
BRANDON MS 39047	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
GARY + DAM HARKINS	7/2/10	\$ 250 ⁻
Mailing Address		
	1/1/	\$
City, State, Zip Code		
BRANDON MS 39047	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

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KEVIN MCGEE

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

MS POWER PAC

Date
(Mo., Day, Year)

10/25/10

Amount of each
receipt
this period\$ 250⁰⁰

Mailing Address

P.O. Box 4079

City, State, Zip Code

GULFPORT MS 39502

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

GEORGIA PACIFIC

Date
(Mo., Day, Year)

12/28/10

Amount of each
receipt
this period\$ 250⁰⁰

Mailing Address

P.O. Box 61270

City, State, Zip Code

PHOENIX AZ 85082

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Date
(Mo., Day, Year)

___/___/___

Amount of each
receipt
this period

\$

Mailing Address

___/___/___

\$

City, State, Zip Code

___/___/___

\$

Name of Employer (Required)

___/___/___

\$

Occupation (Required)

Aggregate
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Date
(Mo., Day, Year)

___/___/___

Amount of each
receipt
this period

\$

Mailing Address

___/___/___

\$

City, State, Zip Code

___/___/___

\$

Name of Employer (Required)

___/___/___

\$

Occupation (Required)

Aggregate
year-to-date

\$

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ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
KEVIN MCGEE		3/3/10	\$ 400 ⁻
Mailing Address			
408 PORT ARBOR		4/2/10	\$ 1500 ⁻
City, State, Zip Code			
BRANDON MS 39047			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
RE-MBURY			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
RANKIN CO REPUBLICAN PARTY		4/15/10	\$ 310 ⁰⁰
Mailing Address			
205 SUNRISE POINT DR		1/1/10	\$
City, State, Zip Code			
BRANDON MS 39047			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
SERVICE PRINTERS INC		7/28/10	\$ 411 ⁻
Mailing Address			
1014 N. FLOWOOD DR		1/1/10	\$
City, State, Zip Code			
FLOWOOD MS 39232			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
ING RELISTAR INSURANCE CO		8/10/10	\$ 425 ⁻
Mailing Address			
P.O. Box 5044		1/1/10	\$
City, State, Zip Code			
MINOT ND 58702-5044			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
STEVEN PALAZZO FOR CONGRESS		8/12/10	\$ 500 ⁰⁰
Mailing Address			
Biloxi MS		1/1/10	\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
NORTHWEST RANKIN FOOTBALL		9/5/10	\$ 500 ⁻
Mailing Address			
5805 HWY 25		1/1/10	\$
City, State, Zip Code			
FLOWOOD MS 39047			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
RAAIO AA			

Name of Candidate or Committee

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ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
CAPITAL ONE		10/18/10	\$ 540 ⁻
Mailing Address			
P.O. Box 60599			
City, State, Zip Code			
CITY OF INDUSTRY, CA 91716			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$