2008 ELECTION CYCLE
CPR – SS 08-01(b)

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JAN 30 2009
CAMPAIGN FINANCE/LOBBYING UNIT
SECRETARY OF STATE

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Friends of Warner McBride

Address 7697 Eureka Rd Courtland, Ms. 38620 County Panola

Telephone (Work) _____ (Home) 662-563-9607 (Fax) _____

Contact Name Corie Rivers, CPA Email Address corierivers@yahoo.com

Office Sought State Representative - District 10 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ **October 28, 2008** **Pre-Election Report** (January 1, 2008, through October 25, 2008).....**Mandatory**

___ **November 18, 2008** **Pre-Runoff Report** (October 26, 2008, through November 15, 2008).....**Runoff Candidates**

✓ **January 31, 2009** **Annual Report** (January 1, 2008, through December 31, 2008).....**Mandatory**

___ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

(1) Periodic 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 appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized)	(non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	$ 57,050.00	+ $ 10,925.00	$ 67,975.00	$ 67,975.00
Total amount of disbursements	$ 14,348.30	+ $ 4,544.55	$ 18,892.85	$ 18,892.85

Total amount of cash on hand $ 49,082.15

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

Warner F. McBride
(Signature of Candidate)

12/30/09
(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 Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Bradford Dye III	10/10/08	$ 500.00
Mailing Address: 904 S 11th St.	__/__/__	$
City, State, Zip Code: Oxford, Ms. 38655	__/__/__	$
Name of Employer (Required): self	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Strickland, O.D.	11/14/08	$ 400.00
Mailing Address: 2167 S Lamar Blvd	__/__/__	$
City, State, Zip Code: Oxford, Ms. 38655	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Optometrist	Aggregate year-to-date	$ 400.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. John Fulkenwider	10/21/08	$ 500.00
Mailing Address: P.O. Box 2020	__/__/__	$
City, State, Zip Code: Oxford, Ms. 38655	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EPA PAC	10/15/08	$ 500.00
Mailing Address: P.O. Box 3300	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MADA	6/13/08	$ 5000.00
Mailing Address: 800 Woodland Pkwy, STE 100	10/7/08	$ 1000.00
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 6000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JJ Ferguson Sand & Gravel, Inc.	10/17/08	$ 500.00
Mailing Address: P.O. Drawer 660	__/__/__	$
City, State, Zip Code: Greenwood, MS 38935-0660	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dozer, LLC	10/27/08	$ 1000.00
Mailing Address: P.O. Box 2031	__/__/__	$
City, State, Zip Code: Natchez, MS 39121	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hill Brothers Construction Co., Inc.	10/23/08	$ 1000.00
Mailing Address: P.O. Box 131	__/__/__	$
City, State, Zip Code: Falkner, MS 38629	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMHA VPAC	10/28/08	$ 500.00
Mailing Address: P.O. Box 320369	10/27/08	$ 200.00
City, State, Zip Code: Flowood, Ms. 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 700.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: APAC Mississippi PAC	10/27/08	$ 1000.00
Mailing Address: 101 Const. Ave NW, Ste 1000 West	__/__/__	$
City, State, Zip Code: Washington, DC 20001	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wal PAC	7/8/08	$ 500.00
Mailing Address: 702 SW 8th St.	__/__/__	$
City, State, Zip Code: Bentonville, Ark 72716-0150	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kenneth Geno, Jr.	10/24/08	$ 500.00
Mailing Address: 103 Parkwood Garden St.	__/__/__	$
City, State, Zip Code: Booneville, Ms. 38829	__/__/__	$
Name of Employer (Required): Cook Loggins Engineering	__/__/__	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee: Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hunter Fordice	10/24/08	$ 500.00
Mailing Address: P.O. Box 1101	__/__/__	$
City, State, Zip Code: Vicksburg, Ms. 39181	__/__/__	$
Name of Employer (Required): self	__/__/__	$
Occupation (Required): contractor	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sunbelt Sealing, Inc.	10/24/08	$ 500.00
Mailing Address: P.O. Box 3770	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39207-3770	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Riverside Traffic Systems, Inc.	10/23/08	$ 1000.00
Mailing Address: 1283 Hwy 178 W	__/__/__	$
City, State, Zip Code: New Albany, Ms. 38652	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dungan Engineering PA	10/23/08	$ 1000.00
Mailing Address: P.O. Box 150	__/__/__	$
City, State, Zip Code: Columbia, Ms. 39429	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marcus Hooker	10/24/08	$ 1000.00
Mailing Address: 37 W Lake Lee Rd	__/__/__	$
City, State, Zip Code: Greenville, Ms. 38701-9512	__/__/__	$
Name of Employer (Required): self	__/__/__	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Eley	10/23/08	$ 500.00
Mailing Address: 1115 Maple St.	__/__/__	$
City, State, Zip Code: Cleveland, Ms. 38732	__/__/__	$
Name of Employer (Required): self	__/__/__	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Truck-PAC	10/21/08	$ 500.00
Mailing Address: 825 N. President St.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39202-3002	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Neel-Schaffer	10/23/08	$ 1000.00
Mailing Address: P.O. Box 22625	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39225-2625	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Talbot Bros Contracting Co Inc.	10/25/08	$ 500.00
Mailing Address: P.O. Box 364	__/__/__	$
City, State, Zip Code: Nesbit, Ms. 38651	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edward Springer	10/30/08	$ 500.00
Mailing Address: 111 Woodcrest Dr.	__/__/__	$
City, State, Zip Code: Starkville, Ms. 39759	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Barton	10/27/08	$ 300.00
Mailing Address: P.O. Box 9	__/__/__	$
City, State, Zip Code: Raymond, Ms. 39154	__/__/__	$
Name of Employer (Required): Ms. Roadbuilders Assn.	__/__/__	$
Occupation (Required): Ex. Director	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MACPAC	10/27/08	$ 1000.00
Mailing Address: 711 N President St.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39205-0904	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clare Hester	10/27/08	$ 500.00
Mailing Address: 148 Oakhurst Trail	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Government Relations	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Friedkin Business Services	10/20/08	$ 1000.00
Mailing Address: P.O. Box 41143	__/__/__	$
City, State, Zip Code: Houston, Tx 77241-1143	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Key LLC	10/27/08	$ 1000.00
Mailing Address: P.O. Box 590	__/__/__	$
City, State, Zip Code: Madison, Ms. 39130-0590	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Blain Companies	10/24/08	$ 500.00
Mailing Address: P.O. Box 1208	__/__/__	$
City, State, Zip Code: Mt. Olive, Ms. 39119	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe McGee Const. Co., Inc.	10/27/08	$ 1000.00
Mailing Address: P.O. Box 340	__/__/__	$
City, State, Zip Code: Lake, Ms. 39092	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J Lyle	10/27/08	$ 333.00
Mailing Address: P.O. Box 23087	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39225	__/__/__	$
Name of Employer (Required): Lyle Machinery	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 333.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Daniel Lyle	10/27/08	$ 333.00
Mailing Address: 1007 Turnberry Ln	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157	__/__/__	$
Name of Employer (Required): Lyle Machinery	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 333.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Lyle, Jr.	10/27/08	$ 334.00
Mailing Address: 239 Rolling Meadows Rd.	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157	__/__/__	$
Name of Employer (Required): Lyle Machinery	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 334.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Memphis Stone + Gravel Co.	10/22/08	$ 500.00
Mailing Address: P.O. Box 1683	__/__/__	$
City, State, Zip Code: Memphis, Tn. 38101	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lehman-Roberts Co.	10/22/08	$ 500.00
Mailing Address: P.O. Box 1603	__/__/__	$
City, State, Zip Code: Memphis, Tn. 38101	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMC Materials, Inc.	10/27/08	$ 1000.00
Mailing Address: P.O. Box 2569	__/__/__	$
City, State, Zip Code: Madison, Ms. 39130	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Burns Cooley Dennis, Inc.	10/27/08	$ 300.00
Mailing Address: P.O. Box 1228	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Concrete Paving PAC	10/27/08	$ 500.00
Mailing Address: 7065 I-55 S Frontage Rd	__/__/__	$
City, State, Zip Code: Byram, Ms. 39272	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TL Wallace Const., Inc.	10/24/08	$ 1000.00
Mailing Address: P.O. Box 523	__/__/__	$
City, State, Zip Code: Columbia, Ms. 39429	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Necaise Const. Co, Inc.	10/27/08	$ 1000.00
Mailing Address: P.O. Box 572	__/__/__	$
City, State, Zip Code: Hattiesburg, Ms. 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Benlaw Ventures, Inc.	10/27/08	$ 1000.00
Mailing Address: P.O. Box 572	__/__/__	$
City, State, Zip Code: Hattiesburg, Ms. 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lawrence Warren	10/27/08	$ 2000.00
Mailing Address: P.O. Box 572	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Contractor	Aggregate year-to-date	$ 2000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Warren Awing, Inc.	10/27/08	$ 1000.00
Mailing Address: P.O. BOX 572	__/__/__	$
City, State, Zip Code: Hattiesburg, MS. 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eutaw Const. Co., Inc.	10/27/08	$ 1000.00
Mailing Address: P.O. Box 36	__/__/__	$
City, State, Zip Code: Aberdeen, MS. 39730	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Traffic Control Products Co., Inc.	10/27/08	$ 250.00
Mailing Address: P.O. Box 820	__/__/__	$
City, State, Zip Code: Brandon, MS. 39043	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms AGC PAC	10/24/08	$ 500.00
Mailing Address: P.O. Box 12615	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: American Field Service Corp.	10/27/08	$ 1000.00
Mailing Address: 110 American Way	__/__/__	$
City, State, Zip Code: Madison, Ms. 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ATWood Fence Co., Inc.	10/28/08	$ 1000.00
Mailing Address: P.O. Box 565	__/__/__	$
City, State, Zip Code: Kosciusko, Ms 39090-0565	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dunn Roadbuilders LLC	10/24/08	$ 500.00
Mailing Address: P.O. Box 6560	__/__/__	$
City, State, Zip Code: Laurel, Ms. 39441-6560	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dewayne Boyd	10/27/08	$ 1000.00
Mailing Address: 2649 Neil Collins Rd	__/__/__	$
City, State, Zip Code: Raymond, Ms. 39154	__/__/__	$
Name of Employer (Required): APAC	__/__/__	$
Occupation (Required): Contractor	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dickerson & Bowen	10/27/08	$ 500.00
Mailing Address: P.O. Box 1008	__/__/__	$
City, State, Zip Code: Brookhaven, Ms. 39602	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.C. Cheek Contractors, Inc.	10/27/08	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: Kosciusko, Ms. 39090	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Stone	10/27/08	$ 1000.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Booneville, Ms. 38829	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Contractor	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C & G Railroad	10/27/08	$ 1000.00
Mailing Address: 1200C Scottsville Rd, STE 200	__/__/__	$
City, State, Zip Code: Rochester, NY 14624	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Co.	10/16/08	$ 1000.00
Mailing Address: 2500 Lou Menk Dr., AOB-3	__/__/__	$
City, State, Zip Code: Fort Worth, Tx 76131	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corp.	10/22/08	$ 500.00
Mailing Address: Three Commercial Place	__/__/__	$
City, State, Zip Code: Norfolk, VA 23510-2191	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Concrete Industries Assn., Inc.	10/2/08	$ 1000.00
Mailing Address: 6700 Old Canton Rd Ste K	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Meridian Southern Railway	10/30/08	$ 1000.00
Mailing Address: 25 Delphine St.	__/__/__	$
City, State, Zip Code: Owego, NY 13827	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DVA/HC PAC	11/3/08	$ 500.00
Mailing Address: P.O. Box 7434	__/__/__	$
City, State, Zip Code: Mobile, Al 36670	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Buchart-Horn Inc.	11/14/08	$ 500.00
Mailing Address: P.O. Box 15040	__/__/__	$
City, State, Zip Code: York, Pa. 17405	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KCS Rail PAC-State PAC	10/15/08	$ 500.00
Mailing Address: P.O. Box 219335	__/__/__	$
City, State, Zip Code: Kansas City, Mo. 64121-9335	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Terrell Temple	11/10/08	$ 1000.00
Mailing Address: 9571 Center Hill Martin Rd.	__/__/__	$
City, State, Zip Code: Meridian, Ms, 39305	__/__/__	$
Name of Employer (Required): Engineering Plus, Inc.	__/__/__	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad Co.	10/29/08	$ 1000.00
Mailing Address: P.O. Box 5025	__/__/__	$
City, State, Zip Code: Troy, Michigan 48007-5025	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Oxford Sand Co., Inc.	11/6/08	$ 500.00
Mailing Address: 107 Cedar Hill Dr.	__/__/__	$
City, State, Zip Code: Oxford, Ms. 38655	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT+T	9/29/08	$ 500.00
Mailing Address: 175 E Capital St.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Friends of Omar McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Motorola	11/4/08	$ 500.00
Mailing Address: P.O. Box 68429	__/__/__	$
City, State, Zip Code: Schaumburg, Illinois 60168	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fed Ex PAC	12/18/08	$ 1000.00
Mailing Address: 9425 Shady Grove Rd	__/__/__	$
City, State, Zip Code: Memphis, Tn. 38120	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson PAC	12/17/08	$ 500.00
Mailing Address: P.O. Box 14167	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check into Cash of Ms., Inc.	9/25/08	$ 250.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Cleveland, Tn. 37364-0550	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevron	7/3/08	$ 1000.00
Mailing Address	__/__/__	$
City, State, Zip Code: Pascagoula, Ms.	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Dental PAC	9/3/08	$ 500.00
Mailing Address: 2630 Ridgewood Rd	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Zeneca Services	8/21/08	$ 400.00
Mailing Address: P.O. Box 15437	__/__/__	$
City, State, Zip Code: Wilmington, DE 19850	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Independent RX PAC	11/20/08	$ 250.00
Mailing Address: 4209 Lakeland Dr.	__/__/__	$
City, State, Zip Code: Flowood, Ms. 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas Hodge, DMD, PA	11/16/08	$ 500.00
Mailing Address: P.O. Box 473	__/__/__	$
City, State, Zip Code: Batesville, Ms. 38606	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Jernigan	11/4/08	$ 250.00
Mailing Address: 370 Dover Run Rd.	__/__/__	$
City, State, Zip Code: Batesville, Ms. 38606	__/__/__	$
Name of Employer (Required): DRA	__/__/__	$
Occupation (Required): Administrator	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Brasher	11/6/08	$ 450.00
Mailing Address: 145 Brasher Rd	__/__/__	$
City, State, Zip Code: Batesville, Ms.	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 450.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Radio Center	12/10/08	$ 425.00
Mailing Address: Hwy 6 West		
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 425.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
USPS	5/30/08	$ 345.52
Mailing Address		
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 345.52

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Victory PAC	4/10/08	$ 500.00
Mailing Address: P.O. Box 2742		
City, State, Zip Code: Jackson, MS. 39207	6/27/08	$ 5000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5500.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Court Street Catering	10/17/08	$ 400.00
Mailing Address: 110 Court St.		
City, State, Zip Code: Batesville, MS. 38606	11/07/08	$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 900.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southside Gallery	9/29/08	$ 275.00
Mailing Address: 150 Courthouse Sq		
City, State, Zip Code: Oxford, MS 38655	10/17/08	$ 400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 675.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Quick Print	10/9/08	$ 363.81
Mailing Address: 1735 University Ave		
City, State, Zip Code: Oxford, MS. 38655	10/20/08	$ 715.83
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1079.64

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Name of Candidate or Committee Friends of Warner McBride

Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mason Printing		
Mailing Address Hwy 51N	10/2008	$ 323.14
City, State, Zip Code Batesville, MS. 38606	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 323.14

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Better Ms PAC		
Mailing Address P.O. Box 1140	12/11/08	$ 5000.00
City, State, Zip Code Batesville, MS. 38606	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5000.00

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	$