

Candidate Committee  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2018 Annual Report



Name

FRIENDS OF TATE REEVES FOR MISSISSIPPIAddress PO Box 24355City/Zip Jackson 39225

Telephone (Work)

(Home)

(Fax)

Contact Name Kristin McDermitt

Email Address

Office Sought Governor

Political Party (if any)

Check here if above information is different from previous report

**TYPE OF REPORT**

\* January 31, 2019 Annual Report (January 1, 2018, through December 31, 2018).....Mandatory

Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt and a zero cash on hand balance).....Required to terminate reporting obligations

**IMPORTANT**

- (1) Absent a termination report, Annual Reports are mandatory for all prior candidates and candidates who have raised or spent in excess of \$200.00 in furtherance of a campaign. Even if no contributions or expenditures have been made, the candidate must submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be mailed, hand delivered, faxed or emailed. Candidates for State, State District and Legislative Office file with the Secretary of State's Office. Candidates for county and county-district office file with the circuit clerk's office. Candidates for municipal or municipal-district office file with the municipal clerk's office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED PRIOR TO JANUARY 1, 2018**

**JAN. 1, 2018 CASH ON HAND BALANCE**

	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
<b>TOTAL AMT OF CONTRIBUTIONS<sup>1</sup></b>			
<b>TOTAL AMT OF DISBURSEMENTS</b>			
<b>CASH ON HAND BALANCE</b>			

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED AFTER JANUARY 1, 2018**

**JAN. 1, 2018 CASH ON HAND BALANCE**

\$0.00

	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
<b>TOTAL AMT OF CONTRIBUTIONS</b>	\$1,723,558.00	\$16,681.81	\$1,740,239.81
<b>TOTAL AMT OF DISBURSEMENTS</b>	\$234,266.41	\$4,653.42	\$238,919.83
<b>CASH ON HAND BALANCE</b>			\$1,501,319.98

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

Kristin NeDerve  
Signature

1/30/2019

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

1. Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018through 12/31/2018**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mitchell Todd Hairston</u>	<u>06/22/2018</u>	<u>\$5,000.00</u>
Mailing Address <u>38 Old Oak Ln</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6224</u>		
Name of Employer (Required) <u>Covington Civil &amp; Env.</u>		
Occupation (Required) <u>Managing Partner</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lemuel Adams III</u>	<u>09/10/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1407</u>		
City, State, Zip Code <u>Brandon, MS 39043-1407</u>		
Name of Employer (Required) <u>Adams &amp; Edens</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jeffrey A Stone</u>	<u>12/07/2018</u>	<u>\$250.00</u>
Mailing Address <u>4716 Francisco Pl</u>		
City, State, Zip Code <u>Pensacola, FL 32504-9080</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dale Partners Architects P.A.</u>	<u>08/29/2018</u>	<u>\$500.00</u>
Mailing Address <u>188 E. Capitol Street Suite 250</u>		
City, State, Zip Code <u>Jackson, MS 39201-2146</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee

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Reporting Period 01/01/2018through 12/31/2018**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William G. Yates III	07/30/2018	\$5,000.00
Mailing Address 2104 Ward Lane		
City, State, Zip Code Biloxi, MS 39531-2318		
Name of Employer (Required) Yates Construction		
Occupation (Required) Vice President	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pigott Oil, Inc.	08/09/2018	\$1,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39087-0229		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bassam Baroudi	06/25/2018	\$250.00
Mailing Address PO Box 4246		
City, State, Zip Code Gulfport, MS 39502-4246		
Name of Employer (Required) Gulfport Memorial Hospital		
Occupation (Required) Cardiologist	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulf Coast Restaurant Group	06/21/2018	\$500.00
Mailing Address PO Box 6249		
City, State, Zip Code Gulfport, MS 39508-6249		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018

through 12/31/2018

## 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 David Gaines	11/22/2018	\$1,000.00
Mailing Address 425 Atherton Dr		
City, State, Zip Code Metairie, LA 70005-3809		
Name of Employer (Required) Ochsner		
Occupation (Required) Executive	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 type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Power Company State PAC	12/05/2018	\$5,000.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) ILLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rigdon & Street Properties LLC	08/23/2018	\$500.00
Mailing Address 100 Hwy 12 East		
City, State, Zip Code Columbus, MS 39702-7828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) ILLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bowman Coon Investments LLC	11/09/2018	\$500.00
Mailing Address PO Box 13176		
City, State, Zip Code Jackson, MS 39236-3176		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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through 12/31/2018

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Quake	12/18/2018	\$500.00
Mailing Address 5104 Canton Heights Driv		
City, State, Zip Code Jackson, MS 39211-4515		
Name of Employer (Required) FCCI Insurance Group		
Occupation (Required) Insurance	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JW LLC	09/10/2018	\$2,500.00
Mailing Address PO Box 12227		
City, State, Zip Code Jackson, MS 39236-2227		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	08/13/2018	\$50,000.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe & Co LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$50,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bob E. Taylor	06/21/2018	\$500.00
Mailing Address 5 Bayou View Drive		
City, State, Zip Code Gulfport, MS 39507-4010		
Name of Employer (Required) Gulf Coast Restaurant Group		
Occupation (Required) President	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mark V Grubbs</u>	<u>10/23/2018</u>	<u>\$250.00</u>
Mailing Address <u>75 Grandview Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-7397</u>		
Name of Employer (Required) <u>Climate Masters</u>		
Occupation (Required) <u>Manager</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kirkland Properties, LLC</u>	<u>10/30/2018</u>	<u>\$4,000.00</u>
Mailing Address <u>606 Steed Rd</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9482</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$4,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Meade W Mitchell</u>	<u>08/23/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>4148 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6520</u>		
Name of Employer (Required) <u>Butler Snow Omaha Stevens &amp; Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ricky J. Cox</u>	<u>12/11/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>21 Colonel Wink Drive</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4252</u>		
Name of Employer (Required) <u>Balch &amp; Bingham</u>		
Occupation (Required) <u>Managing Partner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

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Full Name Leslie Dane	08/25/2018	\$1,000.00
Mailing Address 11638 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-0151		
Name of Employer (Required) retired		
Occupation (Required) retired	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles E. Ross	09/10/2018	\$500.00
Mailing Address PO Box 651		
City, State, Zip Code Jackson, MS 39205-0651		
Name of Employer (Required) Wise Carter Child & Caraway, P.A.		
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 Thomas G. Gresham	12/07/2018	\$1,000.00
Mailing Address 105 E Gresham Street		
City, State, Zip Code Indianola, MS 38751-2422		
Name of Employer (Required) Double Quick Inc		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blake Enterprises	08/21/2018	\$250.00
Mailing Address 2 North Second St.		
City, State, Zip Code Memphis, TN 38103-2602		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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Reporting Period 01/01/2018

through 12/31/2018

**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michelle Dodenhoff	11/17/2018	\$250.00
Mailing Address 306 Audubon Blvd		
City, State, Zip Code New Orleans, LA 70126-4126		
Name of Employer (Required) Ochsner		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denbury Resources PAC	08/08/2018	\$4,000.00
Mailing Address 5320 Legacy Drive		
City, State, Zip Code Plano, TX 75024-3127		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name A.E. Hodges	09/25/2018	\$1,000.00
Mailing Address 231 Coin Du Lestin Dr		
City, State, Zip Code Slidell, LA 70460-3509		
Name of Employer (Required) Ochsner		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Penn National Gaming	06/14/2018	\$1,000.00
Mailing Address 825 Berkshire Blvd		
City, State, Zip Code Reading, PA 19610-1247		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018through 12/31/2018**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bancorpsouth Bank PAC</u>	<u>12/11/2018</u>	<u>\$12,500.00</u>
Mailing Address <u>PO Box 789</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0789</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$12,500.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Enterprise Holdings, Inc PAC</u>	<u>09/07/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>600 Corporate Park Drive</u>		
City, State, Zip Code <u>Saint Louis, MO 63105-4204</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Manoj Shah</u>	<u>12/07/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>14055 Seaway Rd</u>		
City, State, Zip Code <u>Gulfport, MS 39503-4610</u>		
Name of Employer (Required)	Coast Cardiology Center	
Occupation (Required)	Cardiologist	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Eric Todd Richardson</u>	<u>06/26/2018</u>	<u>\$250.00</u>
Mailing Address <u>403 William Harris Rd</u>		
City, State, Zip Code <u>West Monroe, LA 71292-2472</u>		
Name of Employer (Required)	Mason R. Properties LLC	
Occupation (Required)	Manager	Aggregate Year-to-date
		<u>\$250.00</u>

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through 12/31/2018

**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 Jeffrey R. Benzing	09/24/2018	\$1,000.00
Mailing Address 111 Seabrook Dr.		
City, State, Zip Code Waveland, MS 39576-4326		
Name of Employer (Required) Hancock Medical Center		
Occupation (Required) Podiatric Surgery	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 Intervest Corporation	09/10/2018	\$1,000.00
Mailing Address PO Box 2118		
City, State, Zip Code Madison, MS 39130-2118		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name B. L. Walker	08/31/2018	\$500.00
Mailing Address 60 St. Andrews Place		
City, State, Zip Code Jackson, MS 39211-2439		
Name of Employer (Required) Physician		
Occupation (Required) Self	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 Clay Holladay	07/10/2018	\$10,000.00
Mailing Address 304 Timber Ridge Road		
City, State, Zip Code Meridian, MS 39305-1449		
Name of Employer (Required) WMLV Radio		
Occupation (Required) Owner	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee

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through 12/31/2018

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi AGC-PAC	07/09/2018	\$2,500.00
Mailing Address PO Box 12615		
City, State, Zip Code Jackson, MS 39236-2615		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Home Builders Association of Mississippi (Build PAC)	08/21/2018	\$2,500.00
Mailing Address 290 Commerce Park Dr Ste B		
City, State, Zip Code Ridgeland, MS 39157-2241		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Mitchell Eye Care, P.A.	08/17/2018	\$500.00
Mailing Address 501 Baptist Drive Ste 220		
City, State, Zip Code Madison, MS 39110-2031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Mavar	08/21/2018	\$1,000.00
Mailing Address PO Box 1910		
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018

through 12/31/2018

**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John A Schiro	11/14/2018	\$500.00
Mailing Address 9400 Sara Ct		
City, State, Zip Code New Orleans, LA 70123-2635		
Name of Employer (Required) NOLA Beverage Group		
Occupation (Required) Co-Owner	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waste Management	09/27/2018	\$1,000.00
Mailing Address PO Box 3027		
City, State, Zip Code Houston, TX 77253-3027		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name L.M. Adkins	10/19/2018	\$200.00
Mailing Address 1113 Ellington Ct.		
City, State, Zip Code Brandon, MS 39042-3627		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$200.00
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>IN-KIND</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 4 River Bend Place LLC	12/31/2018	\$11,189.76
Mailing Address 4 River Bend Pl.		
City, State, Zip Code Flowood, MS 39232-9710		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$11,189.76

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Equipment	09/18/2018	\$500.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Rumbarger	12/28/2018	\$1,000.00
Mailing Address 3204 N. Hill Dr.		
City, State, Zip Code Tupelo, MS 38804-9788		
Name of Employer (Required)	Community Development Foundation	
Occupation (Required)	President, CEO	Aggregate Year-to-date \$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard Roberts	10/16/2018	\$500.00
Mailing Address PO Box 180579		
City, State, Zip Code Richland, MS 39218-0579		
Name of Employer (Required)	Self	
Occupation (Required)	Plumbing	Aggregate Year-to-date \$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lassitter Homes	12/12/2018	\$500.00
Mailing Address 10725 Hwy 63		
City, State, Zip Code Moss Point, MS 39562-6626		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Ramey Agency, LLC	09/05/2018	\$500.00
Mailing Address 3100 North State Street, STE 300 STE 300		
City, State, Zip Code Jackson, MS 39216-4013		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alan Wilson	12/14/2018	\$500.00
Mailing Address PO Box 13548		
City, State, Zip Code Jackson, MS 39236-3548		
Name of Employer (Required) Alan Wilson Properties, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wellington Associates, Inc.	09/11/2018	\$1,000.00
Mailing Address 7 River Bend Place		
City, State, Zip Code Flowood, MS 39232-7624		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William C. Carroll	12/10/2018	\$1,000.00
Mailing Address 455 Woodland Drive		
City, State, Zip Code Yazoo City, MS 39194-9708		
Name of Employer (Required) Livingston Ins. Agency		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Chouest	06/18/2018	\$1,000.00
Mailing Address PO Box 310		
City, State, Zip Code Galliano, LA 70354-0310		
Name of Employer (Required) Offshore Service Vessels		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Hutcheson	08/31/2018	\$300.00
Mailing Address 1904 Roseberry Drive		
City, State, Zip Code Scottsboro, AL 35769-3852		
Name of Employer (Required) Hutcheson Investments Inc		
Occupation (Required) Executive	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 Renasant Bank Employees Voluntary PAC	08/08/2018	\$1,000.00
Mailing Address PO Box 709		
City, State, Zip Code Tupelo, MS 38802-0709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Brian J Guccias	12/05/2018	\$300.00
Mailing Address 3580 Lakefront Dr		
City, State, Zip Code Mobile, AL 36695-8652		
Name of Employer (Required) Ingalls Shipbuilding		
Occupation (Required) President	Aggregate Year-to-date	\$300.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy Johnston	08/20/2018	\$1,000.00
Mailing Address 187 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8861		
Name of Employer (Required) Butler Snow Ornara Stevens & Cannada		
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 Jennifer Berry	09/06/2018	\$500.00
Mailing Address 3931 Simpson Hwy 28 W		
City, State, Zip Code Magee, MS 39111-5113		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susie Butts	08/29/2018	\$1,000.00
Mailing Address 8 Laurawood Court		
City, State, Zip Code Laurel, MS 39443-5811		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William A. Brown	09/05/2018	\$5,000.00
Mailing Address PO Box 16952		
City, State, Zip Code Jackson, MS 39236-6952		
Name of Employer (Required) Brown Bottling Group		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name St. Pe' and Associates LLC	07/24/2018	\$500.00
Mailing Address 2901 Magnolia Street		
City, State, Zip Code Pascagoula, MS 39567-4120		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory W. Pafford	10/18/2018	\$6,000.00
Mailing Address 260 Wire Rd		
City, State, Zip Code Arcadia, LA 71001-3931		
Name of Employer (Required) Pafford EMS		
Occupation (Required) CEO	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Combs Dulaney	12/21/2018	\$500.00
Mailing Address 5805 Windsor Circle		
City, State, Zip Code Meridian, MS 39305-9705		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) VP	Aggregate Year-to-date	\$5,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dish	09/26/2018	\$1,000.00
Mailing Address PO Box 6622		
City, State, Zip Code Englewood, CO 80155-6622		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James G. Wyly	06/22/2018	\$500.00
Mailing Address 218 N Beach Boulevard		
City, State, Zip Code Bay St Louis, MS 39520-4549		
Name of Employer (Required) Phelps Dunbar LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name UnitedHealth Group, Inc.	12/31/2018	\$1,000.00
Mailing Address PO Box 1459		
City, State, Zip Code Minneapolis, MN 55440-1459		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Electric Cooperatives of Mississippi PAC	09/13/2018	\$35,000.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$35,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony Dean	09/24/2018	\$1,000.00
Mailing Address PO Box 2929		
City, State, Zip Code Meridian, MS 39302-2929		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) VP/COO	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carson Hughes	11/10/2018	\$250.00
Mailing Address 20 Carriage Court Place		
City, State, Zip Code Brandon, MS 39047-8776		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn B Stewart	08/21/2018	\$1,000.00
Mailing Address 119 Shore Line Drive		
City, State, Zip Code Madison, MS 39110-6829		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	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 Amy Weiskopf	11/12/2018	\$500.00
Mailing Address 1305 Nottingham Road		
City, State, Zip Code Starkville, MS 39759-4023		
Name of Employer (Required) Self		
Occupation (Required) Dietitian	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 Wade Creekmore Jr.	12/03/2018	\$2,500.00
Mailing Address 1018 Highland Parkway Suite 700		
City, State, Zip Code Ridgeland, MS 39157-2089		
Name of Employer (Required) Telapex Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Empower PAC	08/08/2018	\$10,000.00
Mailing Address PO Box 4028		
City, State, Zip Code Madison, MS 39130-4028		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-kind</u> _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Nelson Golf	10/23/2018	\$350.00
Mailing Address 401 Country Place Parkway		
City, State, Zip Code Pearl, MS 39208-6774		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert McInnis	08/09/2018	\$1,000.00
Mailing Address 115 Lake Estates Drive		
City, State, Zip Code Hattiesburg, MS 39402-9688		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthony Jones	12/06/2018	\$500.00
Mailing Address 6921 Hamilton Circle		
City, State, Zip Code Olive Branch, MS 38654-9755		
Name of Employer (Required) Tony Jones Realty		
Occupation (Required) Realtor	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Kay Atwood Van Skiver	11/09/2018	\$250.00
<b>Mailing Address</b> P.O. Box 565		
<b>City, State, Zip Code</b> Kosciusko, MS 39090-0565		
<b>Name of Employer (Required)</b> Atwood Fence Company, Inc.		
<b>Occupation (Required)</b> Owner	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Pfizer, Inc.	08/20/2018	\$1,000.00
<b>Mailing Address</b> 6730 Lenox Center Court		
<b>City, State, Zip Code</b> Memphis, TN 38115-4288		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	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
<b>Full Name</b> Roy Anderson III	06/26/2018	\$2,500.00
<b>Mailing Address</b> PO Box 520		
<b>City, State, Zip Code</b> Gulfport, MS 39502-0520		
<b>Name of Employer (Required)</b> Roy Anderson Corp		
<b>Occupation (Required)</b> CEO	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
<b>Full Name</b> Jason Dean	10/01/2018	\$500.00
<b>Mailing Address</b> 195 Reunion Blvd		
<b>City, State, Zip Code</b> Madison, MS 39110-8095		
<b>Name of Employer (Required)</b> Tenax, LLC		
<b>Occupation (Required)</b> Vice President	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>IN-KIND</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Bordeaux	06/25/2018	\$750.00
Mailing Address 11633 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-6150		
Name of Employer (Required) Stewart Sneed Hewes		
Occupation (Required) Insurance	Aggregate Year-to-date	\$1,750.00
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 Hal David Gober	10/11/2018	\$250.00
Mailing Address 112 Deertrail Lane		
City, State, Zip Code Madison, MS 39110-9308		
Name of Employer (Required) Southern A/C Supply Inc.		
Occupation (Required) HVAC Sales	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 L Black III	12/27/2018	\$500.00
Mailing Address 184 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required) Black Family Timber		
Occupation (Required) Land Management	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RSLC - Mississippi PAC	12/17/2018	\$10,000.00
Mailing Address 1201 F Street NW Suite 675		
City, State, Zip Code Washington, DC 20004-1218		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>BNSF Railway Company</u>	<u>06/26/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>5280 E. Shelby Drive</u>		
City, State, Zip Code <u>Memphis, TN 38118-7503</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Betty Lou Jones</u>	<u>09/27/2018</u>	<u>\$250.00</u>
Mailing Address <u>3637 Parkway Boulevard</u>		
City, State, Zip Code <u>Meridian, MS 39305-3869</u>		
Name of Employer (Required)	Jimmie Rodgers Memorial Foundation	
Occupation (Required)	President	Aggregate Year-to-date \$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Enova</u>	<u>11/08/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>175 W. Jackson Blvd STE 1000</u>		
City, State, Zip Code <u>Chicago, IL 60604-2863</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Export Railroad Company</u>	<u>06/13/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>4519 McInnis Ave</u>		
City, State, Zip Code <u>Moss Point, MS 39563-2815</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David McRae	06/25/2018	\$500.00
Mailing Address 152 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8662		
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 William A. Oliver	12/01/2018	\$1,000.00
Mailing Address 345 Harbor Drive		
City, State, Zip Code Old Hickory, TN 37138-1120		
Name of Employer (Required) W/A Oliver Enterprises LLC		
Occupation (Required) Consultant	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 Hite M. Lane	06/19/2018	\$1,000.00
Mailing Address 108 Kathryn Drive		
City, State, Zip Code Brandon, MS 39042-9625		
Name of Employer (Required) Carr Plumbing Supply, Inc.		
Occupation (Required) CFO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Physicians PAC	09/04/2018	\$1,000.00
Mailing Address 404 W Parkway Pl		
City, State, Zip Code Ridgeland, MS 39157-6010		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas W. Rouse	12/06/2018	\$500.00
Mailing Address 111 Bedford Rd		
City, State, Zip Code Hattiesburg, MS 39402-2302		
Name of Employer (Required) Southern Bone and Joint Specialists		
Occupation (Required) Orthopedic Surgeon	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 Taran Bakker	09/27/2018	\$500.00
Mailing Address 124 One Madison Plaza Suite 2100		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required) Tenax Aerospace		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kay Lea	12/19/2018	\$500.00
Mailing Address 3082 Wallace Drive SW		
City, State, Zip Code Bogue Chitto, MS 39629-9472		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association for Home Care State PAC	09/03/2018	\$1,000.00
Mailing Address PO Box 115		
City, State, Zip Code Clinton, MS 39060-0115		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stanley Mangum	10/20/2018	\$250.00
Mailing Address PO Box 2569		
City, State, Zip Code Madison, MS 39130-2569		
Name of Employer (Required) MMC Materials, Inc.		
Occupation (Required) VP	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Omega Protein	10/02/2018	\$1,000.00
Mailing Address 2105 Citywest Boulevard Suite 500		
City, State, Zip Code Houston, TX 77042-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Murry Greenlee	12/10/2018	\$300.00
Mailing Address 241 W Lakeview Dr		
City, State, Zip Code Yazoo City, MS 39194-9290		
Name of Employer (Required) Bankplus		
Occupation (Required) VP	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 Eason Leake	09/06/2018	\$2,500.00
Mailing Address PO Box 1139		
City, State, Zip Code Jackson, MS 39215-1139		
Name of Employer (Required) Ross and Yerger		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debris Tech	10/13/2018	\$10,000.00
Mailing Address 925 Goodyear Blvd.		
City, State, Zip Code Picayune, MS 39466-3223		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caroline Sims	09/10/2018	\$1,000.00
Mailing Address 4125 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3406		
Name of Employer (Required)	Butler Snow Ornara Stevens & Cannada	
Occupation (Required)	Government Relations	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 Antoine Rizk	12/08/2018	\$6,000.00
Mailing Address 9440 Oak Pointe Drive		
City, State, Zip Code Gulfport, MS 39503-6123		
Name of Employer (Required)	Gulfport Memorial Hospital	
Occupation (Required)	Cardiologist	Aggregate Year-to-date \$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kristian Agoglia	12/31/2018	\$10,000.00
Mailing Address 259 River Road		
City, State, Zip Code Columbia, MS 39429-8789		
Name of Employer (Required)	Looks Great Services Inc	
Occupation (Required)	CEO	Aggregate Year-to-date \$10,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Henry Ag Investments, LLC</u>	<u>10/30/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>219 Industrial Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2703</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Silver Slipper Casino Venture, LLC</u>	<u>06/07/2018</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 3270</u>		
City, State, Zip Code <u>Bay Saint Louis, MS 39521-3270</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Liz C. Joachim</u>	<u>05/30/2018</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 488</u>		
City, State, Zip Code <u>Biloxi, MS 39533-0488</u>		
Name of Employer (Required)	<u>Corso, Inc.</u>	
Occupation (Required)	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bobby L Beebe</u>	<u>09/08/2018</u>	<u>\$500.00</u>
Mailing Address <u>300 Cox Crossing</u>		
City, State, Zip Code <u>Madison, MS 39110-9725</u>		
Name of Employer (Required)	<u>Pathway Management Inc.</u>	
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	12/10/2018	\$1,000.00
Mailing Address 1015 15th St NW Suite 920		
City, State, Zip Code Washington, DC 20005-2623		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Topp McWhorter Harvey LLC	12/06/2018	\$1,000.00
Mailing Address PO Drawer 15099		
City, State, Zip Code Hattiesburg, MS 39404-5099		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fresh Cut Floral/Catering	11/13/2018	\$475.00
Mailing Address 108 Cypress Cove		
City, State, Zip Code Flowood, MS 39232-5500		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$475.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comprehensive Health Management Inc.	06/07/2018	\$1,000.00
Mailing Address PO Box 31390		
City, State, Zip Code Tampa, FL 33631-3390		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rhonda L. Dunaway	06/17/2018	\$250.00
Mailing Address 10673 Oakcrest Drive N.		
City, State, Zip Code Biloxi, MS 39532-8305		
Name of Employer (Required) Coastal Family Health Center		
Occupation (Required) Pharmacist	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 Melissa Covington	12/11/2018	\$250.00
Mailing Address 1611 Lissa Drive		
City, State, Zip Code McComb, MS 39648-2007		
Name of Employer (Required) E.D. Covington, L.P.		
Occupation (Required) General Partner	Aggregate Year-to-date	\$375.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hollis Shoemaker Inc	10/23/2018	\$1,000.00
Mailing Address PO Box 986		
City, State, Zip Code Ridgeland, MS 39158-0986		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Ware	11/26/2018	\$1,000.00
Mailing Address 271 Highland Place Drive		
City, State, Zip Code Jackson, MS 39211-5910		
Name of Employer (Required) Mid State Construction		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Carolyn Boteler</u>	<u>04/19/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>1984 Cleary Road</u>		
City, State, Zip Code <u>Florence, MS 39073-8843</u>		
Name of Employer (Required) <u>Temp Staff</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alaina G Macia</u>	<u>09/10/2018</u>	<u>\$500.00</u>
Mailing Address <u>4 Windsor Lane</u>		
City, State, Zip Code <u>Saint Louis, MO 63122-6922</u>		
Name of Employer (Required) <u>MTM</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Laws Construction, LLC</u>	<u>11/09/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2758</u>		
City, State, Zip Code <u>Madison, MS 39130-2758</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>United Financial Incorporated</u>	<u>09/06/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 37</u>		
City, State, Zip Code <u>Fulton, MS 38843-0037</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Janson Durr Boyles</u>	<u>08/31/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>215 Winged Foot Cir</u>		
City, State, Zip Code <u>Jackson, MS 39211-2530</u>		
Name of Employer (Required) <u>Boyles Moak</u>		
Occupation (Required) <u>Insurance Agent</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>KLAM LLC</u>	<u>10/30/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>219 Industrial Drive</u>		
City, State, Zip Code <u>Jackson, MS 39209-3426</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Koch Industries, Inc.</u>	<u>12/12/2018</u>	<u>\$750.00</u>
Mailing Address <u>4111 E 37th Street N</u>		
City, State, Zip Code <u>Wichita, KS 67220-3203</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$750.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Sneed</u>	<u>06/07/2018</u>	<u>\$2,500.00</u>
Mailing Address <u>141 Bayou Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4623</u>		
Name of Employer (Required) <u>Stewart, Sneed, Hewes Insurance</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	<u>\$2,500.00</u>

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Sustendal	06/19/2018	\$500.00
Mailing Address 1216 Iola Road		
City, State, Zip Code Ocean Springs, MS 39564-2819		
Name of Employer (Required) Sustendal & Co.		
Occupation (Required) Executive	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 Samuel W Keyns Jr.	08/21/2018	\$1,000.00
Mailing Address 202 Valley Road		
City, State, Zip Code Ridgeland, MS 39157-9105		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Reserve At Woodchase	11/14/2018	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Madison, MS 39130-1729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Danny R. Huston	08/27/2018	\$10,000.00
Mailing Address 616 W Jackson St		
City, State, Zip Code Parker City, IN 47368-9524		
Name of Employer (Required) North American Midway		
Occupation (Required) Amusement	Aggregate Year-to-date	\$10,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Norman Enterprises Inc</u>	<u>09/27/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1350</u>		
City, State, Zip Code <u>Meridian, MS 39302-1350</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wallace Carter</u>	<u>06/29/2018</u>	<u>\$2,500.00</u>
Mailing Address <u>9034 Hollybrook Lane S</u>		
City, State, Zip Code <u>Germantown, TN 38138-8548</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Corporate Relations Management</u>	<u>11/27/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 84</u>		
City, State, Zip Code <u>Canton, MS 39046-0084</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$3,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gail England</u>	<u>08/21/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 22567</u>		
City, State, Zip Code <u>Jackson, MS 39225-2567</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucien L Bourgeois	08/20/2018	\$1,000.00
Mailing Address 102 Fenwick Circle		
City, State, Zip Code Madison, MS 39110-7782		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 Jack Muirhead	11/12/2018	\$250.00
Mailing Address 516 Silverstone Drive		
City, State, Zip Code Madison, MS 39110-7647		
Name of Employer (Required) Stribling Equipment		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stevens Mechanical Systems, Inc.	12/04/2018	\$1,000.00
Mailing Address 110 Lone Wolf Drive		
City, State, Zip Code Madison, MS 39110-7028		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Estabrook	08/30/2018	\$1,000.00
Mailing Address PO Box 1119		
City, State, Zip Code Pascagoula, MS 39568-1119		
Name of Employer (Required) Estabrook Motor Co.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Tourism Mississippi PAC	08/20/2018	\$10,000.00
<b>Mailing Address</b> 103 W Washington St Ste B6		
<b>City, State, Zip Code</b> Ridgeland, MS 39157-2427		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Rehabilitation Centers LLC	09/07/2018	\$3,000.00
<b>Mailing Address</b> P.O. Box 1130		
<b>City, State, Zip Code</b> Magee, MS 39111-1130		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Mississippi Association of Realtors PAC	08/03/2018	\$5,000.00
<b>Mailing Address</b> PO Box 321000		
<b>City, State, Zip Code</b> Flowood, MS 39232-1000		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Mississippi Associated Builders and Contractors PAC	11/14/2018	\$10,000.00
<b>Mailing Address</b> 5165 Old Brandon Rd		
<b>City, State, Zip Code</b> Pearl, MS 39208-9025		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Flynt	10/25/2018	\$500.00
Mailing Address 240 Birch Lane		
City, State, Zip Code Flowood, MS 39232-8003		
Name of Employer (Required) City Of Flowood		
Occupation (Required) Alderman	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Norman Properties LLC	12/21/2018	\$1,000.00
Mailing Address 202 18th avenue south		
City, State, Zip Code Meridian, MS 39301-6017		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy E Dulaney	09/27/2018	\$5,000.00
Mailing Address 5601 10th Ave		
City, State, Zip Code Meridian, MS 39305-1925		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Resources PAC	12/31/2018	\$5,000.00
Mailing Address 200 N Congress St Ste 500		
City, State, Zip Code Jackson, MS 39201-1917		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00

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through

12/31/2018**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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Kambaku Group LLC</u>	<u>06/21/2018</u>	<u>\$2,000.00</u>
Mailing Address <u>208 Citizen St</u>		
City, State, Zip Code <u>Bay Saint Louis, MS 39520-4211</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Baker Services</u>	<u>09/11/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Leonardo Secane</u>	<u>11/12/2018</u>	<u>\$250.00</u>
Mailing Address <u>1011 Nashville Ave</u>		
City, State, Zip Code <u>New Orleans, LA 70115-4323</u>		
Name of Employer (Required)	Ochsner	
Occupation (Required)	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Manufactured Housing Association PAC</u>	<u>09/11/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>1655 Fort Myer Dr Ste 200</u>		
City, State, Zip Code <u>Arlington, VA 22209-3108</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

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Reporting Period 01/01/2018through 12/31/2018**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Wolf</u>	<u>10/18/2018</u>	<u>\$250.00</u>
Mailing Address <u>101 Highpoint Ct Ste C</u>		
City, State, Zip Code <u>Brandon, MS 39042-7016</u>		
Name of Employer (Required) <u>Resnick &amp; Louis P.C.</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Russell G. Newman</u>	<u>10/23/2018</u>	<u>\$250.00</u>
Mailing Address <u>801 Country Place Drive</u>		
City, State, Zip Code <u>Pearl, MS 39208-6621</u>		
Name of Employer (Required) <u>MS Bonding Company</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	<u>\$1,250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Marathon Petroleum Co LP</u>	<u>09/12/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>539 S Main St</u>		
City, State, Zip Code <u>Findlay, OH 45840-3229</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>R. Barry Cannada</u>	<u>08/28/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>827 Pinehurst Place</u>		
City, State, Zip Code <u>Jackson, MS 39202-1740</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens &amp; Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018through 12/31/2018**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Manny Mitchell</u>	<u>09/07/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>701 Beechwood Drive</u>		
City, State, Zip Code <u>Meridian, MS 39305-2849</u>		
Name of Employer (Required) <u>Mitchell Distributing</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Avonna Cain</u>	<u>12/18/2018</u>	<u>\$6,000.00</u>
Mailing Address <u>2352 N Country Club Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39532-3200</u>		
Name of Employer (Required) <u>Conner Cain Enterprise</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$6,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tom Underwood</u>	<u>11/12/2018</u>	<u>\$500.00</u>
Mailing Address <u>3999 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6704</u>		
Name of Employer (Required) <u>Underwood Cos.</u>		
Occupation (Required) <u>Real Estate</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nucor Steel Recyclers of Mississippi PAC</u>	<u>08/14/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>3630 Fourth Street</u>		
City, State, Zip Code <u>Flowood, MS 39232-2000</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

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through 12/31/2018

**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 Drew T St. John II	08/08/2018	\$10,000.00
Mailing Address 104 Stonebridge Cove		
City, State, Zip Code MADISON, MS 39110		
Name of Employer (Required) New South Access & Environmental		
Occupation (Required) CEO	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 Robert E. Luke	09/27/2018	\$2,500.00
Mailing Address 1862 Hunters Run		
City, State, Zip Code Meridian, MS 39305-9335		
Name of Employer (Required) LPK Architects		
Occupation (Required) Principal	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hue Townsend	12/18/2018	\$1,000.00
Mailing Address 409 Lee Street		
City, State, Zip Code Belzoni, MS 39038-3707		
Name of Employer (Required) Guaranty Bank And Trust		
Occupation (Required) Banker	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 Alben Norris Hopkins Jr.	06/25/2018	\$500.00
Mailing Address PO Box 1510		
City, State, Zip Code Gulfport, MS 39502-1510		
Name of Employer (Required) Hopkins, Barrie, and Hopkins PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lemon-Mohler Insurance Agency	06/25/2018	\$500.00
Mailing Address 806 Washington Ave		
City, State, Zip Code Ocean Springs, MS 39564-4638		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthony Papa	11/12/2018	\$1,000.00
Mailing Address 174 Olympia Fields		
City, State, Zip Code Jackson, MS 39211-2609		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Reserve Of Byram, LLC	11/14/2018	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Madison, MS 39130-1729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clare Hester	09/10/2018	\$1,000.00
Mailing Address 200 N Congress Street Suite 500		
City, State, Zip Code Jackson, MS 39201-1917		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 Corder	09/25/2018	\$500.00
Mailing Address 6017 Montacilla Circle		
City, State, Zip Code Ocean Springs, MS 39564-2526		
Name of Employer (Required) Hancock Medical Center		
Occupation (Required) Anesthesiologist	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 Thomas W Tardy	09/06/2018	\$500.00
Mailing Address P.O. Box 22803		
City, State, Zip Code Jackson, MS 39225-2803		
Name of Employer (Required) Forman Watkins Krutz & Tardy		
Occupation (Required) Partner	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 Nancy New	11/25/2018	\$1,000.00
Mailing Address 111 Harper St.		
City, State, Zip Code Ridgeland, MS 39157-8675		
Name of Employer (Required) Families First		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RW Whitaker	12/11/2018	\$500.00
Mailing Address 4206 Ridgemont Dr		
City, State, Zip Code Belden, MS 38826-9783		
Name of Employer (Required) Whitaker Sales Inc.		
Occupation (Required) Sales	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph K Sims	09/10/2018	\$500.00
Mailing Address 188 E Capitol Street # 910		
City, State, Zip Code Jackson, MS 39201-2129		
Name of Employer (Required) Cornerstone Government Affairs, LLC		
Occupation (Required) Sr. Vice President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peter November	11/28/2018	\$1,000.00
Mailing Address 5914 Coliseum St		
City, State, Zip Code New Orleans, LA 70115-4308		
Name of Employer (Required) Ochsner		
Occupation (Required) CAO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baker Donelson Mississippi PAC	08/16/2018	\$2,500.00
Mailing Address PO Box 14167		
City, State, Zip Code Jackson, MS 39236-4167		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sage Advice, Inc.	09/10/2018	\$1,000.00
Mailing Address PO Box 1845		
City, State, Zip Code Madison, MS 39130-1845		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cannon Cochran Management Services, Inc.	11/13/2018	\$1,000.00
Mailing Address 2 E Main Street Suite 208		
City, State, Zip Code Danville, IL 61832-5844		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pitcher Point Investments LLC	06/25/2018	\$6,000.00
Mailing Address 15039 Lorraine Rd		
City, State, Zip Code Biloxi, MS 39532-9111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Haslam III	09/04/2018	\$2,500.00
Mailing Address PO Box 10528		
City, State, Zip Code Knoxville, TN 37939-0528		
Name of Employer (Required) Pilot Travel		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E Ricky Gibson	12/11/2018	\$300.00
Mailing Address 1100 Hardy St		
City, State, Zip Code Hattiesburg, MS 39401-4166		
Name of Employer (Required) N&H Electronics Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Harenski	06/25/2018	\$250.00
Mailing Address 296 Beavoir Road STE 100		
City, State, Zip Code Biloxi, MS 39531-4052		
Name of Employer (Required) Robert G. Harenski & Associates		
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 Duane Stevens	08/23/2018	\$750.00
Mailing Address 110 Lone Wolf Dr		
City, State, Zip Code Madison, MS 39110-7028		
Name of Employer (Required) Stevens Mechanical Systems, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold L. Weess	10/18/2018	\$100.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jay Fenton	12/12/2018	\$2,500.00
Mailing Address 207 S. 13th Avenue		
City, State, Zip Code Laurel, MS 39440-4225		
Name of Employer (Required) Venture Oil & Gas		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Combs Dulaney	09/27/2018	\$5,000.00
Mailing Address 5805 Windsor Circle		
City, State, Zip Code Meridian, MS 39305-9705		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) VP	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association of Nurse Anesthetists PAC	08/21/2018	\$2,500.00
Mailing Address 1022 Highland Colony Pkwy Ste 101		
City, State, Zip Code Ridgeland, MS 39157-2048		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fred Grant	09/27/2018	\$250.00
Mailing Address 7351 Savannah Drive		
City, State, Zip Code Marion, MS 39342-9004		
Name of Employer (Required) Rush Health Systems		
Occupation (Required) OBGYN	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Malcolm Portera	09/27/2018	\$10,000.00
Mailing Address 5105 YORKSHIRE LN		
City, State, Zip Code Tuscaloosa, AL 35406-2867		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Mayer	06/07/2018	\$500.00
Mailing Address PO Box 1910		
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$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 Gerard R. Gibert	09/10/2018	\$500.00
Mailing Address PO Box 1020		
City, State, Zip Code Ridgeland, MS 39158-1020		
Name of Employer (Required) Venture Technologies		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wild For Mississippi Outdoors PAC	10/19/2018	\$1,000.00
Mailing Address PO Box 1465		
City, State, Zip Code Ridgeland, MS 39158-1465		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pascagoula Bar Pilots Association, LLC	08/31/2018	\$1,000.00
Mailing Address Po Box 2156		
City, State, Zip Code Pascagoula, MS 39569-2156		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 D. Mavor	06/11/2018	\$2,500.00
Mailing Address PO Box 730		
City, State, Zip Code Biloxi, MS 39533-0730		
Name of Employer (Required) Biloxi Freezing & Processing, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffery B Belk	06/24/2018	\$500.00
Mailing Address 21481 Old River Road		
City, State, Zip Code Vancleave, MS 39565-8922		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippians for Self-Insurance PAC	12/14/2018	\$1,000.00
Mailing Address 825 N President St		
City, State, Zip Code Jackson, MS 39202-2561		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William C Bell	10/23/2018	\$250.00
Mailing Address 51 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2468		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pete Mills	10/23/2018	\$1,000.00
Mailing Address 126 Ridgetop Cir		
City, State, Zip Code Flowood, MS 39232-7700		
Name of Employer (Required) Rehabilitation Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Huntington Ingalls Industries	09/10/2018	\$1,000.00
Mailing Address PO Box 149		
City, State, Zip Code Pascagoula, MS 39568-0149		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H Creekmore	12/17/2018	\$2,500.00
Mailing Address 404 S 11th St.		
City, State, Zip Code Oxford, MS 38655-3935		
Name of Employer (Required) Telepak Networks		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnson & Johnson	09/17/2018	\$1,000.00
Mailing Address 1350 I St, NW STE 1210		
City, State, Zip Code Washington, DC 20005-3305		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kinetic Staffing, LLC	08/17/2018	\$1,000.00
Mailing Address PO Box 55914		
City, State, Zip Code Jackson, MS 39296-5914		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Teladoc, Inc PAC	09/06/2018	\$5,000.00
Mailing Address 28 Liberty Ship Way Ste 2815		
City, State, Zip Code Sausalito, CA 94965-3321		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Parkwood BHS	09/06/2018	\$500.00
Mailing Address 8135 Goodman Road		
City, State, Zip Code Olive Branch, MS 38654-2103		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name A. J. Oustalet III	06/25/2018	\$1,000.00
Mailing Address 9274 Highway 49		
City, State, Zip Code Gulfport, MS 39503-4266		
Name of Employer (Required) Butch Oustalet, Inc.		
Occupation (Required) Auto Dealer	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Inside Capitol LLC	09/10/2018	\$500.00
Mailing Address 1888 Main St. STE C		
City, State, Zip Code Madison, MS 39110-6337		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan S Lebatard	06/25/2018	\$500.00
Mailing Address 311 Eastview Drive		
City, State, Zip Code Biloxi, MS 39531-2601		
Name of Employer (Required)	Lebatard Architecture	
Occupation (Required)	Registered Architect	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Doyle	06/18/2018	\$500.00
Mailing Address 6505 Shore Drive		
City, State, Zip Code Ocean Springs, MS 39564-2521		
Name of Employer (Required)	Continuing Professional Education Associate	
Occupation (Required)	Steve Passin & Associates	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Estabrook	12/11/2018	\$1,000.00
Mailing Address PO Box 1119		
City, State, Zip Code Pascagoula, MS 39568-1119		
Name of Employer (Required)	Estabrook Motor Co.	
Occupation (Required)	President	Aggregate Year-to-date
		\$2,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny R Jones	08/24/2018	\$1,000.00
Mailing Address 6119 Waverly Drive		
City, State, Zip Code Jackson, MS 39206-2202		
Name of Employer (Required) Sando Security Services		
Occupation (Required) CFO	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 type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Ag Services Inc.	11/12/2018	\$250.00
Mailing Address PO Box 952		
City, State, Zip Code Clinton, MS 39080-0952		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Jones Companies	12/05/2018	\$25,000.00
Mailing Address 6148 Hwy 98		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
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 Nicole Faulk	11/29/2018	\$500.00
Mailing Address 645 2nd Street		
City, State, Zip Code Gulfport, MS 39501-2208		
Name of Employer (Required) MS Power Co		
Occupation (Required) Vice President	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reynolds American Inc PAC	08/14/2018	\$5,000.00
Mailing Address PO Box 718		
City, State, Zip Code Winston Salem, NC 27102-0718		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peder Johnson	09/10/2018	\$1,000.00
Mailing Address 4239 N Honeysuckle Lane		
City, State, Zip Code Jackson, MS 39211-6166		
Name of Employer (Required)		
Occupation (Required) CPA	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 Moses H. Feagin	12/17/2018	\$500.00
Mailing Address 2019 Marisol Ct.		
City, State, Zip Code Biloxi, MS 39531-2412		
Name of Employer (Required)		
Occupation (Required) Vice President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen C. Edds	08/30/2018	\$2,500.00
Mailing Address 120 Herons Landing		
City, State, Zip Code Ridgeland, MS 39157-8687		
Name of Employer (Required)		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Society of Anesthesiologists	08/24/2018	\$500.00
Mailing Address PO Box 13405		
City, State, Zip Code Jackson, MS 39236-3405		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hardy P Graham	08/10/2018	\$1,000.00
Mailing Address PO Box 5207		
City, State, Zip Code Meridian, MS 39302-5207		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary J Herring	10/30/2018	\$500.00
Mailing Address 184 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-8578		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Mullen	12/10/2018	\$5,000.00
Mailing Address 1391 Broad Ave		
City, State, Zip Code Gulfport, MS 39501-2419		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom C. Harvey III	06/19/2018	\$250.00
Mailing Address 3425 Washington Ave		
City, State, Zip Code Gulfport, MS 39507-3039		
Name of Employer (Required) The Timberlands LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Pawnbrokers PAC	09/10/2018	\$1,000.00
Mailing Address 1425 University Blvd		
City, State, Zip Code Jackson, MS 39204-3130		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Century Link	10/05/2018	\$1,000.00
Mailing Address PO Box 4065		
City, State, Zip Code Monroe, LA 71211-4065		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Ann Merrell	11/06/2018	\$250.00
Mailing Address 121 JOHNSTONE DR		
City, State, Zip Code Madison, MS 39110-6572		
Name of Employer (Required) Trustmark Bank		
Occupation (Required) Vp & Trust Officer	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debbie McDaniel	09/03/2018	\$250.00
Mailing Address 2811 Old Wire Road		
City, State, Zip Code Meridian, MS 39301-8328		
Name of Employer (Required) McDaniel Farms		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Dunlap	12/13/2018	\$10,000.00
Mailing Address 880 County Road 202		
City, State, Zip Code Abbeville, MS 38601-9797		
Name of Employer (Required) Dunlap & Kyle Co, Inc.		
Occupation (Required) Chairman	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 Ronald G. Barnes	06/07/2018	\$250.00
Mailing Address 10600 Jordan Rd		
City, State, Zip Code Vancleave, MS 39565-6381		
Name of Employer (Required) Coast Electric Power Association		
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee For Clean Environment and Fair Taxation	08/10/2018	\$5,000.00
Mailing Address 3000B N State St		
City, State, Zip Code Jackson, MS 39216-4203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance D. Robinson	10/23/2018	\$1,500.00
Mailing Address 1501 Pascagoula St		
City, State, Zip Code Pascagoula, MS 39567-6533		
Name of Employer (Required) Rehabilitation Inc.		
Occupation (Required) COO	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 Cynthia Baber Strunk	12/12/2018	\$250.00
Mailing Address 3001 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7515		
Name of Employer (Required) Baber-Strunk Enterprises		
Occupation (Required) Owner	Aggregate Year-to-date	\$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 Michael E. Johnson	10/30/2018	\$4,000.00
Mailing Address P.O. Box 12004		
City, State, Zip Code Jackson, MS 39236-2004		
Name of Employer (Required) Self Employed		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raytheon PAC	08/16/2018	\$5,000.00
Mailing Address 1100 Wilson Blvd Ste 1500		
City, State, Zip Code Arlington, VA 22209-3900		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Garden Park Medical Center PAC	11/28/2018	\$500.00
Mailing Address 15200 Community Rd		
City, State, Zip Code Gulfport, MS 39503-3085		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reed Allison	06/08/2018	\$250.00
Mailing Address 4832 Kendall Avenue		
City, State, Zip Code Gulfport, MS 39507-4407		
Name of Employer (Required) Stifel		
Occupation (Required) Sr. VP/ Investments	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anheuser Busch Companies	06/25/2018	\$1,000.00
Mailing Address 1 Busch Place		
City, State, Zip Code Saint Louis, MO 63118-1849		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judy W. Wilson	06/25/2018	\$250.00
Mailing Address 453 Camargue Lane		
City, State, Zip Code Biloxi, MS 39531-2252		
Name of Employer (Required) Dept of Veterans Affairs		
Occupation (Required) Dietitian	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin B Benvenuti	06/25/2018	\$2,000.00
Mailing Address 806 N Beach Boulevard		
City, State, Zip Code Bay St Louis, MS 39520-3706		
Name of Employer (Required) Covington Civil & Env.		
Occupation (Required) Enginer	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comcast Corporation & NBCUniversal PAC	10/23/2018	\$5,000.00
Mailing Address 1 Comcast Ctr 1701 JFK Boulevard		
City, State, Zip Code Philadelphia, PA 19103-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burton Construction Inc	12/21/2018	\$1,000.00
Mailing Address 9690 Lzelia Rd		
City, State, Zip Code Meridian, MS 39305-9633		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hernando Smiles	09/04/2018	\$1,000.00
Mailing Address 7 E Commerce Street		
City, State, Zip Code Hernando, MS 38632-2215		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerome B. Slocum	09/07/2018	\$500.00
Mailing Address PO Box 1008		
City, State, Zip Code Coldwater, MS 38618-1008		
Name of Employer (Required) North MS Garden		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Credit Union PAC	08/13/2018	\$1,000.00
Mailing Address 1400 Lakeover Rd Ste 200		
City, State, Zip Code Jackson, MS 39213-8000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stacey Kohler Moran	06/18/2018	\$500.00
Mailing Address 7 Chandeleur Cove		
City, State, Zip Code Ocean Springs, MS 39564-5045		
Name of Employer (Required) homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Reserve Of Byram II	11/14/2018	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Madison, MS 39130-1729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Wells	12/19/2018	\$25,000.00
Mailing Address 226 Westfield Road		
City, State, Zip Code Ridgeland, MS 39157-9492		
Name of Employer (Required) Young Wells		
Occupation (Required) Attorney	Aggregate Year-to-date	\$25,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Design Studio, Inc.	10/18/2018	\$250.00
Mailing Address 745 Avignon Drive Suite A		
City, State, Zip Code Ridgeland, MS 39157-5186		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watkins & Eager PLLC	09/10/2018	\$5,000.00
Mailing Address P.O. Box 650		
City, State, Zip Code Jackson, MS 39205-0650		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Legacy Land and Financial Consulting	09/10/2018	\$500.00
Mailing Address 223 Deer Run Trl NE		
City, State, Zip Code Brookhaven, MS 39601-3672		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greg J. Lofton	10/12/2018	\$250.00
Mailing Address PO Box 54676		
City, State, Zip Code Pearl, MS 39288-4676		
Name of Employer (Required) Southern A/C Supply Inc.		
Occupation (Required) Manager	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulfport Behavioral Health Systems	09/08/2018	\$500.00
Mailing Address 11150 Hwy 49 N		
City, State, Zip Code Gulfport, MS 39503-4110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Washington	08/21/2018	\$1,000.00
Mailing Address 2301 Country Club Road		
City, State, Zip Code Tupelo, MS 38804-1103		
Name of Employer (Required) Washington Insurance and Association		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Hambleton	09/05/2018	\$500.00
Mailing Address 137 Hampton Place		
City, State, Zip Code Madison, MS 39110-4546		
Name of Employer (Required) American Society Of Addiction Medicine Inc		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>W. W. Gresham III</u>	<u>12/07/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 690</u>		
City, State, Zip Code <u>Indiana, MS 38751-0690</u>		
Name of Employer (Required) <u>Gresham Petroleum</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Heath Jenkins</u>	<u>10/29/2018</u>	<u>\$9,000.00</u>
Mailing Address <u>PO Box 5989</u>		
City, State, Zip Code <u>Brandon, MS 39047-5989</u>		
Name of Employer (Required) <u>Regional Enterprises LLC</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$9,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dolly Marascalco</u>	<u>12/15/2018</u>	<u>\$500.00</u>
Mailing Address <u>2585 Jackson Avenue Extension</u>		
City, State, Zip Code <u>Grenada, MS 38901-9331</u>		
Name of Employer (Required) <u>Sav-Mor Drug Store</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Hulefeld</u>	<u>11/18/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>26 Newcomb Blvd</u>		
City, State, Zip Code <u>New Orleans, LA 70118-5528</u>		
Name of Employer (Required) <u>Ochsner</u>		
Occupation (Required) <u>Executive VP</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

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# ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dungan Engineering, P.A.	12/10/2018	\$500.00
Mailing Address PO Box 150		
City, State, Zip Code Columbia, MS 39429-0150		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tara P. Ellis	09/10/2018	\$1,000.00
Mailing Address 1722 Linden Place		
City, State, Zip Code Jackson, MS 39202		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Catherine Blackwell	11/01/2018	\$1,000.00
Mailing Address 140 Cedar Woods Cove		
City, State, Zip Code Madison, MS 39110-6504		
Name of Employer (Required) Eli Lilly and Company		
Occupation (Required) Medical Sales	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 J. Shanks	10/23/2018	\$1,000.00
Mailing Address PO Box 100		
City, State, Zip Code Madison, MS 39130-0100		
Name of Employer (Required) South Madison Co Development Co Inc		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gina Sharman	12/31/2018	\$1,000.00
Mailing Address PO Box 1914		
City, State, Zip Code Meridian, MS 39302		
Name of Employer (Required) A&B Electric		
Occupation (Required) Executive	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 John M. Hairston	06/13/2018	\$2,500.00
Mailing Address 9114 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Hancock Bank		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rick J Calhoon	12/12/2018	\$12,500.00
Mailing Address 217 W Capitol Street Suite 201		
City, State, Zip Code Jackson, MS 39201-2004		
Name of Employer (Required) Pruet Oil Company		
Occupation (Required) Partner	Aggregate Year-to-date	\$12,500.00
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 Willard Jack	12/10/2018	\$1,000.00
Mailing Address PO Box 534		
City, State, Zip Code Belzoni, MS 39038-0634		
Name of Employer (Required) Silent Shade Planting Co.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Moak	09/10/2018	\$150.00
Mailing Address 520 Burnham Road		
City, State, Zip Code Brandon, MS 39042-2010		
Name of Employer (Required) Stuart C. Irby Company		
Occupation (Required) Sales VP	Aggregate Year-to-date	\$150.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marigny Capital Services LLC	09/17/2018	\$5,000.00
Mailing Address 909 Poydras St		
City, State, Zip Code New Orleans, LA 70112-4000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucien E Bourgeois	11/13/2018	\$200.00
Mailing Address 102 Fenwick Circle		
City, State, Zip Code Madison, MS 39110-7782		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ryan Beckett	08/21/2018	\$1,000.00
Mailing Address 4166 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6520		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry St. Pe'	12/12/2018	\$500.00
Mailing Address 806 Powells Point Drive		
City, State, Zip Code Gautier, MS 39553-2334		
Name of Employer (Required) St. Pe' and Associates LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Campaign Committee _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Joel Carter	06/22/2018	\$500.00
Mailing Address PO Box 1842		
City, State, Zip Code Gulfport, MS 39502-1842		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LP _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sunrise Partners, LP	10/22/2018	\$1,000.00
Mailing Address 4 River Bend Place Ste 110		
City, State, Zip Code Flowood, MS 39232-9710		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lenders Political Action Committee	11/12/2018	\$25,000.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 39226-4087		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00

Name of Candidate or Committee

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Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) _____					
Full Name	Scott Carmichael				09/27/2018	\$500.00
Mailing Address	PO Box 8					
City, State, Zip Code	Meridian, MS 39302-0008					
Name of Employer (Required)	Missouth Construction					
Occupation (Required)	Owner				Aggregate Year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input checked="" type="checkbox"/> Other (please specify) PLEC					
Full Name	Baldridge Law Firm PLLC				11/09/2018	\$250.00
Mailing Address	PO Box 4026					
City, State, Zip Code	Madison, MS 39130-4026					
Name of Employer (Required)						
Occupation (Required)					Aggregate Year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) _____					
Full Name	John Lundy				09/09/2018	\$1,000.00
Mailing Address	458 Greenwood Lane					
City, State, Zip Code	Ridgeland, MS 39157-4000					
Name of Employer (Required)	Capitol Resources					
Occupation (Required)	Partner				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	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) _____					
Full Name	Earline C Sawyer				06/14/2018	\$1,000.00
Mailing Address	PO Box 490					
City, State, Zip Code	Gulfport, MS 39502-0490					
Name of Employer (Required)	NAT-Sawyer					
Occupation (Required)	Broker/Business Manager				Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Silicon	12/07/2018	\$3,000.00
Mailing Address P.O. Box 316		
City, State, Zip Code Burnsville, MS 38833-0316		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Duke Garraway	10/27/2018	\$250.00
Mailing Address PO Box 4024		
City, State, Zip Code Madison, MS 39130-4024		
Name of Employer (Required) Garraway Appraisals		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Auzenne	09/27/2018	\$1,000.00
Mailing Address 509 Timber Ridge Rd		
City, State, Zip Code Meridian, MS 39305-1454		
Name of Employer (Required) Self		
Occupation (Required) Anesthesiologist	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pickering Inc.	09/07/2018	\$1,000.00
Mailing Address 6775 Lenox Center Ct Suite 300		
City, State, Zip Code Memphis, TN 38115-4435		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ted Edwards	08/18/2018	\$500.00
Mailing Address 3 Legare Court		
City, State, Zip Code Clinton, MS 39056-9324		
Name of Employer (Required) Haddox Reid Burkes & Calhoun PLLC		
Occupation (Required) CPA	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 June McGown	06/18/2018	\$300.00
Mailing Address 9708 Live Oak		
City, State, Zip Code Ocean Springs, MS 39564-8558		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 David Clarke	12/10/2018	\$250.00
Mailing Address PO Box 673		
City, State, Zip Code Greenville, MS 38702-0673		
Name of Employer (Required) Clarke Bradley Baker & Co., LLP		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna E. Roberts	12/07/2018	\$5,000.00
Mailing Address 503 N Lamar Boulevard		
City, State, Zip Code Oxford, MS 38655-3205		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Truck PAC</u>	<u>09/07/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>825 N President St</u>		
City, State, Zip Code <u>Jackson, MS 39202-2561</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Joey Havens</u>	<u>11/08/2018</u>	<u>\$250.00</u>
Mailing Address <u>141 Harper St.</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8675</u>		
Name of Employer (Required)		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gulf States Toyota, Inc.</u>	<u>05/31/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>1375 Enclave Parkway</u>		
City, State, Zip Code <u>Houston, TX 77077-2026</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert I Hart</u>	<u>12/06/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>990 Stanford Unit 507</u>		
City, State, Zip Code <u>Baton Rouge, LA 70808</u>		
Name of Employer (Required)		
Occupation (Required) <u>CMO&amp; Executive VP</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Boyce Adams Sr.	12/31/2018	\$1,500.00
Mailing Address 2005 Seminole Drive		
City, State, Zip Code Columbus, MS 39705-1415		
Name of Employer (Required) Banktel		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 L. Freeman Jr.	09/12/2018	\$250.00
Mailing Address PO Box 120		
City, State, Zip Code Newton, MS 39345		
Name of Employer (Required) Newton County Bank		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Simmons	09/11/2018	\$250.00
Mailing Address 944 Northwood Commons Dr.		
City, State, Zip Code Meridian, MS 39305-2852		
Name of Employer (Required) Glover, Young, Walton and Simmons, PLLC		
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 Larry Love	09/20/2018	\$1,000.00
Mailing Address 4630 18th Ave		
City, State, Zip Code Meridian, MS 39305-2777		
Name of Employer (Required) Specialty Roll Products Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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# ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Swisher International, Inc.	09/11/2018	\$1,000.00
Mailing Address PO Box 2230		
City, State, Zip Code Jacksonville, FL 32203-2230		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regional Enterprises LLC	10/22/2018	\$1,000.00
Mailing Address P.O. Box 5989		
City, State, Zip Code Brandon, MS 39047-5989		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barney Daly	11/26/2018	\$250.00
Mailing Address 509 Arbor Drive		
City, State, Zip Code Madison, MS 39110-9154		
Name of Employer (Required) Trustmark Bank		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Corbitt Company, LLC	09/10/2018	\$1,000.00
Mailing Address PO Box 14225		
City, State, Zip Code Jackson, MS 39236-4225		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nissan North America, Inc.	09/19/2018	\$1,000.00
Mailing Address PO Box 685001		
City, State, Zip Code Franklin, TN 37068-5001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian T Anthony	09/27/2018	\$500.00
Mailing Address 512 Turner St		
City, State, Zip Code Waveland, MS 39576-3438		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burns Cooley Dennis, Inc.	11/09/2018	\$500.00
Mailing Address PO Box 12828		
City, State, Zip Code Jackson, MS 39236-2828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Council Of Engineering Companies Of Mississippi	10/22/2018	\$250.00
Mailing Address 3900 Lakeland Drive Suite 201		
City, State, Zip Code Flowood, MS 39232-8853		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Triangle Development LLC	10/23/2018	\$1,000.00
Mailing Address PO Box 2542		
City, State, Zip Code Madison, MS 39130-2542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julie Phillips	09/08/2018	\$500.00
Mailing Address 133 Hidden Heights		
City, State, Zip Code Ridgeland, MS 39157-8627		
Name of Employer (Required)	N/A	
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 Edward Moak	10/23/2018	\$100.00
Mailing Address 520 Burnham Road		
City, State, Zip Code Brandon, MS 39042-2010		
Name of Employer (Required)	Stuart C. Irby Company	
Occupation (Required)	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 Delmar Taylor	10/16/2018	\$250.00
Mailing Address 12801 Scr 504		
City, State, Zip Code Lutin, MS 39338-5059		
Name of Employer (Required)	N/A	
Occupation (Required)	Aggregate Year-to-date	\$250.00

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# ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Western Resources, Inc.	08/09/2018	\$1,000.00
Mailing Address PO Box 246		
City, State, Zip Code Tylertown, MS 39667-0246		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Optometry For Progress	09/10/2018	\$10,000.00
Mailing Address 141 Executive Drive Suite 5		
City, State, Zip Code Madison, MS 39110-8457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna W Edwards	12/19/2018	\$500.00
Mailing Address 1025 Monet Cove		
City, State, Zip Code Brandon, MS 39047-8673		
Name of Employer (Required)	Homemaker	
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 Jessica Tocco	10/25/2018	\$1,000.00
Mailing Address 20 edgemere street		
City, State, Zip Code Melrose, MA 02176-5404		
Name of Employer (Required)	A10 Associates	
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Lobbyist		

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Leo Manuel</u>	<u>12/11/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>2067 Mauville Cove</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2433</u>		
Name of Employer (Required) <u>Balch &amp; Bingham</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ronald McClain</u>	<u>10/17/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>345 Fannin Landing Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-9381</u>		
Name of Employer (Required) <u>McLain Sonics</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Phlight Pharma LLC</u>	<u>06/25/2018</u>	<u>\$6,000.00</u>
Mailing Address <u>998 Robinson Ave Suite B</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-4609</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$6,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alben Norris Hopkins Jr.</u>	<u>05/30/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1510</u>		
City, State, Zip Code <u>Gulfport, MS 39502-1510</u>		
Name of Employer (Required) <u>Hopkins, Barrie, and Hopkins PLLC</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Malt Beverage Association PAC	09/10/2018	\$10,000.00
Mailing Address PO Box 1132		
City, State, Zip Code Jackson, MS 39215-1132		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association Of Health Plans	12/03/2018	\$1,000.00
Mailing Address PO Box 1885		
City, State, Zip Code Jackson, MS 39215-1885		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glen Bush	11/06/2018	\$1,000.00
Mailing Address 2206 Heritage Hill Drive		
City, State, Zip Code Jackson, MS 39211-5821		
Name of Employer (Required)	Copeland Cook	
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 checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alisha R. Neal	10/03/2018	\$250.00
Mailing Address 7142 Edgewater Drive		
City, State, Zip Code Mandeville, LA 70471-7432		
Name of Employer (Required)	Groundwork New Orleans	
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hite M. Lane	10/16/2018	\$500.00
Mailing Address 108 Kathryn Drive		
City, State, Zip Code Brandon, MS 39042-9625		
Name of Employer (Required) Carr Plumbing Supply, Inc.		
Occupation (Required) CFO	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 George E Duran	10/18/2018	\$1,000.00
Mailing Address 310 Bay Park Dr.		
City, State, Zip Code Brandon, MS 39047-6114		
Name of Employer (Required) Duran Homes Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Esteban O. Romano	09/24/2018	\$700.00
Mailing Address 35373 Blackberry Lane		
City, State, Zip Code Slidell, LA 70460-3637		
Name of Employer (Required) Ochsner		
Occupation (Required) Urologist	Aggregate Year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wood Heating And Cooling Contractors LLC	10/26/2018	\$1,000.00
Mailing Address 3607 Hwy 80 E.		
City, State, Zip Code Pearl, MS 39208-4079		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Posecal	11/28/2018	\$1,000.00
Mailing Address 237 Garden Rd		
City, State, Zip Code New Orleans, LA 70123-1912		
Name of Employer (Required) Ochsner		
Occupation (Required) CFO	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 Nick Mavar Jr.	06/18/2018	\$250.00
Mailing Address 9102 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Self		
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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tengrys LLC	09/10/2018	\$5,000.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cable PAC MCTA	09/10/2018	\$2,500.00
Mailing Address PO Box 55867		
City, State, Zip Code Jackson, MS 39296-5867		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert B. Barnes	12/21/2018	\$250.00
Mailing Address 173 Glenway Dr		
City, State, Zip Code Jackson, MS 39216-4102		
Name of Employer (Required) Robert B. Barnes Land Surveyor		
Occupation (Required) Civil Engineer	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 A. Maloney	09/10/2018	\$500.00
Mailing Address 1313 Harding Street		
City, State, Zip Code Jackson, MS 39202-3409		
Name of Employer (Required) Cowboy Maloney		
Occupation (Required) Principal	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Forrest Rhemann Jr.	10/17/2018	\$500.00
Mailing Address 1781 Cleary Road		
City, State, Zip Code Florence, MS 39073-9287		
Name of Employer (Required) Petroleum Equipment Co.		
Occupation (Required) Petroleum sales	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 Harold L. Weess	12/22/2018	\$100.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$700.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Point One Strategies LLC	09/10/2018	\$1,000.00
Mailing Address P.O. Box 3015		
City, State, Zip Code Jackson, MS 39207-3015		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven G Rogers	08/27/2018	\$500.00
Mailing Address 414 Greenwood Ln		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required)	Rogers and Associates	
Occupation (Required)	Self	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alan Wilson	09/10/2018	\$2,500.00
Mailing Address PO Box 13548		
City, State, Zip Code Jackson, MS 39236-3548		
Name of Employer (Required)	Alan Wilson Properties, LLC	
Occupation (Required)	Owner	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shannon Strunk	12/12/2018	\$250.00
Mailing Address 3001 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7515		
Name of Employer (Required)	Baber-Strunk Enterprises	
Occupation (Required)	Owner	Aggregate Year-to-date
		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amy Lassitter St. Pe'	12/11/2018	\$500.00
Mailing Address 2901 Magnolia St		
City, State, Zip Code Pascagoula, MS 39587-4120		
Name of Employer (Required) Dogan & Wilkinson		
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 Marie Sanderson	07/18/2018	\$500.00
Mailing Address 1112 Hellmers Lane		
City, State, Zip Code Ocean Springs, MS 39564-4902		
Name of Employer (Required) Cardinal Group LLC		
Occupation (Required) Consultant	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jackie Edwards	08/20/2018	\$1,000.00
Mailing Address 1180 E. Broad St.		
City, State, Zip Code West Point, MS 39773-3238		
Name of Employer (Required) Clay County Growth Alliance		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Katherine M. Driskell	12/11/2018	\$1,000.00
Mailing Address PO Box 16784		
City, State, Zip Code Hattiesburg, MS 39404-8784		
Name of Employer (Required) Harvard Pest Control Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018

through 12/31/2018

**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 David McRae	09/10/2018	\$6,000.00
Mailing Address 152 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,500.00
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 Jonathan S. McLendon	06/25/2018	\$1,000.00
Mailing Address 423 De Jean Cv		
City, State, Zip Code Biloxi, MS 39531-8001		
Name of Employer (Required) M&M Processing		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James F. Hardin Jr.	06/05/2018	\$500.00
Mailing Address 2330 Beau Chene		
City, State, Zip Code Biloxi, MS 39532-3134		
Name of Employer (Required) Aladdin Construction Co. Inc.		
Occupation (Required) Senior Vice President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clyde X. Copeland III	11/13/2018	\$1,000.00
Mailing Address 106 Glenwood Bend		
City, State, Zip Code Madison, MS 39110-6575		
Name of Employer (Required) Harris Jernigan & Gino		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Resources PAC	12/31/2018	\$2,500.00
Mailing Address 200 N Congress St Ste 500		
City, State, Zip Code Jackson, MS 39201-1917		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Cronin	12/12/2018	\$500.00
Mailing Address 105 Surgeres Place		
City, State, Zip Code Ocean Springs, MS 39564-3030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Jefcoat Pest Control, Inc.	12/17/2018	\$250.00
Mailing Address PO Box 788		
City, State, Zip Code Brandon, MS 39043-0788		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Voyles	07/20/2018	\$5,000.00
Mailing Address 177 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2532		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
President		

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wade Creekmore Jr.	11/13/2018	\$500.00
Mailing Address 1018 Highland Parkway Suite 700		
City, State, Zip Code Ridgeland, MS 39157-2089		
Name of Employer (Required) Telapex Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Island View Casino Resort	06/25/2018	\$1,000.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stanley Sullivan Jr.	10/16/2018	\$500.00
Mailing Address 114 Bridgepointe Boulevard		
City, State, Zip Code Brandon, MS 39047-7028		
Name of Employer (Required) Rapid Oil Change, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Riemann	06/05/2018	\$1,000.00
Mailing Address PO Box 2188		
City, State, Zip Code Gulfport, MS 39505-2188		
Name of Employer (Required) Riemann Family Funeral Homes		
Occupation (Required) Chairman and Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rehabilitation Centers, LLC Pontotoc	09/10/2018	\$1,000.00
Mailing Address 1814 Highway 15 North		
City, State, Zip Code Pontotoc, MS 38863-6962		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Colin Maloney	12/04/2018	\$5,000.00
Mailing Address 705 Robert E Lee Drive		
City, State, Zip Code Tupelo, MS 38801-5537		
Name of Employer (Required) Maloney Glass/Century Construction & Realty		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burk-Kleinpeter Inc	06/26/2018	\$1,000.00
Mailing Address 4176 Canal Street		
City, State, Zip Code New Orleans, LA 70119-5941		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Bowles	12/18/2018	\$250.00
Mailing Address 329 Pitts Road		
City, State, Zip Code Hattiesburg, MS 39402-9338		
Name of Employer (Required) Forest Lamar County Forestry Association		
Occupation (Required) Director	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Financial Service Centers of MS PAC	08/06/2018	\$1,000.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Buford	08/15/2018	\$500.00
Mailing Address 3329 Mancure Marble Road		
City, State, Zip Code Terry, MS 39170-9631		
Name of Employer (Required) Buford Plumbing Co.		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Corporate Relations Management	09/10/2018	\$2,500.00
Mailing Address PO Box 84		
City, State, Zip Code Canton, MS 39046-0084		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Steve Seale	12/21/2018	\$1,000.00
Mailing Address PO Box 651		
City, State, Zip Code Jackson, MS 39205-0651		
Name of Employer (Required) SAP		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name McCae Family Farm	10/23/2018	\$500.00
Mailing Address 109 Creekwood Dr.		
City, State, Zip Code Flowood, MS 39232-7080		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MASCA PAC	10/18/2018	\$1,000.00
Mailing Address 408 W Parkway Pl		
City, State, Zip Code Ridgeland, MS 39157-6010		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Johnson	09/05/2018	\$500.00
Mailing Address PO Box 1968		
City, State, Zip Code Purvis, MS 39475-1968		
Name of Employer (Required) Southern Pine Straw LLC		
Occupation (Required) Owner	Aggregate, Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Park Administrative	10/29/2018	\$4,000.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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# ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martin Elam	12/15/2018	\$1,000.00
Mailing Address 5230 Elam Road		
City, State, Zip Code Belzoni, MS 39038-3411		
Name of Employer (Required) Information Requested		
Occupation (Required) Information Requested	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 Amanda Jones Tollison	08/21/2018	\$1,000.00
Mailing Address 114 Pinecrest Drive		
City, State, Zip Code Oxford, MS 38655-2617		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Payne Group LLC	12/15/2018	\$10,000.00
Mailing Address 101 47th St.		
City, State, Zip Code Gulfport, MS 39507-4310		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chatham H. Phillips	08/30/2018	\$1,000.00
Mailing Address 4024 Money Sunk Road		
City, State, Zip Code Yazoo City, MS 39194-8653		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Builders Specialties Inc	10/25/2018	\$250.00
Mailing Address 941 S Gallatin St		
City, State, Zip Code Jackson, MS 39204-3017		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Climate Masters	09/10/2018	\$1,000.00
Mailing Address PO Drawer 6276		
City, State, Zip Code Pearl, MS 39288-6276		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Mavar	06/25/2018	\$500.00
Mailing Address PO Box 1910		
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greg Prince	12/11/2018	\$500.00
Mailing Address 60 Dyess Circle	-	
City, State, Zip Code Columbia, MS 38429-9254		
Name of Employer (Required) Beacon Supply Co.		
Occupation (Required) Manager	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jody E Owens II	09/10/2018	\$300.00
Mailing Address 109 Inez Owens Dr		
City, State, Zip Code Jackson, MS 39212-3263		
Name of Employer (Required) Southern Poverty Law Center		
Occupation (Required) Managing Attorney	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 Regions Financial Corporation PAC	09/05/2018	\$5,000.00
Mailing Address 1015 15th St NW Suite 920		
City, State, Zip Code Washington, DC 20005-2623		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew M. Gilich	06/20/2018	\$1,000.00
Mailing Address 2026 Tuilleries Cove		
City, State, Zip Code Biloxi, MS 39531-2423		
Name of Employer (Required) City of Biloxi		
Occupation (Required) Mayor	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 MADA AutoPAC	09/05/2018	\$5,000.00
Mailing Address 800 Woodlands Parkway Suite 100		
City, State, Zip Code Ridgeland, MS 39157-5215		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christian Blue Waddell	10/04/2018	\$1,000.00
Mailing Address 1500 Poplar Boulevard		
City, State, Zip Code Jackson, MS 39202-2115		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom C. Harvey	06/29/2018	\$500.00
Mailing Address 2354 Beau Chene		
City, State, Zip Code Biloxi, MS 39532-3134		
Name of Employer (Required) Showboat Buffet, Inc		
Occupation (Required) Director, President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Cumbest	06/25/2018	\$500.00
Mailing Address 17725 Highway 63		
City, State, Zip Code Moss Point, MS 39662-8509		
Name of Employer (Required) Cumbest Realty Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Nungesser	12/30/2018	\$1,000.00
Mailing Address P.O. Box 7264		
City, State, Zip Code Belle Chasse, LA 70037-7264		
Name of Employer (Required) Louisiana		
Occupation (Required) Elected Official	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sidney P. Allen Jr.	09/10/2018	\$1,000.00
Mailing Address 200 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2504		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Randy James	12/04/2018	\$12,500.00
Mailing Address 217 W Capitol Street Suite 201		
City, State, Zip Code Jackson, MS 39201-2004		
Name of Employer (Required) Pruet Oil		
Occupation (Required) Partner	Aggregate Year-to-date	\$12,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack Morris Butane, Inc	12/11/2018	\$250.00
Mailing Address 1018 Jack Morris Dr		
City, State, Zip Code Columbia, MS 39429-7004		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Lambert Clark	08/22/2018	\$1,000.00
Mailing Address 329 Lake Village Dr		
City, State, Zip Code Madison, MS 39110-6552		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gilchrist Donnell, LLC	10/31/2018	\$1,000.00
Mailing Address 599 B Steed Rd		
City, State, Zip Code Ridgeland, MS 39157-1704		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Olivia Host	09/10/2018	\$1,000.00
Mailing Address 270 Hidden Oaks Drive		
City, State, Zip Code Ridgeland, MS 39157-7000		
Name of Employer (Required) BKD		
Occupation (Required) CPA	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MD Eye Political Action Committee	09/10/2018	\$2,500.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sylvia Shoemaker	10/18/2018	\$1,000.00
Mailing Address 68 Enclave Cr		
City, State, Zip Code Ridgeland, MS 39157-4513		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anonymous 2018	12/06/2018	\$300.00
Mailing Address		
City, State, Zip Code		
Name of Employer (Required)		
Occupation (Required)	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 Douglas Shane Loper	06/25/2018	\$1,000.00
Mailing Address 3819 Chaumont Cir		
City, State, Zip Code Ocean Springs, MS 39564-8560		
Name of Employer (Required) Hancock Whitney Group		
Occupation (Required) COO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G & S Holdings, LLC	10/08/2018	\$10,000.00
Mailing Address P.O. Box 6038		
City, State, Zip Code Pearl, MS 39288-6038		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Wilson Montjoy II	08/21/2018	\$1,000.00
Mailing Address 202 Agency Burn		
City, State, Zip Code Ridgeland, MS 39157-9740		
Name of Employer (Required) Butler Snow Omaha Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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# ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Health Care Association PAC, LLC	09/05/2018	\$25,000.00
Mailing Address 1076 Highland Colony Pkwy Ste 125		
City, State, Zip Code Ridgeland, MS 39157-8831		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Construction Company, Inc.	09/11/2018	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny L. Crane Jr.	08/14/2018	\$1,000.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eli Lilly and Company	08/21/2018	\$1,000.00
Mailing Address Lilly Corporate Center		
City, State, Zip Code Indianapolis, IN 46285-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> The Heidelberg Group, Inc.	12/10/2018	\$1,000.00
<b>Mailing Address</b> 685 Woodland Drive		
<b>City, State, Zip Code</b> Yazoo City, MS 39194-9710		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	<b>Aggregate Year-to-date</b>	\$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
<b>Full Name</b> Edward Hacskeylo	08/13/2018	\$1,000.00
<b>Mailing Address</b> 115 Oakridge Trl		
<b>City, State, Zip Code</b> Flowood, MS 39232-8688		
<b>Name of Employer (Required)</b> Mississippi Roofing Supply		
<b>Occupation (Required)</b> President	<b>Aggregate Year-to-date</b>	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Julie Phillips	08/20/2018	\$500.00
<b>Mailing Address</b> 133 Hidden Heights		
<b>City, State, Zip Code</b> Ridgeland, MS 39157-8627		
<b>Name of Employer (Required)</b> N/A		
<b>Occupation (Required)</b> Homemaker	<b>Aggregate Year-to-date</b>	\$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
<b>Full Name</b> Jack C Hoover	08/11/2018	\$250.00
<b>Mailing Address</b> 1112 Driftwood Street		
<b>City, State, Zip Code</b> Pascagoula, MS 39567-7528		
<b>Name of Employer (Required)</b> Boggy Creek Vineyard		
<b>Occupation (Required)</b> Owner	<b>Aggregate Year-to-date</b>	\$250.00

Name of Candidate or Committee

Friends of Tito Reaves for Mississippi

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Warner L Thomas	12/18/2018	\$6,000.00
Mailing Address 1514 Jefferson Hwy		
City, State, Zip Code New Orleans, LA 70121-2429		
Name of Employer (Required) Ochsner		
Occupation (Required) Pres/CEO	Aggregate Year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) L.L.C _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brunini Grantham Grower & Hewes PLLC	09/05/2018	\$1,000.00
Mailing Address PO Box 119		
City, State, Zip Code Jackson, MS 39205-0119		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Columbus Nissan, Inc.	08/23/2018	\$1,000.00
Mailing Address 100 Hwy 12 East		
City, State, Zip Code Columbus, MS 39702-7828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F. Bridgforth II	08/30/2018	\$500.00
Mailing Address 2817 Fox Road		
City, State, Zip Code Vaughan, MS 39179-9786		
Name of Employer (Required) Bridgforth Farms		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy S Oubre	09/18/2018	\$10,000.00
Mailing Address PO Box 464		
City, State, Zip Code Marion, MS 39342-0464		
Name of Employer (Required) Oubre Partners LP		
Occupation (Required) Executive	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 Floyd Sulser Jr.	12/11/2018	\$500.00
Mailing Address 105 Bridgeview Circle		
City, State, Zip Code Ridgeland, MS 39157-8617		
Name of Employer (Required) Southern Lumber Company		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name McNeil Rhoads LLC	10/23/2018	\$5,000.00
Mailing Address 980 N Beardman Rd		
City, State, Zip Code Pearl, MS 39208-3339		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Diamond Grove Center For Children	09/07/2018	\$500.00
Mailing Address 2311 Highway 15 S		
City, State, Zip Code Louisville, MS 39339-7071		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Lee Guice IV	06/18/2018	\$250.00
Mailing Address 442 Green Teal Ct.		
City, State, Zip Code Biloxi, MS 39531-3665		
Name of Employer (Required) Guice Offshore, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan C. Bell	08/23/2018	\$1,000.00
Mailing Address 4513 9th Avenue		
City, State, Zip Code Meridian, MS 39305-2815		
Name of Employer (Required) Vital Care		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. Stan Pratt	10/30/2018	\$500.00
Mailing Address 107 Overlook Place		
City, State, Zip Code Ridgeland, MS 39157-8600		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ridgway Realty Inc	09/10/2018	\$500.00
Mailing Address PO Box 231		
City, State, Zip Code Jackson, MS 39205-0231		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chip Triplett	08/13/2018	\$1,000.00
Mailing Address 2 Bridgemont Lane		
City, State, Zip Code Ridgeland, MS 39157-8685		
Name of Employer (Required) Park Development		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Commonwealth Mississippi LLC	09/04/2018	\$5,000.00
Mailing Address 40 E Hinsdale Ave Suite 204		
City, State, Zip Code Hinsdale, IL 60521-4684		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyson Foods, Inc.	10/02/2018	\$500.00
Mailing Address PO Box 2020		
City, State, Zip Code Springdale, AR 72765-2020		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renasant Bank Employees Voluntary PAC	12/17/2018	\$1,000.00
Mailing Address PO Box 709		
City, State, Zip Code Tupelo, MS 38802-0709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Herring	08/17/2018	\$1,000.00
Mailing Address 232 E Semmes Street		
City, State, Zip Code Canton, MS 39046-4530		
Name of Employer (Required) Herring, Long, and Crews		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name SRB LLC	06/25/2018	\$2,000.00
Mailing Address 2510 14th St Suite 1010		
City, State, Zip Code Gulfport, MS 39501-1984		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reserve Of Jackson	11/14/2018	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Madison, MS 39130-1729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Casey Varnado	09/26/2018	\$500.00
Mailing Address 221 Humphrey Rd		
City, State, Zip Code Poplarville, MS 39470-5503		
Name of Employer (Required) Varnado Law Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Brashier	06/26/2018	\$1,000.00
Mailing Address 1302 Beach Boulevard		
City, State, Zip Code Biloxi, MS 39530-3527		
Name of Employer (Required) Jim E Brashier Insurance		
Occupation (Required) Agent	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph C Canizaro	06/11/2018	\$2,500.00
Mailing Address 909 Poydras Street Suite 1700		
City, State, Zip Code New Orleans, LA 70112-4010		
Name of Employer (Required) Columbus Communities LLC		
Occupation (Required) CEO, President, Chairman	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 George M. Henry	10/15/2018	\$500.00
Mailing Address 321 Avalon Way		
City, State, Zip Code Brandon, MS 39047-7635		
Name of Employer (Required) MS Department of Employment Security		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Friedkin	06/01/2018	\$4,000.00
Mailing Address 1375 Enclave Parkway		
City, State, Zip Code Houston, TX 77077-2026		
Name of Employer (Required) Gulf States Toyota, Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$4,000.00

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Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input checked="" type="checkbox"/>			LLC		
Full Name	Merit Health River Oaks				08/23/2018	\$5,000.00
Mailing Address	1030 River Oak Drive					
City, State, Zip Code	Jackson, MS 39232-9553					
Name of Employer (Required)						
Occupation (Required)					Aggregate Year-to-date	\$5,000.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input checked="" type="checkbox"/>					
Full Name	Ella Matisch				06/07/2018	\$250.00
Mailing Address	106 San Souci Avenue					
City, State, Zip Code	Ocean Springs, MS 39564-5311					
Name of Employer (Required)	Retired					
Occupation (Required)	Retired				Aggregate Year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input checked="" type="checkbox"/>					
Full Name	Hu Meena				12/23/2018	\$2,500.00
Mailing Address	4764 E Massena Drive					
City, State, Zip Code	Jackson, MS 39211-4930					
Name of Employer (Required)	CSpire					
Occupation (Required)	Executive				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	Date (Mo., Day, Year)	Amount of each receipt this period
	<input checked="" type="checkbox"/>					
Full Name	Amanda D. Christopher				10/23/2018	\$350.00
Mailing Address	228 Crosscreek Dr					
City, State, Zip Code	Brandon, MS 39047-4510					
Name of Employer (Required)	A-5 Star Limousine Service LLC.					
Occupation (Required)	Owner				Aggregate Year-to-date	\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name A.E. Hodges	10/03/2018	\$200.00
Mailing Address 231 Coin Du Lestin Dr		
City, State, Zip Code Slidell, LA 70460-3509		
Name of Employer (Required) Ochsner		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Brashers	10/16/2018	\$1,000.00
Mailing Address 106 Venetian Ct.		
City, State, Zip Code Madison, MS 39110-8801		
Name of Employer (Required) GSB Enterprises Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis P. Skrimetta	06/22/2018	\$1,000.00
Mailing Address 520 Beach Blvd Unit 608		
City, State, Zip Code Biloxi, MS 39530-4468		
Name of Employer (Required) Ship Island Excursions		
Occupation (Required) Ferry Operator	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southern Air Conditioning Supply, Inc.	09/10/2018	\$1,000.00
Mailing Address PO Box 97478		
City, State, Zip Code Pearl, MS 39288-7478		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Construction Services Inc.	12/21/2018	\$1,000.00
Mailing Address PO Box 5737		
City, State, Zip Code Meridian, MS 39302-5737		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Owen P. Lator	09/10/2018	\$1,000.00
Mailing Address 417 Abbey Woods		
City, State, Zip Code Brandon, MS 38047-7720		
Name of Employer (Required) Lator, Bailey, Aby PLLC		
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 type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack Morris Butane, Inc	12/11/2018	\$250.00
Mailing Address 1018 Jack Morris Dr		
City, State, Zip Code Columbia, MS 39429-7004		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher Maddux	08/21/2018	\$1,000.00
Mailing Address 2450 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6623		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elcon Electrical Contractors, Inc.	10/22/2018	\$1,000.00
Mailing Address PO Box 1921		
City, State, Zip Code Brandon, MS 39043-1921		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter M. Denny Jr.	08/16/2018	\$500.00
Mailing Address 800 Woodlands Parkway Suite 118		
City, State, Zip Code Ridgeland, MS 39157-5200		
Name of Employer (Required)	Barksdale Management	
Occupation (Required)	CEO	Aggregate Year-to-date
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Smith And Weiland Inc	12/01/2018	\$300.00
Mailing Address 337 Delta Ave		
City, State, Zip Code Clarkdale, MS 38614-4214		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip J. Davis	09/14/2018	\$250.00
Mailing Address 125 N Main Street Suite 628		
City, State, Zip Code Memphis, TN 38103-2032		
Name of Employer (Required)	City of Memphis	
Occupation (Required)	Operation Administrator, Division of Public Works	Aggregate Year-to-date
		\$250.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H Heidelberg	06/14/2018	\$500.00
Mailing Address 1300 Driftwood Street		
City, State, Zip Code Pascagoula, MS 39567-7592		
Name of Employer (Required) Heidelberg Steinberger Colmer & Burrow, P.A.		
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 Don Larkin Kennedy	09/27/2018	\$500.00
Mailing Address 1211 White Oak Dr.		
City, State, Zip Code Meridian, MS 39305-1902		
Name of Employer (Required) Rush Health Systems		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Buddy Medlin and Associates, Inc.	09/10/2018	\$1,000.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 30225-4087		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul McMurry	12/11/2018	\$1,000.00
Mailing Address P.O. Box 15007		
City, State, Zip Code Hattiesburg, MS 39404-5007		
Name of Employer (Required) Harvard Pest Control, Inc.		
Occupation (Required) Branch Manager	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry W. Swales	09/18/2018	\$300.00
Mailing Address 199 Woodlands Green Drive		
City, State, Zip Code Brandon, MS 39047-8797		
Name of Employer (Required) Rankin County		
Occupation (Required) Chancery Clerk	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 J. Paul Janoush	12/21/2018	\$2,000.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38789-0397		
Name of Employer (Required) JANTRAN		
Occupation (Required) CFO	Aggregate Year-to-date	\$3,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anthem Inc	09/06/2018	\$1,000.00
Mailing Address 3075 Vandecar Way		
City, State, Zip Code Cincinnati, OH 45209-7542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Pharmacy Cooperative, Inc.	08/21/2018	\$1,000.00
Mailing Address PO Box 728		
City, State, Zip Code Bessemer, AL 35021-0728		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony McDaniel	12/22/2018	\$250.00
Mailing Address 2811 Old Wire Road		
City, State, Zip Code Meridian, MS 39301-6328		
Name of Employer (Required) Industrial Electric Motor Works Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Gaines	12/06/2018	\$1,000.00
Mailing Address 425 Atherton Dr		
City, State, Zip Code Metairie, LA 70005-3809		
Name of Employer (Required) Ochsner		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claw Forestry Services, LLC	12/13/2018	\$5,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elliott Homes LLC	06/13/2018	\$250.00
Mailing Address 1402 Pass Rd.		
City, State, Zip Code Gulfport, MS 39501-5159		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Crowder	08/26/2018	\$2,500.00
Mailing Address 970 Lakeland Dr		
City, State, Zip Code Jackson, MS 39216-4635		
Name of Employer (Required) Jackson Heart Clinic		
Occupation (Required) Cardiologist	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 Randy Easterling	09/09/2018	\$500.00
Mailing Address 607 Tiffintown Road		
City, State, Zip Code Vicksburg, MS 39183-1503		
Name of Employer (Required) River Region Health Systems		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 F. Bridgforth II	12/10/2018	\$100.00
Mailing Address 2817 Fox Road		
City, State, Zip Code Vaughan, MS 39179-9786		
Name of Employer (Required) Bridgforth Farms		
Occupation (Required) Owner	Aggregate Year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Market Max LLC	08/09/2018	\$8,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$8,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chevron Policy Govt & Public Affairs	07/27/2018	\$1,000.00
Mailing Address PO Box 6042		
City, State, Zip Code San Ramon, CA 94583-0742		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Lucien Smith II	09/10/2018	\$1,000.00
Mailing Address 1716 Lyncrest Ave		
City, State, Zip Code Jackson, MS 39202-1225		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Partner	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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southeastern Timber Products, LLC	09/02/2018	\$5,000.00
Mailing Address PO Box 6327		
City, State, Zip Code Jackson, MS 39296-5327		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gina Sharman	09/27/2018	\$500.00
Mailing Address PO Box 1914		
City, State, Zip Code Meridian, MS 39302		
Name of Employer (Required) A&B Electric		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Jonathan Walker Jones	08/25/2018	\$500.00
<b>Mailing Address</b> 605 Rue Maupesant		
<b>City, State, Zip Code</b> Ocean Springs, MS 39564-3065		
<b>Name of Employer (Required)</b> Sr. VP & GM		
<b>Occupation (Required)</b> Harrah's Gulf Coast	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
<b>Full Name</b> Christopher E. Wiggins	08/12/2018	\$500.00
<b>Mailing Address</b> 3117 Beach Boulevard		
<b>City, State, Zip Code</b> Pascagoula, MS 39567-7502		
<b>Name of Employer (Required)</b> Bienville Orthopaedic		
<b>Occupation (Required)</b> Surgeon	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
<b>Full Name</b> Stephen L. Oseman	08/24/2018	\$1,000.00
<b>Mailing Address</b> 6750 Poplar Avenue STE 410		
<b>City, State, Zip Code</b> Memphis, TN 38138-7443		
<b>Name of Employer (Required)</b> Oseman Insurance Agency		
<b>Occupation (Required)</b> President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> John F Phillips III	12/10/2018	\$1,000.00
<b>Mailing Address</b> 4042 Highway 16 W		
<b>City, State, Zip Code</b> Yazoo City, MS 39194-9243		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Farmer	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Navin Barot	12/06/2018	\$5,000.00
Mailing Address 4640 W Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-1127		
Name of Employer (Required) Self		
Occupation (Required) Gastroenterologist	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regional Care LLC	09/06/2018	\$1,000.00
Mailing Address 763 Avery Blvd, N.		
City, State, Zip Code Ridgeland, MS 39157-5218		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thad Varner	08/21/2018	\$1,000.00
Mailing Address 2460 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 William Kergosien	09/20/2018	\$1,000.00
Mailing Address 109 Carroll Avenue		
City, State, Zip Code Bay Saint Louis, MS 39520-4503		
Name of Employer (Required) Highland Community Hospital		
Occupation (Required) Doctor of Family Medicine	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Joel Porter	12/28/2018	\$3,333.00
<b>Mailing Address</b> 130 North Court		
<b>City, State, Zip Code</b> Memphis, TN 38103-2217		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> N/A	Aggregate Year-to-date	\$3,333.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Bully Bloc	11/12/2018	\$50,000.00
<b>Mailing Address</b> PO Box 1591		
<b>City, State, Zip Code</b> Jackson, MS 39215-1591		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$50,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Guaranty Bank And Trust Company	12/11/2018	\$1,000.00
<b>Mailing Address</b> P.O. Box 657		
<b>City, State, Zip Code</b> Belzoni, MS 39038-0657		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Ken Cleveland	08/16/2018	\$1,000.00
<b>Mailing Address</b> 2086 Culleywood Road		
<b>City, State, Zip Code</b> Jackson, MS 39211-5840		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Physician	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Millette Administrators, Inc.	08/23/2018	\$1,000.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3039		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rick Looser	12/21/2018	\$2,500.00
Mailing Address 1826 Highway 471		
City, State, Zip Code Brandon, MS 39047-7964		
Name of Employer (Required) The Cirlot Agency		
Occupation (Required) Partner	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAE PAC	12/11/2018	\$10,000.00
Mailing Address 600 Hogan St Ste 1C		
City, State, Zip Code Starkville, MS 39759-3384		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert J. Cator	09/27/2018	\$250.00
Mailing Address 803 42nd Ct		
City, State, Zip Code Meridian, MS 39305-3435		
Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A.		
Occupation (Required) Doctor	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Calhoon	09/10/2018	\$1,000.00
Mailing Address 126 East Amite Street		
City, State, Zip Code Jackson, MS 39201-2101		
Name of Employer (Required) RMS Engineers		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Ivison	10/18/2018	\$500.00
Mailing Address 2631 Lake Circle		
City, State, Zip Code Jackson, MS 39211-6743		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Check Into Cash of Mississippi, Inc.	08/07/2018	\$1,000.00
Mailing Address 201 Keith Street SW Suite 80		
City, State, Zip Code Cleveland, TN 37311-5867		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elliott Homes LLC	12/18/2018	\$5,000.00
Mailing Address 1402 Pass Rd.		
City, State, Zip Code Gulfport, MS 39501-5159		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Laura Peebles</u>	<u>06/26/2018</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 1600</u>		
City, State, Zip Code <u>Gulfport, MS 39502-1600</u>		
Name of Employer (Required) <u>Island View Resort</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>B. Bryan Jones III</u>	<u>08/10/2018</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 1062</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-1062</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnny Morgan</u>	<u>11/27/2018</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 309</u>		
City, State, Zip Code <u>Oxford, MS 38655-0309</u>		
Name of Employer (Required) <u>Morgan White Group</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tower Loan of Mississippi LLC</u>	<u>11/14/2018</u>	<u>\$15,000.00</u>
Mailing Address <u>PO Box 320001</u>		
City, State, Zip Code <u>Flowood, MS 39232-0001</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$15,000.00</u>

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12/31/2018

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy E Dulaney	12/21/2018	\$500.00
Mailing Address 5601 10th Ave		
City, State, Zip Code Meridian, MS 39305-1925		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cerner Corporation PAC	12/10/2018	\$2,500.00
Mailing Address 2800 Rockcreek Pkwy		
City, State, Zip Code Kansas City, MO 64117-2521		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JKW Revocable Trust	08/10/2018	\$1,000.00
Mailing Address P.O. Box 14128		
City, State, Zip Code Jackson, MS 39236-4128		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Street, LLC	11/30/2018	\$500.00
Mailing Address PO Box 12485		
City, State, Zip Code Jackson, MS 39236-2485		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Federal Express PAC	09/04/2018	\$5,000.00
Mailing Address 942 S Shady Grove Road		
City, State, Zip Code Memphis, TN 38120-4117		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Wallace Carter	12/24/2018	\$10,000.00
Mailing Address 9034 Hollybrook Lane S		
City, State, Zip Code Germantown, TN 38138-8548		
Name of Employer (Required) Team Waste		
Occupation (Required) CEO	Aggregate Year-to-date	\$12,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Brent Tice	12/18/2018	\$5,000.00
Mailing Address PO Box 458		
City, State, Zip Code Wiggins, MS 39577-0458		
Name of Employer (Required) Tice & Associates, P.A.		
Occupation (Required) CPA	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eagle Express LLC	06/25/2018	\$500.00
Mailing Address 6819 Washington Ave, Suite D		
City, State, Zip Code Ocean Springs, MS 39564-2181		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C.G. Carter	12/12/2018	\$250.00
Mailing Address 551 N First Street		
City, State, Zip Code Rolling Fork, MS 39159-2215		
Name of Employer (Required) Carter Plantation		
Occupation (Required) Farmer	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Franc Lee	11/30/2018	\$10,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
Name of Employer (Required) First Tower Corp.		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ed Johnson	12/21/2018	\$1,000.00
Mailing Address 5907 Huntington Circle		
City, State, Zip Code Meridian, MS 39305-9416		
Name of Employer (Required) Bonita Properties		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Columbus Hyundai, LLC	08/23/2018	\$1,000.00
Mailing Address 150 Hwy 12 E		
City, State, Zip Code Columbus, MS 39702-7828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Partners	08/10/2018	\$1,000.00
Mailing Address PO Box 4385		
City, State, Zip Code Brandon, MS 39047-4385		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Looks Great Services MS, Inc.	08/20/2018	\$500.00
Mailing Address 1501 Hwy 13 N		
City, State, Zip Code Columbia, MS 39429-2038		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Paul Janoush	08/21/2018	\$1,000.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38769-0397		
Name of Employer (Required) JANTRAN		
Occupation (Required) CFO	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CSX Transportation	10/25/2018	\$1,000.00
Mailing Address P.O. Box 44057		
City, State, Zip Code Jacksonville, FL 32231-4057		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fred A Monsour	12/21/2018	\$1,000.00
Mailing Address 4331 Terry Street		
City, State, Zip Code Meridian, MS 39307-5538		
Name of Employer (Required) Evans & Monsour		
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 Ray Harrigill	08/08/2018	\$2,500.00
Mailing Address 106 Gabriel Place		
City, State, Zip Code Madison, MS 39110-8532		
Name of Employer (Required) Sunray Companies		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John S. Heath	06/25/2018	\$250.00
Mailing Address PO Box 1842		
City, State, Zip Code Gulfport, MS 39502-1842		
Name of Employer (Required) Topp, McWhorter, Harvey PLLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Distilled Spirits Council US	08/30/2018	\$1,000.00
Mailing Address 1250 Eye Street, NW, Suite 400		
City, State, Zip Code Washington, DC 20005-5977		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Chiropractors PAC	08/29/2018	\$1,000.00
Mailing Address 4294 Lakeland Dr Ste 100		
City, State, Zip Code Flowood, MS 39232-9510		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rainna P. Bahadur	06/25/2018	\$500.00
Mailing Address 10800 Waterside Dr		
City, State, Zip Code Gulfport, MS 39503-8019		
Name of Employer (Required) Eye Associates of the South		
Occupation (Required) Ophthalmologist	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Digital Engineering & Imaging, Inc	06/20/2018	\$1,000.00
Mailing Address 527 W Esplanade Ave Suite 200		
City, State, Zip Code Kenner, LA 70065-2568		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JM Hughes Group LLC	09/14/2018	\$500.00
Mailing Address 147 Highland Circle		
City, State, Zip Code Jackson, MS 39211-6455		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Sullivan	12/20/2018	\$250.00
Mailing Address 110 Windsong Cove		
City, State, Zip Code Ridgeland, MS 39157-8736		
Name of Employer (Required) McCarty Investments		
Occupation (Required) Partners	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 W H Benson	09/07/2018	\$1,000.00
Mailing Address 475 County Road 520		
City, State, Zip Code Shannon, MS 38068-8753		
Name of Employer (Required) Lee County, MS		
Occupation (Required) Chancery Clerk	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Bordeaux	04/19/2018	\$1,000.00
Mailing Address 11633 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-6150		
Name of Employer (Required) Stewart Snead Hewes		
Occupation (Required) Insurance	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry W. Green	06/25/2018	\$2,500.00
Mailing Address PO Box 2788		
City, State, Zip Code Sugar Land, TX 77487-2788		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles C. Scianna Jr.	11/28/2018	\$25,000.00
Mailing Address 5738 Old Highway 36 Road		
City, State, Zip Code Bellville, TX 77418-3672		
Name of Employer (Required) Sim-Tex, LC		
Occupation (Required) President	Aggregate Year-to-date	\$25,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southgroup Insurance Services	11/09/2018	\$1,000.00
Mailing Address PO Box 3266		
City, State, Zip Code Ridgeland, MS 39158-3266		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Kulpeksa	09/20/2018	\$500.00
Mailing Address 7429 Mahalo Hui Dr		
City, State, Zip Code Diamondhead, MS 39525-3825		
Name of Employer (Required) Bay Area Emergency Physicians		
Occupation (Required) Internist	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 Indrajit Patel	12/06/2018	\$500.00
Mailing Address 4640 W. Beach Blvd Apt D-7		
City, State, Zip Code Gulfport, MS 39501-1132		
Name of Employer (Required) Gulfport Memorial Hospital		
Occupation (Required) Internist	Aggregate Year-to-date	\$500.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Muller	11/04/2018	\$1,000.00
Mailing Address 7903 Zimpel Street		
City, State, Zip Code New Orleans, LA 70118-2713		
Name of Employer (Required) Ochsner		
Occupation (Required) Sr. Vice President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LEP _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jones Walker LLP	08/09/2018	\$2,500.00
Mailing Address PO Box 427		
City, State, Zip Code Jackson, MS 39205-0427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Mitchell Eye Care, P.A.	12/19/2018	\$500.00
Mailing Address 501 Baptist Drive Ste 220		
City, State, Zip Code Madison, MS 39110-2031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joan Hood	10/15/2018	\$250.00
Mailing Address 109 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8668		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	12/09/2018	\$1,500.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Brewington Piltz	06/17/2018	\$250.00
Mailing Address 408 Alicia Dr		
City, State, Zip Code Biloxi, MS 39531-2703		
Name of Employer (Required)	Retired	
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny McRight	08/30/2018	\$5,000.00
Mailing Address PO Box 4812		
City, State, Zip Code Greenville, MS 38704-4812		
Name of Employer (Required)	Mright Services, LLC	
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Specialty Metals Supply, Inc.	12/21/2018	\$500.00
Mailing Address 429 Greenwood Lane		
City, State, Zip Code Ridgeland, MS 39157-4043		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Atmos Energy Corporation PAC	09/13/2018	\$2,500.00
Mailing Address 790 Liberty Rd		
City, State, Zip Code Flowood, MS 39232-9321		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Parker	11/16/2018	\$2,500.00
Mailing Address 2820 Narrow Gauge Road		
City, State, Zip Code Bolton, MS 39041-9774		
Name of Employer (Required)	Parker - McGill	
Occupation (Required)	Car Dealer	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Peoples	10/16/2018	\$250.00
Mailing Address 114 Harbortowne Road		
City, State, Zip Code Ridgeland, MS 39157-2912		
Name of Employer (Required)	Peoples Construction Corp.	
Occupation (Required)	COO	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Premier Lab, LLC	12/21/2018	\$1,000.00
Mailing Address 4706 Country Club Dr		
City, State, Zip Code Meridian, MS 39305-2729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John N. Palmer	09/07/2018	\$1,000.00
Mailing Address PO Box 3747		
City, State, Zip Code Jackson, MS 39207-3747		
Name of Employer (Required) GulfSouth Capital		
Occupation (Required) Chairman	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Millette Administrators, Inc.	08/07/2018	\$1,000.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Veterinary Medical Association PAC	11/18/2018	\$250.00
Mailing Address PO Box 395		
City, State, Zip Code Clinton, MS 39060-0395		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kent Nicaud	12/01/2018	\$5,000.00
Mailing Address 23441 Arcadia Farm Road		
City, State, Zip Code Pass Christian, MS 39571-6003		
Name of Employer (Required) Gulfport Memorial Hospital		
Occupation (Required) COO	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Reserve Of Jackson II	11/14/2018	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Madison, MS 39130-1729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waterstone 12 LLC	09/10/2018	\$500.00
Mailing Address PO Box 1639		
City, State, Zip Code Madison, MS 39130-1639		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B Pickett	08/31/2018	\$1,000.00
Mailing Address PO Box 137		
City, State, Zip Code Jackson, MS 39205-0137		
Name of Employer (Required) Pickett, Bradford & Assoc., PA		
Occupation (Required) Life Insurance Agent	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Spencer Richardson	09/28/2018	\$250.00
Mailing Address 24637 Oak Island Dr		
City, State, Zip Code Pass Christian, MS 39571-8141		
Name of Employer (Required) Ochsner		
Occupation (Required) General Surgeon	Aggregate Year-to-date	\$250.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gerald Blessey	06/10/2018	\$500.00
Mailing Address PO Box 4648		
City, State, Zip Code Biloxi, MS 39535-4648		
Name of Employer (Required) Gerald Blessey Law Firm		
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 Chris Hughes	10/30/2018	\$4,000.00
Mailing Address 115 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4710		
Name of Employer (Required) CHH Enterprises Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wal-Mart Stores, Inc. PAC for Responsible Government	11/28/2018	\$2,500.00
Mailing Address 702 SW 8th St		
City, State, Zip Code Bentonville, AR 72716-6209		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BEW Enterprise	08/22/2018	\$500.00
Mailing Address PO Box 1000		
City, State, Zip Code Pelahatchie, MS 39145-1000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Frances W Wren</u>	<u>06/09/2018</u>	<u>\$1,500.00</u>
Mailing Address <u>302 Lynwood Circle</u>		
City, State, Zip Code <u>Long Beach, MS 39560-4420</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Maritime Operation</u>	Aggregate Year-to-date	<u>\$1,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Douglas M Wright Jr.</u>	<u>08/13/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>P.O. Box 3667</u>		
City, State, Zip Code <u>Tupelo, MS 38803-3667</u>		
Name of Employer (Required) <u>Community Eldercare Services</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nancy F. Yates</u>	<u>11/14/2018</u>	<u>\$10,000.00</u>
Mailing Address <u>304 Dogwood Street</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-3312</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Homemaker</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Carey Johnston</u>	<u>10/19/2018</u>	<u>\$500.00</u>
Mailing Address <u>1064 Stokes Road</u>		
City, State, Zip Code <u>Canton, MS 39046-8407</u>		
Name of Employer (Required) <u>Endodontic Associates PLLC</u>		
Occupation (Required) <u>Dentist</u>	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>George Edwards</u>	<u>06/05/2018</u>	<u>\$250.00</u>
Mailing Address <u>11645 Stanton Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6164</u>		
Name of Employer (Required) <u>H &amp; E Builders, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kenneth Windham</u>	<u>09/05/2018</u>	<u>\$500.00</u>
Mailing Address <u>94 Grandview Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-7396</u>		
Name of Employer (Required) <u>iHeart Media</u>		
Occupation (Required) <u>Market President</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sentry Care, Inc.</u>	<u>12/06/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>106A Office Park Dr</u>		
City, State, Zip Code <u>Brandon, MS 39042-2404</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Independent Insurance Agents of Mississippi PAC</u>	<u>09/07/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>124 Riverview Dr</u>		
City, State, Zip Code <u>Flowood, MS 39232-8908</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Newcomb	11/06/2018	\$3,000.00
Mailing Address 700 Old Agency Road		
City, State, Zip Code Ridgeland, MS 39157-9418		
Name of Employer (Required) Newks Eatery		
Occupation (Required) CEO	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alfred Investments LLC	08/31/2018	\$1,000.00
Mailing Address PO Box 5016		
City, State, Zip Code Meridian, MS 39302-5016		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald James Matis II	08/30/2018	\$1,000.00
Mailing Address 1512 Gill Street		
City, State, Zip Code Columbia, MS 39429-2608		
Name of Employer (Required) MS District United Pentecostal Church		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BankPlus PAC for Responsible Government	08/10/2018	\$2,500.00
Mailing Address 1068 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Haslam	09/04/2018	\$2,500.00
Mailing Address PO Box 10528		
City, State, Zip Code Knoxville, TN 37939-0528		
Name of Employer (Required) RIVR Media		
Occupation (Required) CEO	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 Carson Hughes	12/28/2018	\$100.00
Mailing Address 20 Carriage Court Place		
City, State, Zip Code Brandon, MS 39047-8776		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phil Abernathy	08/20/2018	\$1,000.00
Mailing Address 137 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caremark RX, Inc.	09/19/2018	\$1,000.00
Mailing Address PO Box 287		
City, State, Zip Code Lincoln, RI 02895		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill D Buffington	12/20/2018	\$1,000.00
Mailing Address PO Box 214		
City, State, Zip Code Mayersville, MS 39113		
Name of Employer (Required) Self		
Occupation (Required) Wireless Consultant	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 type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tinnin Ag Investments, LLC	10/30/2018	\$1,000.00
Mailing Address 219 Industrial Drive		
City, State, Zip Code Ridgeland, MS 39157-2703		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christie Voulters	06/07/2018	\$1,000.00
Mailing Address 927 E Scenic Dr		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required) Voulters Medical Consulting		
Occupation (Required) CFO	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 Bruno Milanese	06/25/2018	\$1,000.00
Mailing Address PO Box 1612		
City, State, Zip Code Ocean Springs, MS 39566-1612		
Name of Employer (Required) Bay Pest Control		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Franco	10/23/2018	\$500.00
Mailing Address 68 Grandview Circle		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) Invictus Consulting		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul A Hurst	08/24/2018	\$1,000.00
Mailing Address 2210 Culleywood Road		
City, State, Zip Code Jackson, MS 39211-5815		
Name of Employer (Required) Butler Snow		
Occupation (Required) Government Relations	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 Jeffery B Belk	12/12/2018	\$500.00
Mailing Address 21481 Old River Road		
City, State, Zip Code Vancleave, MS 39565-8922		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Godwin Group	08/29/2018	\$1,000.00
Mailing Address P O Box 531		
City, State, Zip Code Jackson, MS 39205-0531		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name PhRMA	11/20/2018	\$1,000.00
Mailing Address 950 F Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1440		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Behavioral Health Services, LLC	11/27/2018	\$1,000.00
Mailing Address 816 Benton Road		
City, State, Zip Code Bossier City, LA 71111-3744		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Malcolm Portera	12/21/2018	\$2,500.00
Mailing Address 5105 YORKSHIRE LN		
City, State, Zip Code Tuscaloosa, AL 35406-2867		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$12,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MTM	09/07/2018	\$1,000.00
Mailing Address 16 Hawk Ridge Drive		
City, State, Zip Code Lake Saint Louis, MO 63367-1861		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baxter Healthcare Corporation	04/26/2018	\$500.00
Mailing Address 1 Baxter Parkway		
City, State, Zip Code Deerfield, IL 60015-4625		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 B. Crump	10/08/2018	\$500.00
Mailing Address 439 Point Dr		
City, State, Zip Code Brandon, MS 39047-8166		
Name of Employer (Required) HCL Technologies		
Occupation (Required) Network Support Tech	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 B Keith Heard	10/04/2018	\$1,000.00
Mailing Address 1822 Stinson Creek Road		
City, State, Zip Code Columbus, MS 39705-9352		
Name of Employer (Required) Key Impact Strategies		
Occupation (Required) Lobbyist	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 Russell G. Newman	09/10/2018	\$1,000.00
Mailing Address 801 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6621		
Name of Employer (Required) MS Bonding Company		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thrash Commercial Contractors Inc.	10/11/2018	\$500.00
Mailing Address 211 Commerce Drive		
City, State, Zip Code Brandon, MS 39042-2432		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hallie Phillips	09/27/2018	\$250.00
Mailing Address 379 Ponta Hills Road		
City, State, Zip Code Meridian, MS 39305-8394		
Name of Employer (Required) One Life America		
Occupation (Required) VP	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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yenraek And Associates	12/02/2018	\$1,000.00
Mailing Address 5934 Chestnut Street		
City, State, Zip Code New Orleans, LA 70115-3241		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe F. Sanderson Jr.	09/10/2018	\$50,000.00
Mailing Address PO Box 988		
City, State, Zip Code Laurel, MS 39441-0988		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) CEO	Aggregate Year-to-date	\$50,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory C. Rador	11/28/2018	\$25,000.00
Mailing Address 150 Briarbend Drive		
City, State, Zip Code Columbus, MS 39705-1472		
Name of Employer (Required) Columbus Recycling		
Occupation (Required) President	Aggregate Year-to-date	\$25,000.00
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 Roianne N. Gutierrez	06/18/2018	\$1,000.00
Mailing Address 9480 Oak Pointe Drive		
City, State, Zip Code Gulfport, MS 39503-6123		
Name of Employer (Required) Newman Lumber		
Occupation (Required) Co-owner	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sam Mavar Jr.	06/25/2018	\$500.00
Mailing Address 413 Jordan Dr		
City, State, Zip Code Biloxi, MS 39531-2312		
Name of Employer (Required) Mavar Properties LLC		
Occupation (Required) Member	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alliance Health Center	09/13/2018	\$500.00
Mailing Address 50000 Highway 39 North		
City, State, Zip Code Meridian, MS 39301		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Mike	09/10/2018	\$1,000.00
Mailing Address 115 Henry Road		
City, State, Zip Code Vicksburg, MS 39183-9567		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Land Holdings I, LLC DBA Scarlet Pearl	06/14/2018	\$1,000.00
Mailing Address 9380 Central Ave		
City, State, Zip Code Diberville, MS 39540-5302		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Dedeaux	10/18/2018	\$1,000.00
Mailing Address 1106 Destin Place		
City, State, Zip Code Brandon, MS 39042-2858		
Name of Employer (Required)	Dedeaux 042 Rentals LLC	
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patricia Hopson	08/28/2018	\$500.00
Mailing Address 3320 Indiana Avenue		
City, State, Zip Code Vicksburg, MS 39180-4541		
Name of Employer (Required)	Retired	
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Nau	12/13/2018	\$50,000.00
Mailing Address 7777 Washington Ave		
City, State, Zip Code Houston, TX 77007-1037		
Name of Employer (Required) Silver Eagle Distributors		
Occupation (Required) Executive	Aggregate Year-to-date	\$50,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dmitri Sushenia	10/23/2018	\$250.00
Mailing Address 98 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8649		
Name of Employer (Required) Signator Investors Inc.		
Occupation (Required) Financial Advisor	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 Stephen Maggio	06/21/2018	\$500.00
Mailing Address 2201 24th Avenue		
City, State, Zip Code Gulfport, MS 39501-4604		
Name of Employer (Required) The Maggio Law Firm		
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 US Oil And Gas Association PAC	10/23/2018	\$500.00
Mailing Address 513 N State St Ste 202		
City, State, Zip Code Jackson, MS 39201-1110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Royce Cumbest	12/12/2018	\$500.00
Mailing Address 3041 Linn Cumbest Road		
City, State, Zip Code Moss Point, MS 39562-0507		
Name of Employer (Required) M&M Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name First State Bank	09/18/2018	\$1,000.00
Mailing Address P.O. Box 506		
City, State, Zip Code Waynesboro, MS 39367-0506		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward R. Ted Willis	09/24/2018	\$1,000.00
Mailing Address 100 Drinkwater Blvd		
City, State, Zip Code Bay Saint Louis, MS 39520-1614		
Name of Employer (Required) Garden Park Medical Center		
Occupation (Required) ENT	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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waste Pro	10/23/2018	\$5,000.00
Mailing Address 2101 W. State Road 434 Suite 315		
City, State, Zip Code Longwood, FL 32779-5053		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Scott C. Woods &amp; Associates, P.A.</u>	<u>08/14/2018</u>	<u>\$500.00</u>
Mailing Address <u>112 Lone Wolf Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7028</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Advanced Design And Construction L.L.C</u>	<u>12/18/2018</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 1490</u>		
City, State, Zip Code <u>Magee, MS 39111-1490</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wesley Goings III</u>	<u>12/06/2018</u>	<u>\$2,500.00</u>
Mailing Address <u>101 Kirkwood Court</u>		
City, State, Zip Code <u>Jackson, MS 39211-6062</u>		
Name of Employer (Required) <u>CSpire</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Dan Rollins III</u>	<u>12/14/2018</u>	<u>\$2,500.00</u>
Mailing Address <u>1762 N Park Cir</u>		
City, State, Zip Code <u>Tupelo, MS 38804-9755</u>		
Name of Employer (Required) <u>BancorpSouth</u>		
Occupation (Required) <u>Chairman and CEO</u>	Aggregate Year-to-date	<u>\$2,500.00</u>

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Weir Boerner Allin Architecture PLLC	08/15/2018	\$1,000.00
Mailing Address 2727 Old Canton Rd. Suite 200		
City, State, Zip Code Jackson, MS 39216-4310		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Primary Care Coalition Of Mississippi LLC	12/18/2018	\$1,000.00
Mailing Address P.O. Box 11745		
City, State, Zip Code Jackson, MS 39283-1745		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cambria Solutions Inc	09/07/2018	\$1,000.00
Mailing Address 1050 20th St Suite 275		
City, State, Zip Code Sacramento, CA 95811-3157		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kentray K Hairston	08/30/2018	\$1,000.00
Mailing Address 108 Seville Way		
City, State, Zip Code Madison, MS 39110-8170		
Name of Employer (Required)	Butler Snow Omara Stevens & Cannada	
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Attorney		

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trace Industrial Properties	10/30/2018	\$1,000.00
Mailing Address 219 Industrial Drive		
City, State, Zip Code Ridgeland, MS 39157-2703		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Monsanto Company	05/22/2018	\$1,000.00
Mailing Address 800 N Lindbergh Boulevard		
City, State, Zip Code Saint Louis, MO 63187-1000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sanofi U.S. Services, Inc. Employees' PAC	09/14/2018	\$1,000.00
Mailing Address 55 Corporate Dr		
City, State, Zip Code Bridgewater, NJ 08807-1265		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Adams & Reese LLP	08/23/2018	\$1,000.00
Mailing Address 1018 Highland Colony Pkwy STE 800		
City, State, Zip Code Ridgeland, MS 39157-2057		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name General Motors Company PAC	12/17/2018	\$2,500.00
Mailing Address 25 Massachusetts Ave NW Ste 400		
City, State, Zip Code Washington, DC 20001-1427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry N Dick III	07/03/2018	\$250.00
Mailing Address 2340 N Country Club Ln		
City, State, Zip Code Biloxi, MS 39532-3200		
Name of Employer (Required)	Page, Manmino, Peresich & McDermott, PLLC	
Occupation (Required)	Attorney	Aggregate Year-to-date
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Wax	12/31/2018	\$25,000.00
Mailing Address PO Box 60		
City, State, Zip Code Amory, MS 38821-0060		
Name of Employer (Required)	Wax Seed Company	
Occupation (Required)	Owner	Aggregate Year-to-date
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Havard Pest Control, Inc.	12/11/2018	\$1,000.00
Mailing Address PO Box 447		
City, State, Zip Code Hattiesburg, MS 39403-0447		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Treasure Bay Hotel And Casino	06/04/2018	\$1,000.00
Mailing Address PO Drawer 4637		
City, State, Zip Code Biloxi, MS 39535-4637		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie M. Bozeman	08/08/2018	\$1,000.00
Mailing Address PO Box 1038		
City, State, Zip Code Jackson, MS 39215-1038		
Name of Employer (Required) Self		
Occupation (Required) Lobbyist	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 Richard H McNeil	08/10/2018	\$1,000.00
Mailing Address 2566 Lake Circle		
City, State, Zip Code Jackson, MS 39211-0624		
Name of Employer (Required) JBHM Architects, P.A.		
Occupation (Required) Principal Architect	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 Victor Walsh	09/04/2018	\$1,000.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3839		
Name of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Citizens Bank Columbia	12/05/2018	\$1,000.00
Mailing Address PO Box 232		
City, State, Zip Code Columbia, MS 39429-0232		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Speed Commercial Real Estate, LLC	10/29/2018	\$1,000.00
Mailing Address PO Box 0806		
City, State, Zip Code Ridgeland, MS 39158-0806		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stonehenge Capital Company, LLC	09/05/2018	\$1,000.00
Mailing Address 191 West Nationwide Blvd, Suite 600		
City, State, Zip Code Columbus, OH 43215-2569		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caterpillar Employees PAC	08/27/2018	\$2,000.00
Mailing Address 100 NE Adams St		
City, State, Zip Code Peoria, IL 61629-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Windham	10/19/2018	\$100.00
Mailing Address 94 Grandview Circle		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) iHeart Media		
Occupation (Required) Market President	Aggregate Year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray Harrigil	11/06/2018	\$1,000.00
Mailing Address 106 Gabriel Place		
City, State, Zip Code Madison, MS 39110-8532		
Name of Employer (Required) Sunray Companies		
Occupation (Required) President	Aggregate Year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Angela Wingfield	06/10/2018	\$500.00
Mailing Address 915 E Scenic Drive		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required) The Dermatology Clinic PLLC		
Occupation (Required) Dermatologist	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 L. Smith	09/17/2018	\$1,000.00
Mailing Address 1200 Meadowbrook Road Apt. 18		
City, State, Zip Code Jackson, MS 39206-6109		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neva Jefcoat	10/22/2018	\$1,000.00
Mailing Address PO Box 6197		
City, State, Zip Code Pearl, MS 39288-6197		
Name of Employer (Required) Jefcoat Fence Company		
Occupation (Required) Executive	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 type="checkbox"/> Other (please specify) Candidate Campaign Committee _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect Brice Wiggins	08/25/2018	\$500.00
Mailing Address PO Box 1877		
City, State, Zip Code Pascagoula, MS 39568-1877		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy F. Thornton	12/10/2018	\$1,000.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required) Mississippi Power		
Occupation (Required) Vice President, Legislative & Regulatory Affairs	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 Harry Simmons Jr.	12/10/2018	\$1,000.00
Mailing Address 2628 Erickson Road		
City, State, Zip Code Yazoo City, MS 39194-9457		
Name of Employer (Required) Simmons Farm Raised Catfish		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael S Lucius	10/23/2018	\$250.00
Mailing Address P.O. Box 1996		
City, State, Zip Code Jackson, MS 38215-1996		
Name of Employer (Required) MS Dep. of Health		
Occupation (Required) Deputy State Health Officer	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 Alben Norris Hopkins Jr.	12/13/2018	\$1,000.00
Mailing Address PO Box 1510		
City, State, Zip Code Gulfport, MS 39502-1510		
Name of Employer (Required) Hopkins, Barrie, and Hopkins PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denbury Resources, Inc.	08/16/2018	\$1,000.00
Mailing Address 5320 Legacy Drive		
City, State, Zip Code Plano, TX 75024-3127		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pathway Management Inc.	09/06/2018	\$1,000.00
Mailing Address 783 Avery Boulevard N		
City, State, Zip Code Ridgeland, MS 39157-5218		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Frank Genzer Jr.	06/25/2018	\$1,000.00
<b>Mailing Address</b> 145 Saint Jude Street		
<b>City, State, Zip Code</b> Biloxi, MS 39530-3602		
<b>Name of Employer (Required)</b> Self		
<b>Occupation (Required)</b> Architect	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
<b>Full Name</b> Johnny McRight	12/10/2018	\$5,000.00
<b>Mailing Address</b> PO Box 4812		
<b>City, State, Zip Code</b> Greenville, MS 38704-4812		
<b>Name of Employer (Required)</b> Mcright Services, LLC		
<b>Occupation (Required)</b> Owner	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
<b>Full Name</b> Trudy Fisher	08/28/2018	\$1,000.00
<b>Mailing Address</b> 1301 STONEBRIDGE RD		
<b>City, State, Zip Code</b> Oxford, MS 38655-2286		
<b>Name of Employer (Required)</b> Butler Snow		
<b>Occupation (Required)</b> 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
<b>Full Name</b> Wilford A Payne III	12/19/2018	\$10,000.00
<b>Mailing Address</b> P.O. Box 1267		
<b>City, State, Zip Code</b> Hattiesburg, MS 39403-1267		
<b>Name of Employer (Required)</b> W.A. Payne & Associates		
<b>Occupation (Required)</b> Attorney	Aggregate Year-to-date	\$10,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marascalco Sav-Mor Drugs	09/05/2018	\$2,500.00
Mailing Address 1967 South Commerce ST		
City, State, Zip Code Grenada, MS 38901-5107		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alwyn Luckey	12/13/2018	\$2,500.00
Mailing Address 2111 Bienville Boulevard		
City, State, Zip Code Ocean Springs, MS 39564-3001		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark S. Jordan	09/13/2018	\$2,500.00
Mailing Address PO Box 328		
City, State, Zip Code Madison, MS 39130-0328		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	09/10/2018	\$20,000.00
Mailing Address 4209 Lakeland Dr Ste 399		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00

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**ITEMIZED RECEIPTS**

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Evergreen Industries, Inc.	10/15/2018	\$1,000.00
Mailing Address PO Box 526		
City, State, Zip Code Libery, MS 39645-0526		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) L.I.C. _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Centene Management Company L.I.C	10/09/2018	\$50,000.00
Mailing Address 7700 Forsyth Blvd		
City, State, Zip Code Saint Louis, MO 63105-1807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$50,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neel-Schaffer	12/03/2018	\$1,000.00
Mailing Address PO Box 22625		
City, State, Zip Code Jackson, MS 39225-2625		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John A. Polk	12/11/2018	\$250.00
Mailing Address 53 Tidewater Road		
City, State, Zip Code Hattiesburg, MS 39402-9778		
Name of Employer (Required) Polks Meat Products Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peter C Abide	06/25/2018	\$250.00
Mailing Address 436 Jordan Drive		
City, State, Zip Code Biloxi, MS 39531-2309		
Name of Employer (Required) City of Biloxi		
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 E. Bruce Martin	09/27/2018	\$10,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Rosenbaum Insurance		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$10,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 1St Choice Concrete Pumping Service Inc	11/12/2018	\$500.00
Mailing Address PO Box 189		
City, State, Zip Code Terry, MS 39170-0189		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian Cain	12/19/2018	\$5,000.00
Mailing Address 16411 Robinson Road		
City, State, Zip Code Gulfport, MS 39503-4879		
Name of Employer (Required) Lakeview Management Inc.		
Occupation (Required) President, Director	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name L.M. Adkins	12/18/2018	\$200.00
Mailing Address 1113 Ellington Ct.		
City, State, Zip Code Brandon, MS 39042-3627		
Name of Employer (Required) Retired		
Occupation (Required) Retired	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 checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name McGraw Gotta Go LLC	08/17/2018	\$1,000.00
Mailing Address PO Box 267		
City, State, Zip Code Flora, MS 39071-0267		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Cress Group LLC	10/31/2018	\$500.00
Mailing Address PO Box 1260		
City, State, Zip Code Ridgeland, MS 39158-1260		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Webster	09/10/2018	\$5,000.00
Mailing Address PO Box 590		
City, State, Zip Code Madison, MS 39130-0590		
Name of Employer (Required) Key Constructors LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claire Tindell	10/15/2018	\$500.00
Mailing Address P.O. Box 784		
City, State, Zip Code Gulfport, MS 39502-0784		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	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 Jimmy Alexander	09/26/2018	\$10,000.00
Mailing Address PO Box 1265		
City, State, Zip Code Meridian, MS 39302-1265		
Name of Employer (Required) A&B Electric		
Occupation (Required) Owner	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 W. Michael Russ	08/21/2018	\$1,000.00
Mailing Address 705 Welford Court		
City, State, Zip Code Madison, MS 39110-7563		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 Michael Diaz	06/18/2018	\$1,000.00
Mailing Address 936 Tommy Munro Drive		
City, State, Zip Code Biloxi, MS 39532-2130		
Name of Employer (Required) Diaz Plastic Surgery Center		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comcast Corporation & NBCUniversal PAC	11/29/2018	\$2,000.00
Mailing Address 1 Comcast Ctr 1701 JFK Boulevard		
City, State, Zip Code Philadelphia, PA 19103-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Bankers Association PAC	09/10/2018	\$2,500.00
Mailing Address PO Box 1091		
City, State, Zip Code Jackson, MS 39215-1091		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,600.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Beckstrom	11/06/2018	\$500.00
Mailing Address 330 Stonehaven Drive		
City, State, Zip Code Mandeville, LA 70471-1118		
Name of Employer (Required)	Ochsner	
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J Morgan Builder, LLC	10/25/2018	\$1,000.00
Mailing Address PO Box 1303		
City, State, Zip Code Madison, MS 39130-1303		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Stone	12/11/2018	\$2,000.00
Mailing Address PO Box 130		
City, State, Zip Code Gulfport, MS 39502-0130		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cooper Tire & Rubber Company PAC	09/04/2018	\$1,000.00
Mailing Address PO Box 550		
City, State, Zip Code Findlay, OH 45839-0550		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bay Street, LLC	11/29/2018	\$500.00
Mailing Address PO Box 12485		
City, State, Zip Code Jackson, MS 39236-2485		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Oak Grove Family Dentistry	12/12/2018	\$500.00
Mailing Address 6657 US Hwy 90		
City, State, Zip Code Hattiesburg, MS 39402-8442		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Chiropractors PAC	11/17/2018	\$500.00
Mailing Address 4294 Lakeland Dr Ste 100		
City, State, Zip Code Flowood, MS 39232-9610		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Motorola Solutions, Inc PAC Multicandidate Committee	08/20/2018	\$1,000.00
Mailing Address 1455 Pennsylvania Ave NW Ste 900		
City, State, Zip Code Washington, DC 20004-1016		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Montgomery Properties Inc	09/06/2018	\$1,000.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reeves Real Estate LLC	10/15/2018	\$1,000.00
Mailing Address PO Box 6276		
City, State, Zip Code Brandon, MS 39228		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Buford	12/10/2018	\$250.00
Mailing Address 3329 Moncure Marble Road		
City, State, Zip Code Terry, MS 39170-9631		
Name of Employer (Required) Buford Plumbing Co.		
Occupation (Required) Owner	Aggregate Year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey Guice	06/18/2018	\$250.00
Mailing Address PO Box 549		
City, State, Zip Code Ocean Springs, MS 39566-0549		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Property Casualty Insurers Association of America PAC	08/22/2018	\$1,000.00
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		
City, State, Zip Code Chicago, IL 60631-3512		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Soigne Corporation	11/26/2018	\$1,000.00
Mailing Address PO Box 14054		
City, State, Zip Code Jackson, MS 39236-4054		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C. Phillip Buffington Jr.	12/31/2018	\$500.00
Mailing Address 4001 Roxbury Road		
City, State, Zip Code Jackson, MS 39211-6350		
Name of Employer (Required) Adams and Reese		
Occupation (Required) Partner	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 Judith J Redshaw	06/19/2018	\$250.00
Mailing Address 15195 Ponotoc Drive		
City, State, Zip Code Kiln, MS 39556-8172		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capturion Network LLC	12/19/2018	\$5,000.00
Mailing Address PO Box 6439		
City, State, Zip Code Laurel, MS 39441-6439		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cascio Consulting LLC	06/12/2018	\$500.00
Mailing Address 685 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7390		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neely's Starter Alternator Service, Inc.	10/31/2018	\$300.00
Mailing Address 151 Linda Jo Drive		
City, State, Zip Code Richland, MS 39218-9224		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 C Lunardini	11/13/2018	\$250.00
Mailing Address 274 Swan Sea Lane		
City, State, Zip Code Madison, MS 39110-9036		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ralph Morgan	09/27/2018	\$1,000.00
Mailing Address 3714 Lauderdale Road		
City, State, Zip Code Lauderdale, MS 39335-9632		
Name of Employer (Required) Ralph Morgan Logging		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon Lighting, Inc.	10/22/2018	\$1,000.00
Mailing Address PO Box 542		
City, State, Zip Code Brandon, MS 39043-0542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="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 G. Yates Jr.	11/14/2018	\$15,000.00
Mailing Address PO Box 450		
City, State, Zip Code Philadelphia, MS 39350-0456		
Name of Employer (Required) Yates Construction		
Occupation (Required) CEO	Aggregate Year-to-date	\$20,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornerstone Government Affairs, LLC	08/22/2018	\$1,000.00
Mailing Address 200 N CONGRESS ST STE 201		
City, State, Zip Code Jackson, MS 39201-1902		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas M. Duff	12/11/2018	\$2,500.00
Mailing Address 73 Tidewater Rd		
City, State, Zip Code Hattiesburg, MS 39402-9780		
Name of Employer (Required) T L Wallace Construction		
Occupation (Required) Executive	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 Jason Hicks	11/12/2018	\$250.00
Mailing Address 243 Hidden Oaks Dr.		
City, State, Zip Code Ridgeland, MS 39157-7001		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$250.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denmiss LLC	07/26/2018	\$5,000.00
Mailing Address PO Box 320579		
City, State, Zip Code Flowood, MS 39232-0579		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JFM Incorporated	10/18/2018	\$500.00
Mailing Address PO Box 321001		
City, State, Zip Code Flowood, MS 39232-1001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pain Partners, LLC	11/13/2018	\$1,000.00
Mailing Address 1001 14th street		
City, State, Zip Code Meridian, MS 39301-4458		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) Owner	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Morgan	10/03/2018	\$250.00
Mailing Address 9001 Summa Ave		
City, State, Zip Code Baton Rouge, LA 70809-3726		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. Bruce Martin	12/21/2018	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Rosenbaum Insurance		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$11,000.00
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 Anthony L. Wilson	12/07/2018	\$1,000.00
Mailing Address 2992 West Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-1907		
Name of Employer (Required) Mississippi Power Company		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Dental PAC	09/10/2018	\$5,000.00
Mailing Address 439B Katherine Drive		
City, State, Zip Code Flowood, MS 39232-9781		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Concrete Industries Association PAC	09/04/2018	\$5,000.00
Mailing Address 6700 Old Canton Rd Ste K		
City, State, Zip Code Ridgeland, MS 39157-1253		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Grant Fox	10/11/2018	\$500.00
Mailing Address PO Box 310		
City, State, Zip Code Brandon, MS 39043-0310		
Name of Employer (Required) Fox Law Group		
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 Gerald O. Maxcy	12/24/2018	\$250.00
Mailing Address 613 Linwood St.		
City, State, Zip Code Fulton, MS 38843-8924		
Name of Employer (Required) Jesco Inc.		
Occupation (Required) Sr. Management	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 Melissa Covington	10/16/2018	\$125.00
Mailing Address 1611 Lissa Drive		
City, State, Zip Code McComb, MS 39048-2007		
Name of Employer (Required) E.D. Covington, L.P.		
Occupation (Required) General Partner	Aggregate Year-to-date	\$125.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clark PAC	09/05/2018	\$2,500.00
Mailing Address 300 Oakland Flatrock Rd		
City, State, Zip Code Oakland, KY 42159-9766		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Davis	08/15/2018	\$1,000.00
Mailing Address 200 Bent Tree Cv		
City, State, Zip Code Flowood, MS 39232-8689		
Name of Employer (Required) Baptist Health Systems		
Occupation (Required) Neurosurgeon	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 Daniel Cash	12/08/2018	\$250.00
Mailing Address PO Box 663		
City, State, Zip Code Tupelo, MS 38802-0663		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles C. Blalack	08/05/2018	\$1,000.00
Mailing Address 9012 Suntree Lane		
City, State, Zip Code Gulfport, MS 39503-6137		
Name of Employer (Required) Kare-In-Home		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Microsoft Corporation	04/19/2018	\$1,000.00
Mailing Address One Microsoft Way		
City, State, Zip Code Redmond, WA 98052-8300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Manufacturers Association PAC</u>	<u>09/04/2018</u>	<u>\$5,000.00</u>
Mailing Address <u>720 N President St</u>		
City, State, Zip Code <u>Jackson, MS 39202-3004</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Duke Garraway</u>	<u>12/14/2018</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 4024</u>		
City, State, Zip Code <u>Madison, MS 39130-4024</u>		
Name of Employer (Required) <u>Garraway Appraisals</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bernard Jordan</u>	<u>12/10/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>11076 Carter Road</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-9421</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sharon Wood Agency Inc.</u>	<u>10/16/2018</u>	<u>\$1,000.00</u>
Mailing Address <u>1490 W Government Street Suite 1</u>		
City, State, Zip Code <u>Brandon, MS 39042-3024</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> White Oak Enterprise LP	10/23/2018	\$500.00
<b>Mailing Address</b> 109 Creekwood Dr		
<b>City, State, Zip Code</b> Flowood, MS 39232-7080		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	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
<b>Full Name</b> Chatham H. Phillips	12/10/2018	\$1,000.00
<b>Mailing Address</b> 4024 Money Sunk Road		
<b>City, State, Zip Code</b> Yazoo City, MS 39194-8653		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full Name</b> Norfolk Southern Corporation	10/15/2018	\$500.00
<b>Mailing Address</b> RSA Plaza Suite 192, 770 Washington Ave		
<b>City, State, Zip Code</b> Montgomery, AL 36104-3818		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	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
<b>Full Name</b> Roderick L Hill	09/10/2018	\$1,000.00
<b>Mailing Address</b> 1211 Riverside Drive		
<b>City, State, Zip Code</b> Jackson, MS 39202-1234		
<b>Name of Employer (Required)</b>		
<b>Occupation (Required)</b>	Aggregate Year-to-date	\$1,000.00
President and CEO		

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Parkman	08/14/2018	\$2,500.00
Mailing Address PO Box 2220		
City, State, Zip Code Clinton, MS 39060-2220		
Name of Employer (Required) TPI Insurance		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip's Pest Control	08/25/2018	\$500.00
Mailing Address 18516 Joe Moran Road		
City, State, Zip Code Kiln, MS 39556-8219		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Huggins	12/21/2018	\$300.00
Mailing Address 108 McGuire Cv.		
City, State, Zip Code Clarksdale, MS 38614-9708		
Name of Employer (Required) Fiser Insurance Agency		
Occupation (Required) Agent	Aggregate Year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Committee to Elect Trey Baxter	09/10/2018	\$500.00
Mailing Address P.O. Box 2698		
City, State, Zip Code Madison, MS 39130-2698		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew B. Wesson	12/26/2018	\$1,000.00
Mailing Address 2445 GREENWICH PARK CIR		
City, State, Zip Code Tupelo, MS 38804-5045		
Name of Employer (Required) Wesson Ophthalmologist Association, PLLC		
Occupation (Required) Ophthalmologist	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ride Right LLC	09/07/2018	\$1,000.00
Mailing Address 18 Hawk Ridge Drive		
City, State, Zip Code Lake Saint Louis, MO 63367-1861		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gifford W Ormes	12/12/2018	\$250.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required) Mississippi Power Company		
Occupation (Required) Executive	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 Tommie S. Cardin	08/23/2018	\$1,000.00
Mailing Address 176 Green Glades Drive		
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Joseph C Canizaro</u>	<u>09/10/2018</u>	<u>\$25,000.00</u>
Mailing Address <u>909 Poydras Street Suite 1700</u>		
City, State, Zip Code <u>New Orleans, LA 70112-4010</u>		
Name of Employer (Required) <u>Columbus Communities LLC</u>		
Occupation (Required) <u>CEO, President, Chairman</u>	Aggregate Year-to-date	<u>\$27,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sue Ellen Canizaro</u>	<u>09/10/2018</u>	<u>\$25,000.00</u>
Mailing Address <u>909 Poydras Street Suite 1700</u>		
City, State, Zip Code <u>New Orleans, LA 70112</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$25,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Triumph Campaigns</u>	<u>09/10/2018</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 12243</u>		
City, State, Zip Code <u>Jackson, MS 39236-2243</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William G. Yates Jr.</u>	<u>07/24/2018</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 456</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-0456</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$5,000.00</u>

Name of Candidate or Committee

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merck Sharp & Dohme Corporation	08/03/2018	\$500.00
Mailing Address 705 MISTY PINES CIR		
City, State, Zip Code Nashville, TN 37211-8503		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny L. Crane Jr.	12/10/2018	\$250.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) President	Aggregate Year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arthur D. Spratlin, Jr.	08/21/2018	\$1,000.00
Mailing Address 2480 Sandridge Dr		
City, State, Zip Code Jackson, MS 39211-6203		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Anderson	09/27/2018	\$500.00
Mailing Address 1704 23rd Ave		
City, State, Zip Code Meridian, MS 39301-3103		
Name of Employer (Required) Self-Employed		
Occupation (Required) Radiation Oncologist	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Letonoff	09/26/2018	\$250.00
Mailing Address 8 Bayou Oaks Lane		
City, State, Zip Code Gulfport, MS 39503-6218		
Name of Employer (Required) Ochsner		
Occupation (Required) DO	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 Mississippi Medical PAC -State	09/10/2018	\$5,000.00
Mailing Address PO Box 2548		
City, State, Zip Code Ridgeland, MS 39158-2548		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MGM Resorts International	02/06/2018	\$1,000.00
Mailing Address P.O. Box 77123		
City, State, Zip Code Las Vegas, NV 89177-7123		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Himmer Covington Sr.	08/25/2018	\$5,000.00
Mailing Address 207 Fairway Drive		
City, State, Zip Code Pass Christian, MS 39571-2126		
Name of Employer (Required) Covington Civil & Environmental		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert C Deweese	08/31/2018	\$500.00
Mailing Address 550 Edgewood Drive		
City, State, Zip Code Eupora, MS 39744-9418		
Name of Employer (Required) Deweese Title Loan LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helena Chemical Company	09/07/2018	\$1,000.00
Mailing Address 225 Schilling Blvd STE 300		
City, State, Zip Code Collierville, TN 38017-7177		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Wallace	08/31/2018	\$500.00
Mailing Address 318 Hillview Drive		
City, State, Zip Code Ridgeland, MS 39157-8606		
Name of Employer (Required) Wise, Carter, Child, & Carraway, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Imagine Mississippi PAC	12/28/2018	\$5,000.00
Mailing Address PO Box 80		
City, State, Zip Code Jackson, MS 39205-0080		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) _____					
Full Name	Joe Nosef				10/09/2018	\$1,000.00
Mailing Address	2208 heritage hill drive					
City, State, Zip Code	Jackson, MS 39211-5821					
Name of Employer (Required)	Watkins & Eager					
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	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) _____					
Full Name	L. Wayne Tisdale				06/25/2018	\$1,000.00
Mailing Address	9161 Ridge Road					
City, State, Zip Code	Gulfport, MS 39503-6120					
Name of Employer (Required)	Retired					
Occupation (Required)	N/A				Aggregate Year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) <u>IN-KIND</u>					
Full Name	Jourdan Nicaud				06/25/2018	\$1,500.00
Mailing Address	111 W Scenic Dr.					
City, State, Zip Code	Pass Christian, MS 39571-4419					
Name of Employer (Required)	Bacchus					
Occupation (Required)	Owner				Aggregate Year-to-date	\$1,500.00
Source:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	<input type="checkbox"/> Other (please specify) _____					
Full Name	Pennington & Trim Alarm Services, Inc.				10/12/2018	\$500.00
Mailing Address	4374 Mangum Dr, Ste. C					
City, State, Zip Code	Flowood, MS 39232-2111					
Name of Employer (Required)						
Occupation (Required)					Aggregate Year-to-date	\$500.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Advance America	08/24/2018	\$1,000.00
Mailing Address 135 N. Church Street		
City, State, Zip Code Spartanburg, SC 29306-5138		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James W Rawlings	12/18/2018	\$250.00
Mailing Address 521 Louisiana Avenue		
City, State, Zip Code McComb, MS 39648-4032		
Name of Employer (Required) City of McComb		
Occupation (Required) Mayor	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 Alexander Brunini	08/21/2018	\$1,000.00
Mailing Address 119 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4710		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
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 Frank A. Mallette	12/12/2018	\$500.00
Mailing Address 3708 Highway 90		
City, State, Zip Code Gautier, MS 39553-5010		
Name of Employer (Required) Mallette Brothers Construction Co., Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Lending Services Incorporated	09/06/2018	\$500.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brentwood Behavioral Healthcare Of MS	09/14/2018	\$500.00
Mailing Address 3531 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8839		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Bail Agents Association	09/10/2018	\$1,000.00
Mailing Address 413 S President Street Suite 111		
City, State, Zip Code Jackson, MS 39201-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Clark	08/22/2018	\$1,000.00
Mailing Address PO Box 6010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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**ITEMIZED RECEIPTS**

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AT&T Mississippi Political Action Committee	09/19/2018	\$10,000.00
Mailing Address 111 E Capitol St Ste 6030		
City, State, Zip Code Jackson, MS 39201-2108		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry W. Swallows	10/23/2018	\$200.00
Mailing Address 199 Woodlands Green Drive		
City, State, Zip Code Brandon, MS 39047-8797		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Watchdog PAC	07/31/2018	\$10,000.00
Mailing Address PO Box 23		
City, State, Zip Code Jackson, MS 39205-0023		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold L. Weiss	08/15/2018	\$500.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Retired		

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# ITEMIZED DISBURSEMENTS

		Aggregate Total Running Amount of each disbursement this period
Full Name	4 River Bend Place LLC	Date (Mo., Day, Year)
Mailing Address	4 River Bend Pl.	10/01/2018 \$2,000.00
City, State, Zip Code	Flowood, MS 39232-9710	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Office Space		\$8,000.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)
Mailing Address	815 Slaters Lane	06/28/2018 \$25,000.00
City, State, Zip Code	Alexandria, VA 22314-1219	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Consulting and Advertising		\$25,000.00
Full Name	US Postal Service	Date (Mo., Day, Year)
Mailing Address	629 Fondren Pl.	08/09/2018 \$57.80
City, State, Zip Code	Jackson, MS 39216-4206	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Postage		\$207.80
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)
Mailing Address	815 Slaters Lane	12/14/2018 \$150.00
City, State, Zip Code	Alexandria, VA 22314-1219	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Website Host		\$1,613.73
Full Name	Neal Ricks	Date (Mo., Day, Year)
Mailing Address	2074 Meadowbrook	08/29/2018 \$173.31
City, State, Zip Code	Jackson, MS 39211-6528	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Expense Reimbursement		\$253.45
Full Name	United Airlines	Date (Mo., Day, Year)
Mailing Address	77 West Wacker Dr.	11/08/2018 \$504.60
City, State, Zip Code	Chicago, IL 60601-1604	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Airfare to Republican Governors Association Conference		\$504.60

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018through 12/31/2018**ITEMIZED DISBURSEMENTS**

		<b>Aggregate Total Running</b>
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address InCare Technologies, Inc 600 Lakeshore Parkway	08/11/2018	\$76.24
City, State, Zip Code Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) IT Support	Aggregate Year-to-date	\$335.19
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address 4 River Bend Place LLC 4 River Bend Pt.	11/06/2018	\$2,000.00
City, State, Zip Code Flowood, MS 39232-9710		
Purpose of Disbursement (Optional) Office Space	Aggregate Year-to-date	\$10,000.00
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address David Clanton PO Box 463	10/04/2018	\$1,109.50
City, State, Zip Code Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Reimbursement Expense	Aggregate Year-to-date	\$20,820.76
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address Stephens Printing, LLC 642 Hwy 469 S	10/24/2018	\$2,248.97
City, State, Zip Code Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$20,703.72
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address ASAP Printing 2801 Layfair Drive	11/07/2018	\$1,066.72
City, State, Zip Code Flowood, MS 39232-9501		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$1,066.72
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address Mailchimp 675 Ponce de Leon Ave	07/20/2018	\$75.00
City, State, Zip Code Atlanta, GA 30308-1884		
Purpose of Disbursement (Optional) Mailchimp Services	Aggregate Year-to-date	\$150.00

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**ITEMIZED DISBURSEMENTS**

		Aggregate Total Running Amount of each disbursement this period	
<b>Full Name</b>	Facebook	<b>Date</b> (Mo., Day, Year)	
<b>Mailing Address</b>	1 Hacker Way	08/31/2018	\$484.69
<b>City, State, Zip Code</b>	Menlo Park, CA 94025-1456		
<b>Purpose of Disbursement (Optional)</b>	Advertising	<b>Aggregate Year-to-date</b>	\$584.69
<b>Full Name</b>	Oldie Tyme Commissary	<b>Date</b> (Mo., Day, Year)	
<b>Mailing Address</b>	1000 Highland Colony Pkwy STE 9011	11/07/2018	\$90.95
<b>City, State, Zip Code</b>	Ridgeland, MS 39157-2083		
<b>Purpose of Disbursement (Optional)</b>	Event Expenses	<b>Aggregate Year-to-date</b>	\$417.30
<b>Full Name</b>	1380, LLC	<b>Date</b> (Mo., Day, Year)	
<b>Mailing Address</b>	29374 Network Place	10/23/2018	\$150.00
<b>City, State, Zip Code</b>	Chicago, IL 60673-1293		
<b>Purpose of Disbursement (Optional)</b>	Data Storage	<b>Aggregate Year-to-date</b>	\$600.00
<b>Full Name</b>	Mailchimp	<b>Date</b> (Mo., Day, Year)	
<b>Mailing Address</b>	675 Pace de Leon Ave	09/20/2018	\$75.00
<b>City, State, Zip Code</b>	Atlanta, GA 30308-1884		
<b>Purpose of Disbursement (Optional)</b>	Mailchimp Services	<b>Aggregate Year-to-date</b>	\$300.00
<b>Full Name</b>	Best Buy	<b>Date</b> (Mo., Day, Year)	
<b>Mailing Address</b>	175 Grandview Blvd	08/06/2018	\$149.78
<b>City, State, Zip Code</b>	Madison, MS 39110-6039		
<b>Purpose of Disbursement (Optional)</b>	Office Supplies	<b>Aggregate Year-to-date</b>	\$386.21
<b>Full Name</b>	Office Depot	<b>Date</b> (Mo., Day, Year)	
<b>Mailing Address</b>	120 Grandview Blvd	08/22/2018	\$24.60
<b>City, State, Zip Code</b>	Madison, MS 39110-5532		
<b>Purpose of Disbursement (Optional)</b>	Office Supplies	<b>Aggregate Year-to-date</b>	\$189.22

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## ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rankin County Republican Women		
Mailing Address	09/20/2018	\$500.00
Pearl, MS 39208-6669		
Purpose of Disbursement (Optional) Event Sponsorship	Aggregate Year-to-date	\$500.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephens Printing, LLC		
Mailing Address	06/28/2018	\$3,763.54
642 Hwy 469 S		
City, State, Zip Code		
Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$3,763.54
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC		
Mailing Address	08/15/2018	\$150.00
29374 Network Place		
City, State, Zip Code		
Chicago, IL 60673-1293		
Purpose of Disbursement (Optional) Data Storage	Aggregate Year-to-date	\$300.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
State Traditions		
Mailing Address	06/11/2018	\$57.15
3625 1st Avenue South		
City, State, Zip Code		
Birmingham, AL 35222-1801		
Purpose of Disbursement (Optional) Printing Materials	Aggregate Year-to-date	\$3,879.15
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC		
Mailing Address	07/25/2018	\$150.00
29374 Network Place		
City, State, Zip Code		
Chicago, IL 60673-1293		
Purpose of Disbursement (Optional) Data Storage	Aggregate Year-to-date	\$150.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Delta Airlines		
Mailing Address	06/19/2018	\$71.20
PO Box 20706		
City, State, Zip Code		
Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional) Airfare fee	Aggregate Year-to-date	\$71.20

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**ITEMIZED DISBURSEMENTS**

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	09/06/2018	\$1,230.00	
City, State, Zip Code			
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$19,711.26	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	10/02/2018	\$111.96	
City, State, Zip Code			
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$379.36	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	08/11/2018	\$970.38	
City, State, Zip Code			
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$4,733.92	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	12/02/2018	\$352.04	
City, State, Zip Code			
Purpose of Disbursement (Optional) IT Services	Aggregate Year-to-date	\$3,764.52	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	11/07/2018	\$2,621.81	
City, State, Zip Code			
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$23,325.53	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	09/06/2018	\$117.95	
City, State, Zip Code			
Purpose of Disbursement (Optional) Event Expense	Aggregate Year-to-date	\$311.77	

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**ITEMIZED DISBURSEMENTS**

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Highland Colony Parkway STE 330	07/25/2018	\$122.86
City, State, Zip Code Ridgeland, MS 39157-2061		
Purpose of Disbursement (Optional) Wireless Data Services	Aggregate Year-to-date	\$375.87
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Highland Colony Parkway STE 330	05/07/2018	\$86.29
City, State, Zip Code Ridgeland, MS 39157-2061		
Purpose of Disbursement (Optional) Wireless and Data Services	Aggregate Year-to-date	\$86.29
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 175 Grandview Blvd	08/09/2018	\$149.78
City, State, Zip Code Madison, MS 39110-6039		
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$535.99
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4 River Bend Place LLC	06/28/2018	\$2,000.00
City, State, Zip Code Flowood, MS 39232-9710		
Purpose of Disbursement (Optional) Office Space	Aggregate Year-to-date	\$2,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 629 Fondren Pl.	12/19/2018	\$3.75
City, State, Zip Code Jackson, MS 39216-4206		
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$218.25
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Chris Todd Photography	07/28/2018	\$1,000.00
City, State, Zip Code 100 Beaver Creek Drive		
Purpose of Disbursement (Optional) Photography Services	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 415000	11/15/2018 \$4.56
City, State, Zip Code	Nashville, TN 37241-5000	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,979.59
Office Supplies		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	163 Ridge Way STE A	07/25/2018 \$425.49
City, State, Zip Code	Flowood, MS 39232-3300	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$425.49
Office Supplies		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	10/10/2018 \$3,997.52
City, State, Zip Code	Florence, MS 39073-9064	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$18,181.90
Printing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Bravol Italian Restaurant	09/10/2018 \$6,889.56
City, State, Zip Code	4500 I 55 N	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$6,889.56
Event Expenses		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	InCare Technologies, Inc	09/06/2018 \$502.37
City, State, Zip Code	600 Lakeshore Parkway	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,387.49
IT Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	C Spire	06/28/2018 \$83.36
City, State, Zip Code	1018 Highland Colony Parkway STE 330	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$253.01
Wireless and Data Services		

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# ITEMIZED DISBURSEMENTS

		Aggregate Total Running Amount of each disbursement this period
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)
Mailing Address	600 Lakeshore Parkway	08/31/2018 \$20.33
City, State, Zip Code	Birmingham, AL 35209-6361	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
IT Equipment		\$885.12
Full Name	David Clanton	Date (Mo., Day, Year)
Mailing Address	PO Box 463	08/31/2018 \$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Payroll		\$18,481.26
Full Name	Mahaffey's Quality Printing	Date (Mo., Day, Year)
Mailing Address	355 W. Pearl Street	12/14/2018 \$2,508.43
City, State, Zip Code	Jackson, MS 39203-3002	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Printing		\$2,508.43
Full Name	U.S. Postal Service	Date (Mo., Day, Year)
Mailing Address	401 E. South Street	12/11/2018 \$235.00
City, State, Zip Code	Jackson, MS 39201-5211	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Postage		\$485.00
Full Name	Ole Miss College Republicans	Date (Mo., Day, Year)
Mailing Address	PO Box 60	09/26/2018 \$250.00
City, State, Zip Code	Jackson, MS 39205-0060	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Event Expense		\$250.00
Full Name	Elizabeth Hamilton	Date (Mo., Day, Year)
Mailing Address	PO Box 17	11/30/2018 \$5,500.00
City, State, Zip Code	Jackson, MS 39205-0017	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Payroll		\$11,461.62

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<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Aggregate Total Running Amount of each disbursement this period</b>
Elizabeth Hamilton	10/31/2018	\$5,500.00
<b>Mailing Address</b>		
PO Box 17		
<b>City, State, Zip Code</b>		
Jackson, MS 39205-0017		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$5,500.00</b>
Payroll		
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Aggregate Total Running Amount of each disbursement this period</b>
Olde Tyme Commissary	06/22/2018	\$165.85
<b>Mailing Address</b>		
1000 Highland Colony Pkwy STE 9011		
<b>City, State, Zip Code</b>		
Ridgeland, MS 39157-2083		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$165.85</b>
Event Expenses		
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Aggregate Total Running Amount of each disbursement this period</b>
Millette Administrators, Inc.	08/28/2018	\$1,000.00
<b>Mailing Address</b>		
4619 Main Street Suite A		
<b>City, State, Zip Code</b>		
Moss Point, MS 39563-3939		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$1,000.00</b>
Refund Over Corp Limit		
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Aggregate Total Running Amount of each disbursement this period</b>
American Media & Advocacy Group	08/28/2018	\$450.00
<b>Mailing Address</b>		
815 Slaters Lane		
<b>City, State, Zip Code</b>		
Alexandria, VA 22314-1219		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$450.00</b>
Website Hosting and Maintenance		
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Aggregate Total Running Amount of each disbursement this period</b>
US Postal Service	12/27/2018	\$200.00
<b>Mailing Address</b>		
629 Fondren Pl.		
<b>City, State, Zip Code</b>		
Jackson, MS 39216-4206		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$575.75</b>
Postage		
<b>Full Name</b>	<b>Date (Mo., Day, Year)</b>	<b>Aggregate Total Running Amount of each disbursement this period</b>
InCare Technologies, Inc	06/28/2018	\$50.83
<b>Mailing Address</b>		
600 Lakeshore Parkway		
<b>City, State, Zip Code</b>		
Birmingham, AL 35209-6361		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$50.83</b>
IT Support		

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		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 1 Hacker Way	11/02/2018	\$500.00	
City, State, Zip Code Menlo Park, CA 94025-1456			
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$1,699.72	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 120 Grandview Blvd	10/03/2018	\$404.28	
City, State, Zip Code Madison, MS 39110-5532			
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$737.44	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address PO Box 415000	10/04/2018	\$2,975.03	
City, State, Zip Code Nashville, TN 37241-5000			
Purpose of Disbursement (Optional) Office Equipment	Aggregate Year-to-date	\$2,975.03	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 1951 Main St.	12/01/2018	\$112.32	
City, State, Zip Code Madison, MS 39110-6365			
Purpose of Disbursement (Optional) Event Expense	Aggregate Year-to-date	\$333.74	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 115 Colony Crossing	09/09/2018	\$45.39	
City, State, Zip Code Madison, MS 39110-7697			
Purpose of Disbursement (Optional) Event Expenses	Aggregate Year-to-date	\$86.53	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 642 Hwy 469 S	12/03/2018	\$3,967.03	
City, State, Zip Code Florence, MS 39073-9064			
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$27,292.56	

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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# ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	600 Lakeshore Parkway	\$223.90
City, State, Zip Code	Birmingham, AL 35209-6361	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,611.39
IT Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
American Media & Advocacy Group		
Mailing Address	815 Slaters Lane	\$1,013.73
City, State, Zip Code	Alexandria, VA 22314-1219	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,463.73
Website Host		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
US Postal Service		
Mailing Address	629 Fondren Pl.	\$6.70
City, State, Zip Code	Jackson, MS 39216-4206	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$214.50
Postage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
4 River Bend Place LLC		
Mailing Address	4 River Bend Pl.	\$2,000.00
City, State, Zip Code	Flowood, MS 39232-9710	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$6,000.00
Office Space		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
C Spire		
Mailing Address	1018 Highland Colony Parkway STE 330	\$141.03
City, State, Zip Code	Ridgeland, MS 39157-2061	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$917.68
Wireless and Data Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Academy Sports		
Mailing Address	1951 Main St.	\$142.28
City, State, Zip Code	Madison, MS 39110-6365	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$221.42
Event Expense		

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Full Name	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Full Name State Traditions	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address 3625 1st Avenue South	06/09/2018	\$3,822.00
City, State, Zip Code Birmingham, AL 35222-1801		
Purpose of Disbursement (Optional) Printing Materials	Aggregate Year-to-date	\$3,822.00
Full Name Best Buy	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address 175 Grandview Blvd	07/27/2018	\$192.58
City, State, Zip Code Madison, MS 39110-6039		
Purpose of Disbursement (Optional) Event Expenses	Aggregate Year-to-date	\$192.58
Full Name Neal Ricks	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address 2074 Meadowbrook	09/06/2018	\$13.95
City, State, Zip Code Jackson, MS 39211-6528		
Purpose of Disbursement (Optional) Expense Reimbursement	Aggregate Year-to-date	\$267.40
Full Name 4 River Bend Place LLC	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address 4 River Bend Pl.	12/12/2018	\$2,000.00
City, State, Zip Code Flowood, MS 39232-9710		
Purpose of Disbursement (Optional) Office Space	Aggregate Year-to-date	\$12,000.00
Full Name Olde Tyme Commissary	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address 1000 Highland Colony Pkwy STE 9011	09/25/2018	\$69.55
City, State, Zip Code Ridgeland, MS 39157-2083		
Purpose of Disbursement (Optional) Event Expenses	Aggregate Year-to-date	\$235.40
Full Name Stephens Printing, LLC	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address 642 Hwy 469 S	12/14/2018	\$6,321.26
City, State, Zip Code Florence, MS 39073-9084		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$33,613.82

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**ITEMIZED DISBURSEMENTS**

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Comcast Corporation			
Mailing Address	5915 I-55	10/16/2018	\$283.46
City, State, Zip Code	Jackson, MS 39213-9722		
Purpose of Disbursement (Optional)	Cable and internet Services	Aggregate Year-to-date	\$1,053.31
Full Name	Mailchimp	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	675 Pnce de Leon Ave	08/20/2018	\$75.00
City, State, Zip Code	Atlanta, GA 30308-1884		
Purpose of Disbursement (Optional)	Mailchimp Services	Aggregate Year-to-date	\$225.00
Full Name	Neal Ricks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2074 Meadowbrook	11/07/2018	\$131.89
City, State, Zip Code	Jackson, MS 39211-6528		
Purpose of Disbursement (Optional)	Mileage Reimbursement	Aggregate Year-to-date	\$511.25
Full Name	Neal Ricks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2074 Meadowbrook	12/21/2018	\$99.36
City, State, Zip Code	Jackson, MS 39211-6528		
Purpose of Disbursement (Optional)	Expense Reimbursement	Aggregate Year-to-date	\$610.61
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1018 Highland Colony Parkway STE 330	06/06/2018	\$83.36
City, State, Zip Code	Ridgeland, MS 39157-2061		
Purpose of Disbursement (Optional)	Wireless and Data Services	Aggregate Year-to-date	\$169.65
Full Name	Olde Tyme Commissary	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1000 Highland Colony Pkwy STE 9011	12/13/2018	\$77.04
City, State, Zip Code	Ridgeland, MS 39157-2083		
Purpose of Disbursement (Optional)	Event Expenses	Aggregate Year-to-date	\$494.34

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Friends of Tate Reeves for Mississippi

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		Aggregate Total Running Amount of each disbursement this period	
Full Name	Neal Ricks	Date (Mo., Day, Year)	
Mailing Address	2074 Meadowbrook	08/03/2018	\$80.14
City, State, Zip Code	Jackson, MS 39211-6528		
Purpose of Disbursement (Optional)	Expense Reimbursement	Aggregate Year-to-date	\$80.14
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	
Mailing Address	600 Lakeshore Parkway	10/24/2018	\$279.54
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	IT Services	Aggregate Year-to-date	\$3,162.09
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	
Mailing Address	642 Hwy 469 S	09/17/2018	\$1,595.74
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional)	Printing	Aggregate Year-to-date	\$14,184.38
Full Name	Haddox Reid Eubank Beets, PLLC	Date (Mo., Day, Year)	
Mailing Address	PO Drawer 22507	11/16/2018	\$1,035.00
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursement (Optional)	Accounting Services	Aggregate Year-to-date	\$1,035.00
Full Name	Office Depot	Date (Mo., Day, Year)	
Mailing Address	120 Grandview Blvd	08/22/2018	\$24.60
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursement (Optional)	Office Supplies	Aggregate Year-to-date	\$193.82
Full Name	David Clanton	Date (Mo., Day, Year)	
Mailing Address	PO Box 463	06/18/2018	\$481.26
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional)	Expense Reimbursement	Aggregate Year-to-date	\$481.26

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		Aggregate Total Running	
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 17	12/14/2018	\$487.61
City, State, Zip Code	Jackson, MS 39205-0017		
Purpose of Disbursement (Optional)	Reimbursement Expense	Aggregate Year-to-date	\$11,929.23
Full Name	Elizabeth Hamilton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 17	12/28/2018	\$5,500.00
City, State, Zip Code	Jackson, MS 39205-0017		
Purpose of Disbursement (Optional)	Payroll	Aggregate Year-to-date	\$17,429.23
Full Name	Facebook	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 Hacker Way	11/30/2018	\$333.05
City, State, Zip Code	Menlo Park, CA 94025-1456		
Purpose of Disbursement (Optional)	Advertising	Aggregate Year-to-date	\$2,782.77
Full Name	United Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	77 West Wacker Dr.	11/08/2018	\$10.00
City, State, Zip Code	Chicago, IL 60601-1604		
Purpose of Disbursement (Optional)	Airline Fee	Aggregate Year-to-date	\$514.60
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	600 Lakeshore Parkway	08/22/2018	\$332.18
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	IT Services	Aggregate Year-to-date	\$864.79
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1018 Highland Colony Parkway STE 330	10/08/2018	\$159.78
City, State, Zip Code	Ridgeland, MS 39157-2061		
Purpose of Disbursement (Optional)	Wireless and Data Services	Aggregate Year-to-date	\$776.65

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		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08/01/2018	\$70.18
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Advertising		\$70.18
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06/09/2018	\$41.14
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Event Expenses		\$41.14
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09/10/2018	\$25.68
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Event Expenses		\$112.21
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/19/2018	\$157.50
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Postage		\$375.75
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09/25/2018	\$372.78
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Travel Expense		\$372.78
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08/20/2018	\$787.52
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Printing		\$5,521.44

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# ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address InCare Technologies, Inc	12/14/2018	\$1,387.71
City, State, Zip Code Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) IT Services	Aggregate Year-to-date	\$5,152.23
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Haddox Reid Eubank Betts, PLLC	11/15/2018	\$1,887.50
City, State, Zip Code PO Drawer 22507		
Purpose of Disbursement (Optional) Accounting Services	Aggregate Year-to-date	\$2,922.50
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Stephens Printing, LLC	08/22/2018	\$7,067.20
City, State, Zip Code 642 Hwy 469 S		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$12,508.64
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address At Home	08/06/2018	\$596.67
City, State, Zip Code 6360 Ridgewood Ct.		
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$704.66
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address American Airlines	11/08/2018	\$336.19
City, State, Zip Code 4333 Amon Carter Blvd		
Purpose of Disbursement (Optional) Airfare to White House Event	Aggregate Year-to-date	\$336.19
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address InCare Technologies, Inc	11/02/2018	\$250.39
City, State, Zip Code 600 Lakeshore Parkway		
Purpose of Disbursement (Optional) IT Services	Aggregate Year-to-date	\$3,412.48

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**ITEMIZED DISBURSEMENTS**

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address At Home	07/23/2018	\$107.99	
City, State, Zip Code	Jackson, MS 39211		
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$107.99	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Office Depot	09/07/2018	\$21.39	
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$333.16	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Elizabeth Hamilton	11/20/2018	\$461.62	
City, State, Zip Code	Jackson, MS 39205-0017		
Purpose of Disbursement (Optional) Reimbursement Expense	Aggregate Year-to-date	\$5,981.62	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address U.S. Postal Service	10/12/2018	\$250.00	
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$250.00	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address David Clanton	11/15/2018	\$1,490.50	
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Reimbursement Expense	Aggregate Year-to-date	\$36,755.83	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Facebook	08/01/2018	\$29.82	
City, State, Zip Code	Menlo Park, CA 94025-1456		
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$100.00	

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# ITEMIZED DISBURSEMENTS

		Aggregate Total	Running
		Amount of each	disbursement this period
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	
Mailing Address	600 Lakeshore Parkway	08/21/2018	\$197.42
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	IT Services	Aggregate Year-to-date	\$532.61
Full Name	4 River Bend Place LLC	Date (Mo., Day, Year)	
Mailing Address	4 River Bend Pl.	08/01/2018	\$2,000.00
City, State, Zip Code	Flowood, MS 39232-9710		
Purpose of Disbursement (Optional)	Office Space	Aggregate Year-to-date	\$4,000.00
Full Name	i360, LLC	Date (Mo., Day, Year)	
Mailing Address	29374 Network Place	09/17/2018	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement (Optional)	Data Storage	Aggregate Year-to-date	\$450.00
Full Name	Anedot	Date (Mo., Day, Year)	
Mailing Address	1920 McKinney Ave, 7th Floor	12/31/2018	\$6,159.80
City, State, Zip Code	Dallas, TX 75201-1702		
Purpose of Disbursement (Optional)	Processing Fees	Aggregate Year-to-date	\$6,159.80
Full Name	Delta Airlines	Date (Mo., Day, Year)	
Mailing Address	PO Box 20706	11/13/2018	\$1,452.60
City, State, Zip Code	Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional)	Airfare to Presidential Medal of Freedom Event	Aggregate Year-to-date	\$2,679.20
Full Name	Delta Airlines	Date (Mo., Day, Year)	
Mailing Address	PO Box 20706	11/08/2018	\$337.80
City, State, Zip Code	Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional)	Airfare to White House Event	Aggregate Year-to-date	\$409.00

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		<u>Aggregate Total Running</u>
Full Name	Date (Mo., Day, Year)	<u>Amount of each disbursement this period</u>
Mailing Address	08/15/2018	\$250.00
City, State, Zip Code		
Purpose of Disbursement (Optional)	<u>Aggregate Year-to-date</u>	<u>\$250.00</u>
Event Sponsorship		
Full Name	Date (Mo., Day, Year)	<u>Amount of each disbursement this period</u>
Mailing Address	08/03/2018	\$268.92
City, State, Zip Code		
Purpose of Disbursement (Optional)	<u>Aggregate Year-to-date</u>	<u>\$268.92</u>
Expense reimbursement		
Full Name	Date (Mo., Day, Year)	<u>Amount of each disbursement this period</u>
Mailing Address	12/18/2018	\$946.19
City, State, Zip Code		
Purpose of Disbursement (Optional)	<u>Aggregate Year-to-date</u>	<u>\$6,098.42</u>
Office Equipment		
Full Name	Date (Mo., Day, Year)	<u>Amount of each disbursement this period</u>
Mailing Address	11/06/2018	\$6,000.00
City, State, Zip Code		
Purpose of Disbursement (Optional)	<u>Aggregate Year-to-date</u>	<u>\$34,765.33</u>
Payroll		
Full Name	Date (Mo., Day, Year)	<u>Amount of each disbursement this period</u>
Mailing Address	07/10/2018	\$300.00
City, State, Zip Code		
Purpose of Disbursement (Optional)	<u>Aggregate Year-to-date</u>	<u>\$300.00</u>
Data Storage		
Full Name	Date (Mo., Day, Year)	<u>Amount of each disbursement this period</u>
Mailing Address	09/11/2018	\$769.85
City, State, Zip Code		
Purpose of Disbursement (Optional)	<u>Aggregate Year-to-date</u>	<u>\$769.85</u>
Cable and Internet Services		

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## ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 675 Pnce de Leon Ave	10/20/2018	\$75.00
City, State, Zip Code Atlanta, GA 30308-1884		
Purpose of Disbursement (Optional) Mailchimp Services	Aggregate Year-to-date	\$375.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Highland Colony Parkway STE 330	12/18/2018	\$153.55
City, State, Zip Code Ridgeland, MS 39157-2061		
Purpose of Disbursement (Optional) Wireless and Data Services	Aggregate Year-to-date	\$1,071.23
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 77 West Wacker Dr.	11/08/2018	\$10.00
City, State, Zip Code Chicago, IL 60601-1604		
Purpose of Disbursement (Optional) Airline Fee	Aggregate Year-to-date	\$524.60
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 463	10/05/2018	\$6,000.00
City, State, Zip Code Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$26,820.76
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Pennsylvania Ave. SE	09/12/2018	\$2,550.00
City, State, Zip Code Washington, DC 20003		
Purpose of Disbursement (Optional) Data Storage	Aggregate Year-to-date	\$2,850.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1951 Main St.	07/30/2018	\$79.14
City, State, Zip Code Madison, MS 39110-6365		
Purpose of Disbursement (Optional) Event Expenses	Aggregate Year-to-date	\$79.14

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## ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	10/16/2018 \$272.85
City, State, Zip Code	Florence, MS 39073-9064	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$18,454.75
Printing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	675 Pnce de Leon Ave	06/20/2018 \$75.00
City, State, Zip Code	Atlanta, GA 30308-1884	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$75.00
Mailchimp Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	815 Slaters Lane	08/22/2018 \$45,800.00
City, State, Zip Code	Alexandria, VA 22314-1219	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$70,800.00
Advertising and Consulting		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 20708	11/08/2018 \$408.80
City, State, Zip Code	Atlanta, GA 30320-6001	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$817.80
Airfare to White House Event		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	600 Lakeshore Parkway	06/28/2018 \$208.12
City, State, Zip Code	Birmingham, AL 35209-6361	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$258.95
IT Support		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	115 Colony Crossing	11/12/2018 \$90.40
City, State, Zip Code	Madison, MS 39110-7697	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$202.61
Event Expense		

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# ITEMIZED DISBURSEMENTS

		Aggregate Total Running
		Amount of each disbursement this period
Full Name	Best Buy	Date (Mo., Day, Year)
Mailing Address	175 Grandview Blvd	07/27/2018
City, State, Zip Code	Madison, MS 39110-6039	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Office Supplies		\$236.43
Full Name	David Clanton	Date (Mo., Day, Year)
Mailing Address	PO Box 463	06/18/2018
City, State, Zip Code	Meadville, MS 39653-0463	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Payroll		\$6,481.26
Full Name	United Airlines	Date (Mo., Day, Year)
Mailing Address	77 West Wacker Dr.	11/08/2018
City, State, Zip Code	Chicago, IL 60601-1604	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Airline Fee		\$536.60
Full Name	Comcast Corporation	Date (Mo., Day, Year)
Mailing Address	5915 I-55	11/02/2018
City, State, Zip Code	Jackson, MS 39213-9722	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Cable and Internet Services		\$1,615.20
Full Name	Office Depot	Date (Mo., Day, Year)
Mailing Address	120 Grandview Blvd	12/26/2018
City, State, Zip Code	Madison, MS 39110-5532	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Office Supplies		\$913.16
Full Name	WPY Operation Mississippi	Date (Mo., Day, Year)
Mailing Address	1875 Legion Lake Rd.	09/11/2018
City, State, Zip Code	Tupelo, MS 38804-1311	
Purpose of Disbursement (Optional)		Aggregate Year-to-date
Charitable Donation		\$500.00

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

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## ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
		Date (Mo., Day, Year)	Amount of each disbursement this period
Full Name	Facebook	10/31/2018	\$300.00
Mailing Address	1 Hacker Way		
City, State, Zip Code	Menlo Park, CA 94025-1456		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,199.72	
Advertising			
Full Name	David Clanton	11/06/2018	\$500.00
Mailing Address	PO Box 463		
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$35,265.33	
Expense Reimbursement			
Full Name	United Airlines	11/08/2018	\$10.00
Mailing Address	77 West Wacker Dr.		
City, State, Zip Code	Chicago, IL 60601-1604		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$546.60	
Airline Fee			
Full Name	Kats Wine Cellar, Inc.	11/13/2018	\$451.75
Mailing Address	921 E Fortification Street		
City, State, Zip Code	Jackson, MS 39202-2424		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$451.75	
Event Expenses			
Full Name	Mailchimp	11/20/2018	\$75.00
Mailing Address	675 Pinoe de Leon Ave		
City, State, Zip Code	Atlanta, GA 30308-1884		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$450.00	
Mailchimp Services			
Full Name	Office Depot	06/26/2018	\$74.24
Mailing Address	120 Grandview Blvd		
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$144.62	
Office Supplies			

Name of Candidate or Committee

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**ITEMIZED DISBURSEMENTS**

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address PO Box 463	08/10/2018	\$6,000.00	
City, State, Zip Code Meadville, MS 39653-0463			
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$12,481.26	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address PO Box 20706	11/08/2018	\$408.80	
City, State, Zip Code Atlanta, GA 30320-8001			
Purpose of Disbursement (Optional) Airfare to White House Event	Aggregate Year-to-date	\$1,226.60	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 4465 North Hwy 55 #101	08/14/2018	\$238.44	
City, State, Zip Code Jackson, MS 39211			
Purpose of Disbursement (Optional) Event Expenses	Aggregate Year-to-date	\$238.44	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address PO Box 463	12/03/2018	\$6,000.00	
City, State, Zip Code Meadville, MS 39653-0463			
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$42,755.83	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 120 Grandview Blvd	08/12/2018	\$70.38	
City, State, Zip Code Madison, MS 39110-5532			
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$70.38	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 120 Grandview Blvd	12/11/2018	\$121.87	
City, State, Zip Code Madison, MS 39110-5532			
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$859.41	

Name of Candidate or Committee

Friends of Tate Reeves for Mississippi

Reporting Period 01/01/2018through 12/31/2018**ITEMIZED DISBURSEMENTS**

Full Name	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
US Postal Service		
Mailing Address	07/12/2018	\$150.00
629 Fondren Pl,		
City, State, Zip Code		
Jackson, MS 39216-4206		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Postage		\$150.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Facebook		
Mailing Address	09/30/2018	\$315.03
1 Hacker Way		
City, State, Zip Code		
Menlo Park, CA 94025-1456		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Advertising		\$899.72
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Olde Tyme Commissary		
Mailing Address	10/17/2018	\$90.95
1000 Highland Colony Pkwy STE 9011		
City, State, Zip Code		
Ridgeland, MS 39157-2083		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Event Expenses		\$326.35
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Great Southern Events		
Mailing Address	11/20/2018	\$205.20
124 Save-a-lot Drive		
City, State, Zip Code		
Pearl, MS 39208		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Event Expenses		\$205.20
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton		
Mailing Address	11/01/2018	\$1,944.57
PO Box 463		
City, State, Zip Code		
Meadville, MS 39653-0463		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Reimbursement Expense		\$28,765.33
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
C Spire		
Mailing Address	08/18/2018	\$241.00
1018 Highland Colony Parkway STE 330		
City, State, Zip Code		
Ridgeland, MS 39157-2081		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Wireless and Data Services		\$616.87

Name of Candidate or Committee

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## ITEMIZED DISBURSEMENTS

Full Name		Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursement this period
Mailing Address	InCare Technologies, Inc	10/16/2018	\$1,271.16
City, State, Zip Code	600 Lakeshore Parkway Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	IT Services	Aggregate Year-to-date	\$2,882.55
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Facebook	11/17/2018	\$750.00
City, State, Zip Code	1 Hacker Way Menlo Park, CA 94025-1456		
Purpose of Disbursement (Optional)	Advertising	Aggregate Year-to-date	\$2,449.72
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Aristotle International, Inc.	09/27/2018	\$300.00
City, State, Zip Code	200 Pennsylvania Ave. SE Washington, DC 20003		
Purpose of Disbursement (Optional)	Data Storage	Aggregate Year-to-date	\$3,150.00