

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Mississippi Republican Party

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period    through

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

Type or Print Name of Treasurer Arnie Hederman

Signature of Treasurer Arnie Hederman [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Mississippi Republican Party

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="19136.36"/>	<input type="text" value="19136.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9696.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16364.19"/>	<input type="text" value="396313.93"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="26060.38"/>	<input type="text" value="415450.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23517.18"/>	<input type="text" value="412907.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2543.20"/>	<input type="text" value="2543.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Mississippi Republican Party**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8102.00	160787.00
(ii) Unitemized .....	8262.00	210573.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16364.00	371360.29
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16364.00	383360.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	2041.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1910.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.19	2.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	9000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	9000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16364.19	396313.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16364.19	387313.93

## DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	5015.17	99525.36
(ii) Non-Federal Share.....	3079.52	67251.66
(b) Other Federal Operating Expenditures .....	5026.90	91587.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13121.59	258364.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	35.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	35.00
29. Other Disbursements .....	0.00	3500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	10395.59	151007.24
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	10395.59	151007.24
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23517.18	412907.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20437.66	345655.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16364.00	383360.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16364.00	383325.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10042.07	191113.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1910.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10042.07	189202.83

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. James Perry**

Mailing Address 1218 Rosehill Circle

City Jackson State MS Zip Code 39202-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Manufacturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232817**

Amount of Each Receipt this Period  
**20.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Joseph Fant**

Mailing Address 1014 College Street

City Columbus State MS Zip Code 39701-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 11219.C233331**

Amount of Each Receipt this Period  
**100.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Hayes Dent**

Mailing Address 210 East Capitol St., Suite. 1900

City Jackson State MS Zip Code 39201

FEC ID number of contributing federal political committee. **C**

Name of Employer Hayes Dent Public Strategy Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232818**

Amount of Each Receipt this Period  
**20.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Andrew Martinolich**

Mailing Address 599 Suebe Street

City State Zip Code  
 Bay Saint Louis MS 39520-2426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232819**

Amount of Each Receipt this Period  
 20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Harold Mayer**

Mailing Address 206 Sunrise Point Drive

City State Zip Code  
 Brandon MS 39042-6526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 N/A Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232822**

Amount of Each Receipt this Period  
 20.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Sally Brown**

Mailing Address 3111 W. Lake Drive

City State Zip Code  
 Meridian MS 39307-4144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 N/A Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232823**

Amount of Each Receipt this Period  
 25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. William Nations**

Mailing Address 623 CR 105

City State Zip Code  
Holcomb MS 38940-9410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232824**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. James M. Cooper**

Mailing Address 2152 S. Cla-Wood Place

City State Zip Code  
Tupelo MS 38801-7261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tupelo Anesthesia Group Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232825**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. William Mounger**

Mailing Address 4450 Old Canton Rd., Ste. 203

City State Zip Code  
Jackson MS 39211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Investor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232826**

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Murphy Adkins**

Mailing Address P. O. Box 700

City State Zip Code  
Brandon MS 39043-0700

FEC ID number of contributing federal political committee. **C**

Name of Employer Rankin County Occupation Chancery Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232827**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Haley Barbour**

Mailing Address 648 Dogwood Drive

City State Zip Code  
Yazoo City MS 39194

FEC ID number of contributing federal political committee. **C**

Name of Employer State Of Mississippi Occupation Governor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232834**

Amount of Each Receipt this Period  
25.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Edwin Brent**

Mailing Address PO Box 8

City State Zip Code  
Greenville MS 38702

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232848**

Amount of Each Receipt this Period  
25.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. S. F. Carlisle**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Summer Place

City Hattiesburg State MS Zip Code 39402

FEC ID number of contributing federal political committee. **C**

Name of Employer State Farm Ins. Occupation Agency Mgr.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232851**

Amount of Each Receipt this Period  
**200.00**

Receipt

**B. Cecil Cartwright**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 227

City Yazoo City State MS Zip Code 39194-0227

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232853**

Amount of Each Receipt this Period  
**25.00**

Receipt

**C. James Cassidy**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Peyton Circle

City Marks State MS Zip Code 38646-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Cotton Ginner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232854**

Amount of Each Receipt this Period  
**17.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **62.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. James Clayton**  
 Mailing Address 103 E. Gresham Street  
 City State Zip Code  
 Indianola MS 38751-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Planters Bank Banker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232858**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**B. Thad Cochran**  
 Mailing Address 113 Dirkson Senate Office  
 City State Zip Code  
 Washington DC 20510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United States Senate U. S. Senator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232859**  
 Amount of Each Receipt this Period  
 25.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**C. Harry Collins**  
 Mailing Address P. O. Box 215  
 City State Zip Code  
 Scott MS 38772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Delta & Pine Land Company V.P. Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232860**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Sandra Cooper**

Mailing Address 20 Cla Wood Place

City State Zip Code  
Tupelo MS 38801-7209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dist 4 Lee Co. Election Comm.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232861**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Karl Cornwell**

Mailing Address 4644 East Drive

City State Zip Code  
Belden MS 38826-9516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232862**

Amount of Each Receipt this Period  
25.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Nell Frisbie**

Mailing Address 5021 Kiln DeLisle Road

City State Zip Code  
Kiln MS 39556-8185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C232880**

Amount of Each Receipt this Period  
15.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Frank Genzer**

Mailing Address 145 Saint Jude Street

City Biloxi State MS Zip Code 39530-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232885**

Amount of Each Receipt this Period  
**25.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Russell Grant, Jr.**

Mailing Address 36 Wintergreen Road

City Madison State MS Zip Code 39110-9614

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232889**

Amount of Each Receipt this Period  
**20.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Joe Gregory**

Mailing Address P. O. Box 588

City Pontotoc State MS Zip Code 38863-0588

FEC ID number of contributing federal political committee. **C**

Name of Employer Pontotoc Ins. Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232891**

Amount of Each Receipt this Period  
**20.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **65.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Lanny Griffith, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 Oakland Terrace

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer Barbour, Griffith & Rogers Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232894**

Amount of Each Receipt this Period  
500.00

Receipt

**B. Jerry Gulledge**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Dampeer Street

City Crystal Springs State MS Zip Code 39059-2561

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232895**

Amount of Each Receipt this Period  
40.00

Receipt

**C. Mark Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 Avalon Way

City Brandon State MS Zip Code 39047

FEC ID number of contributing federal political committee. **C**

Name of Employer State Of Mississippi Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232903**

Amount of Each Receipt this Period  
20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. William Hill**

Mailing Address 2627 Hwy 15 S

City	State	Zip Code
Woodland	MS	39776

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232905**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Dewey Lane**

Mailing Address P. O. Box 1245

City	State	Zip Code
Pascagoula	MS	39568-1245

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232919**

Amount of Each Receipt this Period  
25.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Jeanne Luckey**

Mailing Address 200 Bellevue Circle

City	State	Zip Code
Mobile	AL	36608

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232923**

Amount of Each Receipt this Period  
25.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Rita Martinson**

Mailing Address 1472 Highway 51

City	State	Zip Code
Madison	MS	39110-9095

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
State Of Miss.	State Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232931**

Amount of Each Receipt this Period  

20.00
-------

Receipt

Full Name (Last, First, Middle Initial)  
**B. Falton Mason, Jr.**

Mailing Address P. O. Box 1491

City	State	Zip Code
Oxford	MS	38655-1491

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Oxford	Municipal Chair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232932**

Amount of Each Receipt this Period  

20.00
-------

Receipt

Full Name (Last, First, Middle Initial)  
**C. Mac McCarty**

Mailing Address P. O. Box 1363

City	State	Zip Code
Columbus	MS	39703-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-employed	Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232934**

Amount of Each Receipt this Period  

25.00
-------

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 85  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. H. T. Miller, III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 291 W. Park Avenue  
City Drew State MS Zip Code 38737-3344  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : 11219.C232939**  
Amount of Each Receipt this Period **250.00**  
Receipt

**B. James Moreton**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 537  
City Brookhaven State MS Zip Code 39601-0537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : 11219.C232947**  
Amount of Each Receipt this Period **50.00**  
Receipt

**C. James Moye**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Glenwood Drive  
City Laurel State MS Zip Code 39440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : 11219.C232949**  
Amount of Each Receipt this Period **20.00**  
Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **95.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. C. Ray Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 372 Sundial Road

City Madison	State MS	Zip Code 39110-8772
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Investments
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232958**

Amount of Each Receipt this Period  

25.00
-------

Receipt

**B. Rubel Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 258 Braeburn

City Jackson	State MS	Zip Code 39211
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232960**

Amount of Each Receipt this Period  

100.00
--------

Receipt

**C. George Pickett, Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 137

City Jackson	State MS	Zip Code 39205-0137
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pickett, Bradford & Associates	Occupation Insurance
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232961**

Amount of Each Receipt this Period  

20.00
-------

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. J. W. Pressler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 807 Hickory Avenue

City Mc Comb	State MS	Zip Code 39648-2213
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232963**

Amount of Each Receipt this Period  
30.00

Receipt

**B. J. W. Pressler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 807 Hickory Avenue

City Mc Comb	State MS	Zip Code 39648-2213
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : 11219.C233327**

Amount of Each Receipt this Period  
30.00

Receipt

**C. Clarke Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 139 Bayou Road

City Greenville	State MS	Zip Code 38701-7702
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Investor
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1180.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C232966**

Amount of Each Receipt this Period  
15.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Michael Retzer**

Mailing Address P. O. Box 4457

City Greenville State MS Zip Code 38704-4457

FEC ID number of contributing federal political committee. **C**

Name of Employer U. S. Government Occupation Ambassador

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5120.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232967**

Amount of Each Receipt this Period  
 10.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. R. S. Runnels**

Mailing Address P. O. Box 605

City Magee State MS Zip Code 39111-0605

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232978**

Amount of Each Receipt this Period  
 25.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Harry Sasser, Jr.**

Mailing Address P. O. Box 437

City Carthage State MS Zip Code 39051-0437

FEC ID number of contributing federal political committee. **C**

Name of Employer The Heritage Bank Occupation Chairman Of The Bd.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C232981**

Amount of Each Receipt this Period  
 20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **55.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial) <b>A. Paul Sellars</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : 11219.C232982</b>
Mailing Address 2419 Sellars Road		Amount of Each Receipt this Period 15.00
City Starkville	State MS	Zip Code 39759
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B. Jane Sides</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : 11219.C232986</b>
Mailing Address P. O. Box 37		Amount of Each Receipt this Period 20.00
City Dundee	State MS	Zip Code 38626-0037
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Andrew Taggart</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : 11219.C232996</b>
Mailing Address 148 Chapel Lane		Amount of Each Receipt this Period 25.00
City Madison	State MS	Zip Code 39110-9069
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Corp. Relations Mgt.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Michael Wallace**  
Full Name (Last, First, Middle Initial)

Mailing Address 318 Hillview Drive

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wise, Carter Etc.	Occupation Attorney
---------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
740.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233005**

Amount of Each Receipt this Period  
20.00

Receipt

**B. Dayton Whites**  
Full Name (Last, First, Middle Initial)

Mailing Address 463 Daltic Street

City Lucedale	State MS	Zip Code 39452
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233011**

Amount of Each Receipt this Period  
20.00

Receipt

**C. Bill Williamson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7676 Highway 50 E

City Columbus	State MS	Zip Code 39702-9585
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233018**

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Bill Williamson**

Mailing Address 7676 Highway 50 E

City Columbus	State MS	Zip Code 39702-9585
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

**Transaction ID : 11219.C233403**

Amount of Each Receipt this Period  
40.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Wirt Yerger, Jr.**

Mailing Address 129 Woodland Circle

City Jackson	State MS	Zip Code 39216
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233020**

Amount of Each Receipt this Period  
25.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Del Stover**

Mailing Address 3900 Highway 178 W.

City Holly Springs	State MS	Zip Code 38635
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233023**

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Mark Keenum**

Mailing Address 3109 Circle Hill Road

City Alexandria State VA Zip Code 22305-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Miss State Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2011**

**Transaction ID : 11219.C233024**

Amount of Each Receipt this Period  
**25.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Helen Beeman**

Mailing Address 115 Pecan Circle

City Quitman State MS Zip Code 39355-2653

FEC ID number of contributing federal political committee. **C**

Name of Employer Quitman Schools Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2011**

**Transaction ID : 11219.C233029**

Amount of Each Receipt this Period  
**20.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. James Herring**

Mailing Address 232 E. Semmes Street

City Canton State MS Zip Code 39046-4530

FEC ID number of contributing federal political committee. **C**

Name of Employer Herring Long and Crews Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **820.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2011**

**Transaction ID : 11219.C233032**

Amount of Each Receipt this Period  
**10.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **55.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial) <b>A. Mark Garriga</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : 11219.C233040</b>
Mailing Address 121 Golden Pond Drive		Amount of Each Receipt this Period 20.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Robert T. Hardeman</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : 11219.C233042</b>
Mailing Address 903 Robert E. Lee Drive		Amount of Each Receipt this Period 25.00
City Greenwood	State MS	Zip Code 38930-2434
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ellett Lawrence</b>		Date of Receipt 12 / 06 / 2011 <b>Transaction ID : 11219.C233043</b>
Mailing Address 400 E. Cleveland Avenue		Amount of Each Receipt this Period 15.00
City Greenwood	State MS	Zip Code 38930-3112
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Lawrence Printing	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Tom Flinn**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 384

City Hernando State MS Zip Code 38632-0384

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233049**

Amount of Each Receipt this Period  
**35.00**

Receipt

**B. Hoopy Stringer, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Boxwood Cove

City Brandon State MS Zip Code 39047

FEC ID number of contributing federal political committee. **C**

Name of Employer SkyTel Occupation Project Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233052**

Amount of Each Receipt this Period  
**25.00**

Receipt

**C. James R. Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 467 N. First Street

City Rolling Fork State MS Zip Code 39159

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : 11219.C233284**

Amount of Each Receipt this Period  
**550.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **610.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Thomas Armstrong**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 2299

City Natchez	State MS	Zip Code 39121-2299
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Armstrong Foundation	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 11219.C233288**

Amount of Each Receipt this Period  
150.00

Receipt

**B. Frank Cannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 528 Mockingbird Drive

City Long Beach	State MS	Zip Code 39560-3118
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233053**

Amount of Each Receipt this Period  
50.00

Receipt

**c. John W. Garrard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 102 Franklin St.

City Isola	State MS	Zip Code 38754
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 11219.C233296**

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. John Arnold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Raymond Street  
 City Starkville State MS Zip Code 39759-2851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Starkville Bus Tours Occupation Bus Tours  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233054**  
 Amount of Each Receipt this Period  
 15.00  
 Receipt

**B. Frank Baird, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Bayou Road  
 City Greenville State MS Zip Code 38701-8573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baird And Company Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233055**  
 Amount of Each Receipt this Period  
 15.00  
 Receipt

**C. C. T. Carley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Windsor Road  
 City Starkville State MS Zip Code 39759-2137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233057**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Margaret Hall**

Mailing Address 109 Glen Eagle Road

City Oxford State MS Zip Code 38655-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiance Technology Occupation Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233058**

Amount of Each Receipt this Period  
**200.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Chuck Nelms**

Mailing Address 220 Park Lane Place

City Jackson State MS Zip Code 39211-2404

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233059**

Amount of Each Receipt this Period  
**10.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. James Broome**

Mailing Address 2600 Gates Rd.

City Bassfield State MS Zip Code 39421

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Minister

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 11219.C233305**

Amount of Each Receipt this Period  
**75.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. William D. Dennis**

Mailing Address P. O. Box 6181

City State Zip Code  
Gulfport MS 39506-6181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Specialty Contractors Contractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233064**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Max Wells**

Mailing Address 150 Glenfield Road

City State Zip Code  
Canton MS 39046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Of Mississippi Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233065**

Amount of Each Receipt this Period  
10.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Henry Tyler**

Mailing Address 137 Bridgewater Crossing

City State Zip Code  
Ridgeland MS 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 20125.C233416**

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. B. Keith Heard**  
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Zion Rd.

City State Zip Code  
Brookeville MD 20833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
T.C.H. Group Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233067**

Amount of Each Receipt this Period  
**200.00**

Receipt

**B. Gerald Crystal**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 23309

City State Zip Code  
Jackson MS 39225-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jackson Iron & Metal Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
12 / 15 / 2011  
**Transaction ID : 11219.C233332**

Amount of Each Receipt this Period  
**100.00**

Receipt

**C. Max Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 823

City State Zip Code  
Ocean Springs MS 39566-0823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
12 / 09 / 2011  
**Transaction ID : 11219.C233293**

Amount of Each Receipt this Period  
**100.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **220.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Gary Chism**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 2343

City Columbus State MS Zip Code 39702-9430

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbus Ins. Ser. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233072**

Amount of Each Receipt this Period  
20.00

Receipt

**B. John Perkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 S Jackson Street

City Brookhaven State MS Zip Code 39601

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233074**

Amount of Each Receipt this Period  
25.00

Receipt

**C. Mark McCreery**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2175

City Jackson State MS Zip Code 39225

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233081**

Amount of Each Receipt this Period  
20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Ellen Jernigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Mt. Pleasant Road

City Hernando	State MS	Zip Code 38632
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hernando	Occupation Alderman
------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233083**

Amount of Each Receipt this Period  
20.00

Receipt

**B. Johnny Crane**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 428

City Fulton	State MS	Zip Code 38843-0428
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer F. L. Crane & Sons	Occupation Sec/treasurer
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 11219.C233289**

Amount of Each Receipt this Period  
200.00

Receipt

**C. Karl Hatten**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 School St.

City Clarksdale	State MS	Zip Code 38614
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233095**

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. W. P. Bridges, Jr.**

Mailing Address 1904 Lakeland Drive  
attn: Nancy

City Jackson State MS Zip Code 39216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bridges Mortgage Co. Mortgage Co. Exec.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : 11219.C233285**

Amount of Each Receipt this Period  
1500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. John Taylor**

Mailing Address 104 Hidden Heights

City Ridgeland State MS Zip Code 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOAMCA Chemical Products Manufacturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233100**

Amount of Each Receipt this Period  
40.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Arthur Johnston**

Mailing Address 2032 Tidewater Lane

City Madison State MS Zip Code 39110-8928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Madison County Chancery Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233101**

Amount of Each Receipt this Period  
15.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1555.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. William Sones**  
 Mailing Address P.O. Box 889  
 City State Zip Code  
 Brookhaven MS 39602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Bank & Trust Co. President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233102**  
 Amount of Each Receipt this Period  
 25.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**B. R. C. Hammond, Jr.**  
 Mailing Address 522 Lee Avenue  
 City State Zip Code  
 Crystal Springs MS 39059-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233104**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**C. Ralph Germany**  
 Mailing Address 395 Rollingwood Dr.  
 City State Zip Code  
 Meridian MS 39305-8951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dist 3 Lauderdale County Election Comm  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233109**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Ike D. Hopper**  
Full Name (Last, First, Middle Initial)

Mailing Address 9604 Firetower Rd.

City Porterville	State MS	Zip Code 39352
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233113**

Amount of Each Receipt this Period  
25.00

Receipt

**B. Dott Cannon**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1310

City Brookhaven	State MS	Zip Code 39601
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233114**

Amount of Each Receipt this Period  
20.00

Receipt

**C. James W. OMara**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 Eastbrooke Street

City Jackson	State MS	Zip Code 39216-4714
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Phelps, Dunbar, Etc.	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 20125.C233413**

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Sue Stedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Gloucester Road  
 City Natchez State MS Zip Code 39120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Real Estate Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233122**  
 Amount of Each Receipt this Period  
 Receipt 25.00

**B. Danny L. Dilworth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 County Road 514  
 City Rienzi State MS Zip Code 38865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Tree Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 11219.C233330**  
 Amount of Each Receipt this Period  
 Receipt 100.00

**C. Freda M. Bush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 432 Buena Vista  
 City Jackson State MS Zip Code 39209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Lakeland OB-GYN Assoc. Occupation Ob-gyn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233123**  
 Amount of Each Receipt this Period  
 Receipt 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Noel Coward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10576 Cambrooke Cv  
 City Collierville State TN Zip Code 38017-3600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cellular South Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233124**  
 Amount of Each Receipt this Period  
 30.00  
 Receipt

**B. Charles M. Carr, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1451 Highland Park Drive  
 City Jackson State MS Zip Code 39211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 11219.C233382**  
 Amount of Each Receipt this Period  
 300.00  
 Receipt

**C. Greg Snowden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 3807  
 City Meridian State MS Zip Code 39303-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233125**  
 Amount of Each Receipt this Period  
 30.00  
 Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 85  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Kenneth Jones**

Mailing Address 488 Weaver Avenue

City	State	Zip Code
Gulfport	MS	39507

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

**Transaction ID : 11219.C233407**

Amount of Each Receipt this Period  

2011	2012	2013	2014	2015	2016	2017
<b>35.00</b>						

Receipt

Full Name (Last, First, Middle Initial)  
**B. Thomas D. Kirschten**

Mailing Address P. O. Box 167

City	State	Zip Code
Carrollton	MS	38917

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233129**

Amount of Each Receipt this Period  

2011	2012	2013	2014	2015	2016	2017
<b>20.00</b>						

Receipt

Full Name (Last, First, Middle Initial)  
**C. Joseph E. Stockwell**

Mailing Address 273 San Marcos Rd.

City	State	Zip Code
Starkville	MS	39759-9701

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

**Transaction ID : 11219.C233389**

Amount of Each Receipt this Period  

2011	2012	2013	2014	2015	2016	2017
<b>150.00</b>						

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Mary Ann McCarty**

Mailing Address P. O. Box 547

City Magee State MS Zip Code 39111

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233133**

Amount of Each Receipt this Period  
**15.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Charlie Williams**

Mailing Address P. O. Box 946

City Senatobia State MS Zip Code 38668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233134**

Amount of Each Receipt this Period  
**100.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Kay S. Patterson**

Mailing Address 201 Mayson Avenue

City Columbia State MS Zip Code 39429

FEC ID number of contributing federal political committee. **C**

Name of Employer Fred Buhrer Real Estate Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233136**

Amount of Each Receipt this Period  
**20.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Nan B. Lott**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Eastwood Drive

City Columbus State MS Zip Code 39702

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233155**

Amount of Each Receipt this Period  
 20.00

Receipt

**B. Hubert Ratliff**  
Full Name (Last, First, Middle Initial)

Mailing Address 1092 Rolling Hills Drive

City Crystal Springs State MS Zip Code 39059

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233156**

Amount of Each Receipt this Period  
 25.00

Receipt

**C. Scott Carmichael**  
Full Name (Last, First, Middle Initial)

Mailing Address 280 Grand Cypress Drive

City Meridian State MS Zip Code 39305

FEC ID number of contributing federal political committee. **C**

Name of Employer Planters Bank Occupation Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233160**

Amount of Each Receipt this Period  
 20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Josh Gregory**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138 E. Waterwood Drive

City Brandon	State MS	Zip Code 39047
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Frontier Strategies LLC	Occupation Consultant
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233166**

Amount of Each Receipt this Period  
20.00

Receipt

**B. John Christian**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 22

City Laurel	State MS	Zip Code 39441
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Self Employed
--------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 11219.C233291**

Amount of Each Receipt this Period  
100.00

Receipt

**C. Jack Stephens**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 17977

City Natchez	State MS	Zip Code 39122-7977
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens & Hobdy, Inc.	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233168**

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 85  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Geraldine Donovan**  
Mailing Address 202 Weathersby Road  
City State Zip Code  
Hattiesburg MS 39402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
N/A Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2011  
**Transaction ID : 11219.C233174**  
Amount of Each Receipt this Period  
30.00  
Receipt

Full Name (Last, First, Middle Initial)  
**B. Ashley Skellie**  
Mailing Address PO Box 38  
City State Zip Code  
Long Beach MS 39560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Consultant  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2011  
**Transaction ID : 11219.C233178**  
Amount of Each Receipt this Period  
20.00  
Receipt

Full Name (Last, First, Middle Initial)  
**C. M. Andrea Lowrie**  
Mailing Address 621 Water Oak Drive  
City State Zip Code  
Madison MS 39110-9511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
N/A Homemaker  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2011  
**Transaction ID : 11219.C233180**  
Amount of Each Receipt this Period  
20.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Carol King**  
Full Name (Last, First, Middle Initial)  
Mailing Address 153 Carol King Road  
City Mendenhall State MS Zip Code 39114-4908  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Farmer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : 11219.C233185**  
Amount of Each Receipt this Period **25.00**  
Receipt

**B. Richard Tritinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 102 Stonewall Road  
City Byhalia State MS Zip Code 38611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 01 / 2011**  
**Transaction ID : 11219.C232804**  
Amount of Each Receipt this Period **60.00**  
Receipt

**C. Donald R. Taylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15018 New Zion Road  
City Crystal Springs State MS Zip Code 39059-8838  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : 11219.C233186**  
Amount of Each Receipt this Period **20.00**  
Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Spence Flatgard**

Mailing Address 214 Silas Trace

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2011

**Transaction ID : 11219.C233188**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Sharon Pratt**

Mailing Address P.O. Box 159

City Bailey	State MS	Zip Code 39320
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lauderdale Co. Schools	Occupation Music Teacher
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2011

**Transaction ID : 11219.C233192**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Henry Barbour**

Mailing Address 685 Woodland Drive

City Yazoo City	State MS	Zip Code 39194
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Resources, LLC	Occupation Executive
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2011

**Transaction ID : 11219.C233193**

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Ryan Annison**

Mailing Address 1443 Sheffield Drive

City Jackson	State MS	Zip Code 39211
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Senator Roger Wicker	Occupation Executive
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233203**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Frank Rogers**

Mailing Address P.O. Box 219

City Harrisville	State MS	Zip Code 39082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233209**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Quinton Dickerson, III**

Mailing Address 112 Lakeview Court

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Consultant
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233210**

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Mike Maynard**

Mailing Address P.O. Box 562

City State Zip Code  
Tupelo MS 38802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weatheralls Inc. Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233211**

Amount of Each Receipt this Period  
25.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Wayne Weidie**

Mailing Address 3908 Cambridge St.

City State Zip Code  
Jackson MS 39216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adams & Reese, LLP Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233212**

Amount of Each Receipt this Period  
20.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Wayne Weidie**

Mailing Address 3908 Cambridge St.

City State Zip Code  
Jackson MS 39216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adams & Reese, LLP Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
12 / 19 / 2011  
**Transaction ID : 11219.C233395**

Amount of Each Receipt this Period  
30.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. H.W. Leidigh**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 127

City State Zip Code  
Saucier MS 39574

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
12 / 15 / 2011  
**Transaction ID : 11219.C233319**

Amount of Each Receipt this Period  
40.00

Receipt

**B. Morris Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 526

City State Zip Code  
Olive Branch MS 38654-0526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
12 / 15 / 2011  
**Transaction ID : 11219.C233346**

Amount of Each Receipt this Period  
25.00

Receipt

**C. Hilda Povall**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1199

City State Zip Code  
Cleveland MS 38732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 06 / 2011  
**Transaction ID : 11219.C233219**

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Francis Rullan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1613 Linden Place  
 City Jackson State MS Zip Code 39202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Div. of Medicaid Director of Public Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233220**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

**B. Jo Anne Goodgame**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 132  
 City Aberdeen State MS Zip Code 39730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233225**  
 Amount of Each Receipt this Period  
 20.00  
 Receipt

**C. William Billingsley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 569 N Old Canton Rd  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233227**  
 Amount of Each Receipt this Period  
 50.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Robert Brooks**

Mailing Address 17937 Highway 32

City Water Valley	State MS	Zip Code 38965
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2011  
**Transaction ID : 11219.C233391**

Amount of Each Receipt this Period  
100.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. John Hill**

Mailing Address 328 Westview Drive

City Biloxi	State MS	Zip Code 39531
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Developer
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 11219.C233384**

Amount of Each Receipt this Period  
240.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Lester Carpenter**

Mailing Address 8 Carpenter Dr.

City Burnsville	State MS	Zip Code 38833
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer State Of Mississippi	Occupation House of Representatives
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 11219.C233231**

Amount of Each Receipt this Period  
25.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Ken Clowers**

Mailing Address 5255 Hwy 9 N

City Pontotoc State MS Zip Code 38863-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer Montgomery Drugs Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : 11219.C233342**

Amount of Each Receipt this Period  
**50.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Lucien Smith**

Mailing Address 1619 Piedmont St.

City Jackson State MS Zip Code 39202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2011**

**Transaction ID : 11219.C233232**

Amount of Each Receipt this Period  
**20.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Sidney Allen**

Mailing Address 193 Saint Ives Drive

City Madison State MS Zip Code 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Comcast Occupation lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2011**

**Transaction ID : 11219.C233234**

Amount of Each Receipt this Period  
**15.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **85.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Joel Bomgar**  
Full Name (Last, First, Middle Initial)

Mailing Address 5624 Brentwood Dr.

City Jackson State MS Zip Code 39211

FEC ID number of contributing federal political committee. **C**

Name of Employer Bomgar Corporation Occupation Founder & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 06 / 2011  
**Transaction ID : 11219.C233238**

Amount of Each Receipt this Period 25.00

Receipt

**B. Guy Purvis**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 391

City Meridian State MS Zip Code 39302-0391

FEC ID number of contributing federal political committee. **C**

Name of Employer King Loan Service Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : 11219.C233290**

Amount of Each Receipt this Period 200.00

Receipt

**C. Mary McLaurin**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1257

City Ridgeland State MS Zip Code 39158

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 06 / 2011  
**Transaction ID : 11219.C233244**

Amount of Each Receipt this Period 20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Richard Furr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 Halstead Bayou Drive

City	State	Zip Code
Ocean Springs	MS	39564

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Jackson County	Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 11219.C233246**

Amount of Each Receipt this Period  

12	06	2011
240.00		

Receipt

**B. Sally Sasse**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 County Rd 4131

City	State	Zip Code
Marietta	MS	38856

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

**Transaction ID : 11219.C233408**

Amount of Each Receipt this Period  

12	19	2011
50.00		

Receipt

**c. Charles Byrd**  
Full Name (Last, First, Middle Initial)

Mailing Address 93 Charles Byrd Rd.

City	State	Zip Code
Poplarville	MS	39470

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 11219.C233286**

Amount of Each Receipt this Period  

12	09	2011
100.00		

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial) <b>A. Neal Rich</b>		Date of Receipt
Mailing Address 107 Norfleet Way		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City Madison State MS Zip Code 39110		<b>Transaction ID : 11219.C233257</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer Asset Company	Occupation Engineer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Landry Winter</b>		Date of Receipt
Mailing Address 500 Parkview Cove		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City Brandon State MS Zip Code 39047		<b>Transaction ID : 11219.C233259</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer N/A	Occupation Student	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Lillian Winter</b>		Date of Receipt
Mailing Address 500 Parkview Cove		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City Brandon State MS Zip Code 39047		<b>Transaction ID : 11219.C233260</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer N/A	Occupation Student	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

**A. Daniel Bomar**  
Full Name (Last, First, Middle Initial)

Mailing Address 5720 Ridge Road

City Ocean Springs State MS Zip Code 39564

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 06 / 2011  
**Transaction ID : 11219.C233263**

Amount of Each Receipt this Period 25.00

Receipt

**B. Drew St. John II**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Covington Bend

City Madison State MS Zip Code 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer New South Equipment Mats Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 06 / 2011  
**Transaction ID : 11219.C233266**

Amount of Each Receipt this Period 400.00

Receipt

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8102.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mississippi Employment Security Comm.**

Mailing Address P O Box 22781

City Jackson State MS Zip Code 39225-2781

Purpose of Disbursement  
-Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20125.E24505**

Amount of Each Disbursement this Period

-PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**B. Mississippi State Tax Commission**

Mailing Address P. O. Box 960

City Jackson State MS Zip Code 39205-

Purpose of Disbursement  
-Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20125.E24504**

Amount of Each Disbursement this Period

-PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address P. O. Box 70503

City Charlotte State NC Zip Code 28272-0503

Purpose of Disbursement  
-Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20125.E24503**

Amount of Each Disbursement this Period

-PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. ADP, Inc.**

Mailing Address 5680 New Northside Drive

City Atlanta State GA Zip Code 30328-

Purpose of Disbursement  
-Payroll Processing Fees

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011

Transaction ID : 20125.E24497

Amount of Each Disbursement this Period

90.42

-PAYROLL PROCESSING FEES

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs Rd.  
Suite 1050

City Dallas State TX Zip Code 75201-

Purpose of Disbursement  
-FEC Compliance Firm

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011

Transaction ID : 11219.E24475

Amount of Each Disbursement this Period

67.50

-FEC COMPLIANCE FIRM

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address P. O. Box 70503

City Charlotte State NC Zip Code 28272-0503

Purpose of Disbursement  
-Payroll Taxes

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

Transaction ID : 11219.E24458

Amount of Each Disbursement this Period

1552.58

-PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1710.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mississippi Employment Security Comm.**

Mailing Address P O Box 22781

City Jackson State MS Zip Code 39225-2781

Purpose of Disbursement  
-Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11219.E24460**

Amount of Each Disbursement this Period

-PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**B. Bluebonnet Life Insurance Company**

Mailing Address P. O. Box 22867

City Jackson State MS Zip Code 39225-2867

Purpose of Disbursement  
- Insurance

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11219.E24472**

Amount of Each Disbursement this Period

- INSURANCE

Full Name (Last, First, Middle Initial)

**C. ADP, Inc.**

Mailing Address 5680 New Northside Drive

City Atlanta State GA Zip Code 30328-

Purpose of Disbursement  
-Payroll Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11219.E24452**

Amount of Each Disbursement this Period

-PAYROLL PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mississippi State Tax Commission**

Mailing Address P. O. Box 960

City Jackson State MS Zip Code 39205-

Purpose of Disbursement  
-Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

**Transaction ID : 11219.E24459**

Amount of Each Disbursement this Period

211.00

-PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**B. Blue Cross & Blue Shield of MS**

Mailing Address P. O. Box 23082

City Jackson State MS Zip Code 39225-3082

Purpose of Disbursement  
-Health Insurance

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2011

**Transaction ID : 20125.E24507**

Amount of Each Disbursement this Period

827.40

-HEALTH INSURANCE

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1038.40

**TOTAL** This Period (last page this line number only)..... ▶

5006.90

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Full Name (Last, First, Middle Initial)

### A. Republican National Committee

Mailing Address 310 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
INKIND Computer Equipment

Candidate Name

REPUBLICAN NATIONAL COMMITTEE

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2011					

Transaction ID : 20201.E24615

Amount of Each Disbursement this Period

2380.19
---------

[MEMO ITEM]  
INKIND COMPUTER EQUIPMENT

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00
------

0.00
------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mamie C. Taylor**

Mailing Address 138 Mockingbird Lane

City Ridgeland State MS Zip Code 39157-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : 20125.E24502**

Amount of Each Disbursement this Period

1364.28

FEA SALARY

Full Name (Last, First, Middle Initial)

**B. Kaitlyn C. Colson**

Mailing Address 1478 Roxbury Ct.

City Jackson State MS Zip Code 39211-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : 11219.E24454**

Amount of Each Disbursement this Period

1105.86

FEA SALARY

Full Name (Last, First, Middle Initial)

**C. Kyle Brown**

Mailing Address 102 Meadowview Ridge

City Brandon State MS Zip Code 39047-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : 11219.E24453**

Amount of Each Disbursement this Period

1009.83

FEA SALARY

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3479.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mamie C. Taylor**

Mailing Address 138 Mockingbird Lane

City State Zip Code  
Ridgeland MS 39157-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : 11219.E24457**

Amount of Each Disbursement this Period

1364.29

FEA SALARY

Full Name (Last, First, Middle Initial)

**B. Myles Russell**

Mailing Address 1507 Taylor St. #2

City State Zip Code  
Corinth MS 38834-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : 20125.E24501**

Amount of Each Disbursement this Period

983.71

FEA SALARY

Full Name (Last, First, Middle Initial)

**C. Kaitlyn C. Colson**

Mailing Address 1478 Roxbury Ct.

City State Zip Code  
Jackson MS 39211-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : 20125.E24499**

Amount of Each Disbursement this Period

1105.86

FEA SALARY

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3453.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Myles Russell**

Mailing Address 1507 Taylor St. #2

City Corinth State MS Zip Code 38834-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

**Transaction ID : 11219.E24456**

Amount of Each Disbursement this Period

983.70

FEA SALARY

Full Name (Last, First, Middle Initial)

**B. Bethany Rosentrater**

Mailing Address 1500 Peachtree Box 714

City Jackson State MS Zip Code 39202-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

**Transaction ID : 11219.E24455**

Amount of Each Disbursement this Period

734.11

FEA SALARY

Full Name (Last, First, Middle Initial)

**C. Kyle Brown**

Mailing Address 102 Meadowview Ridge

City Brandon State MS Zip Code 39047-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2011

**Transaction ID : 20125.E24498**

Amount of Each Disbursement this Period

1009.84

FEA SALARY

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2727.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Bethany Rosentrater**

Mailing Address 1500 Peachtree Box 714

City Jackson State MS Zip Code 39202-

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : 20125.E24500**

Amount of Each Disbursement this Period

734.11

FEA SALARY

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

734.11

10395.59

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Mississippi Republican Party

Transaction ID : H191016.J42

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
2011 SUSTAINING DIRECT MAIL ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2101215.J52</b>	98.00 %	2.00 %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	_____ %	_____ %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	_____ %	_____ %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	_____ %	_____ %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	_____ %	_____ %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	_____ %	_____ %

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Exell Companies</b>		<b>Transaction ID : H411219.E24463</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 5393			Allocated Activity or Event Year-To-Date 99587.97	
City Jackson	State MS	Zip Code 39296-	Date 12 / 16 / 2011	
Purpose of Disbursement: -Water/Office Supplies		001		
Activity or Event Identifier: <b>ADMINISTRATION B 21</b>		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
18.71			33.25	
		=	TOTAL AMOUNT	
			51.96	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>All Metro Pest Services</b>		<b>Transaction ID : H411219.E24464</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 108 Office Park Dr., Ste. A			Allocated Activity or Event Year-To-Date 99536.01	
City Brandon	State MS	Zip Code 39042-	Date 12 / 16 / 2011	
Purpose of Disbursement: -Pest Control		001		
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
23.11			41.09	
		=	TOTAL AMOUNT	
			64.20	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Office Products Plus, Inc.</b>		<b>Transaction ID : H411219.E24465</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P. O. Box 13827			Allocated Activity or Event Year-To-Date 98801.31	
City Jackson	State MS	Zip Code 39236-	Date 12 / 16 / 2011	
Purpose of Disbursement: -Office Supplies		001		
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
40.66			72.28	
		=	TOTAL AMOUNT	
			112.94	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.48		146.62		229.10

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H411219.E24466
Airnet
Mailing Address P.O. Box 11181
City State Zip Code Chattanooga TN 37401-2181
Purpose of Disbursement: -Website Hosting
Activity or Event Identifier: ADMINISTRATION B 21
Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ]
Date 12/16/2011
FEDERAL SHARE 3.58 NONFEDERAL SHARE 6.36 TOTAL AMOUNT 9.94

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H411219.E24467
Brads Green Machine
Mailing Address P.O. Box 4056
City State Zip Code Brandon MS 39047-
Purpose of Disbursement: -Lawn Care
Activity or Event Identifier: ADMINISTRATION B 21
Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ]
Date 12/16/2011
FEDERAL SHARE 30.60 NONFEDERAL SHARE 54.40 TOTAL AMOUNT 85.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H411219.E24468
Pennington & Trim Alarm
Mailing Address 4374 Mangum Drive Suite C
City State Zip Code Jackson MS 39232-2111
Purpose of Disbursement: -Building Security System
Activity or Event Identifier: ADMINISTRATION B 21
Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ]
Date 12/16/2011
FEDERAL SHARE 17.72 NONFEDERAL SHARE 31.50 TOTAL AMOUNT 49.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 51.90, 92.26, 144.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [ ], [ ], [ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

A. Full Name (Last, First, Middle Initial) <b>Comcast</b>		Transaction ID : <b>H411219.E24469</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 105184				Allocated Activity or Event Year-To-Date 100276.82		
City Atlanta	State GA	Zip Code 30348-5184		Date 12 / 16 / 2011		
Purpose of Disbursement: -Cable		001				
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
32.67			58.09			90.76

B. Full Name (Last, First, Middle Initial) <b>Office Depot</b>		Transaction ID : <b>H411219.E24470</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4950 I-55 North				Allocated Activity or Event Year-To-Date 99183.83		
City Jackson	State MS	Zip Code 39211-		Date 12 / 16 / 2011		
Purpose of Disbursement: -Office Supplies		001				
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
54.91			97.61			152.52

C. Full Name (Last, First, Middle Initial) <b>Cellular South</b>		Transaction ID : <b>H411219.E24471</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 519				Allocated Activity or Event Year-To-Date 98688.37		
City Meadville	State MS	Zip Code 39653-0519		Date 12 / 16 / 2011		
Purpose of Disbursement: -Cell Phone		001				
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
109.35			194.41			303.76

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.93		350.11		547.04

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Form A: Allied Waste Service. Transaction ID: H411219.E24473. Mailing Address: Jackson, 1035 Old Brandon Road. City: Flowood, MS, Zip Code: 39232. Purpose: -Garbage Pickup. Activity: ADMINISTRATION B 21. Allocated Activity or Event: Administrative. Year-To-Date: 100186.06. Date: 12/16/2011. Summary: FEDERAL SHARE 66.86, NONFEDERAL SHARE 118.87, TOTAL AMOUNT 185.73.

Form B: Atmos Energy. Transaction ID: H411219.E24476. Mailing Address: PO Box 9001949. City: Louisville, KY, Zip Code: 40290-1949. Purpose: - Utilities. Activity: ADMINISTRATION B 21. Allocated Activity or Event: Administrative. Year-To-Date: 99915.33. Date: 12/16/2011. Summary: FEDERAL SHARE 117.85, NONFEDERAL SHARE 209.51, TOTAL AMOUNT 327.36.

Form C: StorageMax Downtown. Transaction ID: H411219.E24477. Mailing Address: 304 South State Street. City: Jackson, MS, Zip Code: 39201-. Purpose: -Storage Unit. Activity: ADMINISTRATION B 21. Allocated Activity or Event: Administrative. Year-To-Date: 99031.31. Date: 12/16/2011. Summary: FEDERAL SHARE 82.80, NONFEDERAL SHARE 147.20, TOTAL AMOUNT 230.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 267.51, 475.58, 743.09.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Deltacom</b>		<b>Transaction ID : H411219.E24478</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 2252			Allocated Activity or Event Year-To-Date 99471.81	
City Birmingham	State AL	Zip Code 35246-1958	Date 12 / 16 / 2011	
Purpose of Disbursement: -Long Distance		001		
Activity or Event Identifier: <b>ADMINISTRATION B 21</b>		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
85.95			152.81	
		=	TOTAL AMOUNT	
			238.76	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>FIA Business Card Services</b>		<b>Transaction ID : H420125.E24535</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 15710			Allocated Activity or Event Year-To-Date 103090.45	
City Wilmington	State DE	Zip Code 19886-5710	Date 12 / 30 / 2011	
Purpose of Disbursement: CREDIT CARD: SEE BELOW				
Activity or Event Identifier: ADMINISTRATION B 21				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1009.33			1794.36	
		=	TOTAL AMOUNT	
			2803.69	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H420125.E24568</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P. O. Box 9001309			Allocated Activity or Event Year-To-Date 14.99	
City Louisville	State KY	Zip Code 40290-1309	Date 12 / 30 / 2011	
Purpose of Disbursement: -Internet		001		
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type		
[MEMO ITEM] 001-Internet				
FEDERAL SHARE		+	NONFEDERAL SHARE	
5.40			9.59	
		=	TOTAL AMOUNT	
			14.99	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1095.28		1947.17		3042.45

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H420125.E24582</b>	<b>Allocated Activity or Event:</b>	
Mailing Address P. O. Box 9001309			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code Louisville KY 40290-1309			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: -Internet		001	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>ADMINISTRATION B 21</b>		Category/ Type	<b>Allocated Activity or Event Year-To-Date</b>	
[MEMO ITEM] 001-Internet			14.99	
			Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
5.40			9.59	
		=	TOTAL AMOUNT	
14.99				

<b>B. Full Name (Last, First, Middle Initial)</b> <b>U. S. Postmaster</b>		<b>Transaction ID : H420125.E24567</b>	<b>Allocated Activity or Event:</b>	
Mailing Address General Mail Facility			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code Jackson MS 39201-			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: -Postage/Stamps		001	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type	<b>Allocated Activity or Event Year-To-Date</b>	
[MEMO ITEM] 001-Postage/Stamps			39.60	
			Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
14.26			25.34	
		=	TOTAL AMOUNT	
39.60				

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Cellular South</b>		<b>Transaction ID : H420125.E24580</b>	<b>Allocated Activity or Event:</b>	
Mailing Address P. O. Box 519			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code Meadville MS 39653-0519			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: -Cell Phone		001	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type	<b>Allocated Activity or Event Year-To-Date</b>	
[MEMO ITEM] 001-Cell Phone			105.00	
			Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
37.80			67.20	
		=	TOTAL AMOUNT	
105.00				

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
0.00	0.00	0.00



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

A. Full Name (Last, First, Middle Initial) <b>McAlisters Deli</b>		Transaction ID : <b>H420125.E24587</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1240 E. Northside Drive				Allocated Activity or Event Year-To-Date 86.11		
City Jackson	State MS	Zip Code 39211-		Date 12 / 30 / 2011		
Purpose of Disbursement: -Office Luncheon		001				
Activity or Event Identifier: <b>ADMINISTRATION B 21</b>		Category/ Type				
[MEMO ITEM] 001-Office Luncheon						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
31.00			55.11			86.11

B. Full Name (Last, First, Middle Initial) <b>Texaco, Inc.</b>		Transaction ID : <b>H420125.E24588</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1264 High Street				Allocated Activity or Event Year-To-Date 13.87		
City Jackson	State MS	Zip Code 39202-		Date 12 / 30 / 2011		
Purpose of Disbursement: -Office Supplies/Bottle Water		001				
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type				
[MEMO ITEM] 001-Office Supplies/Bottle Water						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
4.99			8.88			13.87

C. Full Name (Last, First, Middle Initial) <b>Texaco, Inc.</b>		Transaction ID : <b>H420125.E24584</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1264 High Street				Allocated Activity or Event Year-To-Date 43.31		
City Jackson	State MS	Zip Code 39202-		Date 12 / 30 / 2011		
Purpose of Disbursement: -Gasoline		002				
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type				
[MEMO ITEM] 002-Gasoline						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
15.59			27.72			43.31

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Form A: Chevron. Transaction ID: H420125.E24573. Allocated Activity or Event: Administrative (checked). Purpose: -Office Supplies/Ice. Date: 12/30/2011. Amounts: FEDERAL SHARE 1.85, NONFEDERAL SHARE 3.28, TOTAL AMOUNT 5.13.

Form B: Kroger. Transaction ID: H420125.E24570. Allocated Activity or Event: Administrative (checked). Purpose: -Catering Supplies. Date: 12/30/2011. Amounts: FEDERAL SHARE 101.23, NONFEDERAL SHARE 179.97, TOTAL AMOUNT 281.20.

Form C: Kroger. Transaction ID: H420125.E24579. Allocated Activity or Event: Administrative (checked). Purpose: -Meeting Supplies. Date: 12/30/2011. Amounts: FEDERAL SHARE 15.35, NONFEDERAL SHARE 27.28, TOTAL AMOUNT 42.63.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty).

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Kroger</b> Mailing Address 4910 I-55 North City Jackson State MS Zip Code 39206-		<b>Transaction ID : H420125.E24589</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Office Supplies Activity or Event Identifier: <b>ADMINISTRATION B 21</b> <b>[MEMO ITEM] 001-Office Supplies</b>		Allocated Activity or Event Year-To-Date 71.84 Date 12 / 30 / 2011
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 25.86 + 45.98 = 71.84		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Shell Station</b> Mailing Address No. 57525881207 1263 High Street City Jackson State MS Zip Code 39211-		<b>Transaction ID : H420125.E24591</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Meeting Supplies Activity or Event Identifier: ADMINISTRATION B 21 <b>[MEMO ITEM] 001-Meeting Supplies</b>		Allocated Activity or Event Year-To-Date 17.31 Date 12 / 30 / 2011
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 6.23 + 11.08 = 17.31		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Papa Johns</b> Mailing Address 1220 E. Northside Dr. City Jackson State MS Zip Code 39211-		<b>Transaction ID : H420125.E24583</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Luncheon Activity or Event Identifier: ADMINISTRATION B 21 <b>[MEMO ITEM] 001-Luncheon</b>		Allocated Activity or Event Year-To-Date 23.43 Date 12 / 30 / 2011
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 8.43 + 15.00 = 23.43		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Keifers</b> Mailing Address 120 N. Congress		<b>Transaction ID : H420125.E24578</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Jackson	State MS	Zip Code 39201-	Allocated Activity or Event Year-To-Date _____ 19.24 Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
Purpose of Disbursement: -Luncheon		Category/ Type <input type="text" value="001"/>	
Activity or Event Identifier: <b>ADMINISTRATION B 21</b> <b>[MEMO ITEM] 001-Luncheon</b>			
FEDERAL SHARE		+ NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="6.93"/>		<input type="text" value="12.31"/>	<input type="text" value="19.24"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Keifers</b> Mailing Address 120 N. Congress		<b>Transaction ID : H420125.E24575</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Jackson	State MS	Zip Code 39201-	Allocated Activity or Event Year-To-Date _____ 12.15 Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
Purpose of Disbursement: -Luncheon		Category/ Type <input type="text" value="001"/>	
Activity or Event Identifier: ADMINISTRATION B 21 <b>[MEMO ITEM] 001-Luncheon</b>			
FEDERAL SHARE		+ NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="4.37"/>		<input type="text" value="7.78"/>	<input type="text" value="12.15"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CVS Pharmacy</b> Mailing Address 914 North State Street		<b>Transaction ID : H420125.E24596</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Jackson	State MS	Zip Code 39201-	Allocated Activity or Event Year-To-Date _____ 14.31 Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
Purpose of Disbursement: -Office Supplies		Category/ Type <input type="text" value="001"/>	
Activity or Event Identifier: ADMINISTRATION B 21 <b>[MEMO ITEM] 001-Office Supplies</b>			
FEDERAL SHARE		+ NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="5.15"/>		<input type="text" value="9.16"/>	<input type="text" value="14.31"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CVS Pharmacy</b> Mailing Address 914 North State Street		<b>Transaction ID : H420125.E24585</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code		Allocated Activity or Event Year-To-Date _____ 15.48		
Jackson	MS	39201-		Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: -Office Supplies/Coffee		<input type="text" value="001"/>				
Activity or Event Identifier: <b>ADMINISTRATION B 21</b> <b>[MEMO ITEM] 001-Office Supplies/Coffee</b>		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text" value="5.57"/>			<input type="text" value="9.91"/>			<input type="text" value="15.48"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CVS Pharmacy</b> Mailing Address 914 North State Street		<b>Transaction ID : H420125.E24581</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code		Allocated Activity or Event Year-To-Date _____ 26.73		
Jackson	MS	39201-		Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: -Office Supplies		<input type="text" value="001"/>				
Activity or Event Identifier: ADMINISTRATION B 21 <b>[MEMO ITEM] 001-Office Supplies</b>		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text" value="9.62"/>			<input type="text" value="17.11"/>			<input type="text" value="26.73"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Nicks Restaurant</b> Mailing Address 1501 Lakeland Drive		<b>Transaction ID : H420125.E24565</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code		Allocated Activity or Event Year-To-Date _____ 260.40		
Jackson	MS	39216-		Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: -Dinner		<input type="text" value="001"/>				
Activity or Event Identifier: ADMINISTRATION B 21 <b>[MEMO ITEM] 001-Dinner</b>		Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text" value="93.74"/>			<input type="text" value="166.66"/>			<input type="text" value="260.40"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Chick-Fil-A</b> Mailing Address 274 Dogwood Blvd City Flowood State MS Zip Code 39232-		<b>Transaction ID : H420125.E24586</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Office Luncheon		Allocated Activity or Event Year-To-Date 69.54
Activity or Event Identifier: <b>ADMINISTRATION B 21</b> [MEMO ITEM] 001-Office Luncheon		Date 12 / 30 / 2011
Category/Type 001		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 25.03 + 44.51 = 69.54		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Sonic</b> Mailing Address 5849 Ridgewood Road City Jackson State MS Zip Code 39211-		<b>Transaction ID : H420125.E24595</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Luncheon		Allocated Activity or Event Year-To-Date 8.37
Activity or Event Identifier: ADMINISTRATION B 21 [MEMO ITEM] 001-Luncheon		Date 12 / 30 / 2011
Category/Type 001		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 3.01 + 5.36 = 8.37		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>FIA Business Card Services</b> Mailing Address P.O. Box 15710 City Wilmington State DE Zip Code 19886-5710		<b>Transaction ID : H420125.E24597</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Finance Charge		Allocated Activity or Event Year-To-Date 48.80
Activity or Event Identifier: ADMINISTRATION B 21 [MEMO ITEM] 001-Finance Charge		Date 12 / 30 / 2011
Category/Type 001		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 17.57 + 31.23 = 48.80		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial) Transaction ID : H420125.E24577**  
**FIA Business Card Services**  
Mailing Address P.O. Box 15710

City State Zip Code  
Wilmington DE 19886-5710

Purpose of Disbursement:  
-Finance Fee

Activity or Event Identifier:  
**ADMINISTRATION B 21**  
**[MEMO ITEM] 001-Finance Fee**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
13.25

Date 12 / 30 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.77		8.48		13.25

**B. Full Name (Last, First, Middle Initial) Transaction ID : H420125.E24572**  
**Calistoga**  
Mailing Address 1109 Highland Colony Pkwy Ste. G

City State Zip Code  
Ridgeland MS 39157-

Purpose of Disbursement:  
-Catering Supplies/Beverages

Activity or Event Identifier:  
ADMINISTRATION B 21  
**[MEMO ITEM] 001-Catering Supplies/Beverages**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
456.02

Date 12 / 30 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
164.17		291.85		456.02

**C. Full Name (Last, First, Middle Initial) Transaction ID : H420125.E24594**  
**Olgas Fine Dining**  
Mailing Address I-55 Frontage Road

City State Zip Code  
Jackson MS 39211-

Purpose of Disbursement:  
-Dinner

Activity or Event Identifier:  
ADMINISTRATION B 21  
**[MEMO ITEM] 001-Dinner**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
284.16

Date 12 / 30 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.30		181.86		284.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Fresh Market</b> Mailing Address 1000 Highland Colony Pkwy City State Zip Code Ridgeland MS 39157-		<b>Transaction ID : H420125.E24571</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Refreshment Supplies Activity or Event Identifier: <b>ADMINISTRATION B 21</b> <b>[MEMO ITEM] 001-Refreshment Supplies</b>		Allocated Activity or Event Year-To-Date _____ 26.18 Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT _____ 9.42 _____ 16.76 _____ 26.18		Category/Type <input type="text" value="001"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Tiny Prints</b> Mailing Address 884 Hermosa Court Ste. 100 City State Zip Code Sunnyvale CA 94085-		<b>Transaction ID : H420125.E24566</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Printing Activity or Event Identifier: <b>ADMINISTRATION B 21</b> <b>[MEMO ITEM] 001-Printing</b>		Allocated Activity or Event Year-To-Date _____ 58.09 Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT _____ 20.91 _____ 37.18 _____ 58.09		Category/Type <input type="text" value="001"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Service Drugs</b> Mailing Address 680 Hwy 51 #G City State Zip Code Ridgeland MS 39157-		<b>Transaction ID : H420125.E24574</b> Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement: -Office Supplies Activity or Event Identifier: <b>ADMINISTRATION B 21</b> <b>[MEMO ITEM] 001-Office Supplies</b>		Allocated Activity or Event Year-To-Date _____ 19.13 Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT _____ 6.89 _____ 12.24 _____ 19.13		Category/Type <input type="text" value="001"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 0.00		_____ 0.00		_____ 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
_____	_____	_____





**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <span style="float:right"><b>Transaction ID : H420125.E24512</b></span> <b>Aristotle Publishing, Inc.</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 205 Pennsylvania Avenue, SE		Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">63686.57</div>	
City State Zip Code Washington DC 20003-1164	<div style="border: 1px solid black; padding: 2px;">003</div> Category/ Type	Date <span style="margin-left: 20px;">12</span> / <span style="margin-left: 20px;">28</span> / <span style="margin-left: 20px;">2011</span>	
Purpose of Disbursement: -Merchant Fee			
Activity or Event Identifier: <b>2011 SUSTAINING DIRECT MAIL</b>			
FEDERAL SHARE <div style="border: 1px solid black; padding: 2px; text-align: right;">43.12</div>	+ NONFEDERAL SHARE <div style="border: 1px solid black; padding: 2px; text-align: right;">0.88</div>	= TOTAL AMOUNT <div style="border: 1px solid black; padding: 2px; text-align: right;">44.00</div>	

<b>B. Full Name (Last, First, Middle Initial)</b> _____		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address _____		Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px;"> </div>	
City State Zip Code _____	<div style="border: 1px solid black; padding: 2px;"> </div> Category/ Type	Date <span style="margin-left: 20px;"> </span> / <span style="margin-left: 20px;"> </span> / <span style="margin-left: 20px;"> </span>	
Purpose of Disbursement: _____			
Activity or Event Identifier: _____			
FEDERAL SHARE <div style="border: 1px solid black; padding: 2px;"> </div>	+ NONFEDERAL SHARE <div style="border: 1px solid black; padding: 2px;"> </div>	= TOTAL AMOUNT <div style="border: 1px solid black; padding: 2px;"> </div>	

<b>C. Full Name (Last, First, Middle Initial)</b> _____		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address _____		Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px;"> </div>	
City State Zip Code _____	<div style="border: 1px solid black; padding: 2px;"> </div> Category/ Type	Date <span style="margin-left: 20px;"> </span> / <span style="margin-left: 20px;"> </span> / <span style="margin-left: 20px;"> </span>	
Purpose of Disbursement: _____			
Activity or Event Identifier: _____			
FEDERAL SHARE <div style="border: 1px solid black; padding: 2px;"> </div>	+ NONFEDERAL SHARE <div style="border: 1px solid black; padding: 2px;"> </div>	= TOTAL AMOUNT <div style="border: 1px solid black; padding: 2px;"> </div>	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">43.12</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.88</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">44.00</div>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">5015.17</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">3079.52</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">8094.69</div>