

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P. O. Box 60  
 Check if different than previously reported. (ACC)  
Jackson MS 39205

2. **FEC IDENTIFICATION NUMBER** C00084368  
**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 Quarterly 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 (12G)  
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 05 01 2006 through 05 31 2006

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 Tom Butchart  
Signature of Treasurer Electronically Filed by Tom Butchart Date 06 20 2006

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**

Write or Type Committee Name  
Mississippi Republican Party

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		27103.08
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	185929.78									
(c) Total Receipts (from Line 19) .....	47342.30	422578.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	233272.08	449681.28								
7. Total Disbursements (from Line 31) .....	81866.88	298276.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	151405.20	151405.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	22230.00	212885.00
(i) Itemized (use Schedule A) .....	15099.50	176161.74
(ii) Unitemized .....	37329.50	389046.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10.00	350.00
(b) Political Party Committees .....	0.00	22900.00
(c) Other Political Committees (such as PACs) .....	37339.50	412296.74
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	10000.00	10269.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.80	12.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47342.30	422578.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47342.30	422578.20

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	27341.23	56495.05
(ii) Non-Federal Share.....	28101.96	103719.43
(b) Other Federal Operating Expenditures.....	10750.00	54868.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	66193.19	215082.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 .....	15673.69	78193.50
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15673.69	78193.50
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	81866.88	298276.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	53764.92	194556.65

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	37339.50	412296.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37339.50	412296.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38091.23	111363.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38091.23	111363.15

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 62
	<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) <b>A. Joe Reed</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 145		Transaction ID: 60601.C173084
City State Zip Code Boyle MS 38730-0145	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. William Mounger</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 200 E. Capitol Street, #1601		Transaction ID: 60517.C172346
City State Zip Code Jackson MS 39201	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investor Aggregate Year-to-Date ▼ 5050.00	

Full Name (Last, First, Middle Initial) <b>C. Murphy Adkins</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address P. O. Box 700		Transaction ID: 60517.C172347
City State Zip Code Brandon MS 39043-0700	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Rankin County Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chancery Clerk Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Richard Clark, Jr.

Mailing Address #3 Cherokee Circle

City State Zip Code  
Hattiesburg MS 39401

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172390

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
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 Delta & Pine Land Company Occupation V.P. Operation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172394

Amount of Each Receipt this Period  
20.00

Receipt

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

Mailing Address 1609 Linda Drive

City State Zip Code  
Clinton MS 39056

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172399

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 62
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Genzer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 145 Saint Jude Street		<b>Transaction ID:</b> 60517.C172430
City State Zip Code Biloxi MS 39530-3602	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Self Occupation Architect	Aggregate Year-to-Date ▼ 5125.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) W. W. Gresham		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address P. O. Box 690		<b>Transaction ID:</b> 60517.C172440
City State Zip Code Indianola MS 38751-0690	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Gresham Petroleum Occupation Merchant	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) G. O. Griffith, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 625 Oakland Terrace		<b>Transaction ID:</b> 60517.C172442
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Barbour, Griffith & Rogers Occupation Attorney	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Jerry Gulledge

Mailing Address 104 Dampeer Street

City State Zip Code  
Crystal Springs MS 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 ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60517.C172443

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert Kane

Mailing Address 202 S. Toulme St.

City State Zip Code  
Bay Saint Louis MS 39520-4549

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

Name of Employer Self Occupation  
Property Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

Transaction ID: 60601.C173065

Amount of Each Receipt this Period  
120.00

Receipt

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

Mailing Address 119 Faith Drive

City State Zip Code  
Batesville MS 38606

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 ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60517.C172468

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<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.** Full Name (Last, First, Middle Initial)  
James Moreton

Mailing Address P. O. Box 537

City State Zip Code  
Brookhaven MS 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172511

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rubel Phillips

Mailing Address P. O. Box 823

City State Zip Code  
Ridgeland MS 39158-0823

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172526

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 139 Bayou Road

City State Zip Code  
Greenville MS 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 ▼ 2060.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60504.C172312

Amount of Each Receipt this Period  
2000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 62
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Clarke Reed		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 139 Bayou Road		<b>Transaction ID:</b> 60517.C172534	
City State Zip Code Greenville MS 38701-7702		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Self Employed Occupation Investor		Aggregate Year-to-Date ▼ 2075.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Retzer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address P. O. Box 4457		<b>Transaction ID:</b> 60517.C172535	
City State Zip Code Greenville MS 38704-4457		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer U. S. Government Occupation Ambassador		Aggregate Year-to-Date ▼ 5050.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) F. L. Sellers		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1502 Tanglewood Drive		<b>Transaction ID:</b> 60517.C172555	
City State Zip Code Clinton MS 39056-3648		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer N/A Occupation Retired		Aggregate Year-to-Date ▼ 245.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Mrs. Robert A. Montgomery

Mailing Address 2701 River Road Ext.

City Greenwood State MS Zip Code 38930-4943

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 ▼ 200.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 60601.C173088

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Laurance Carter

Mailing Address 521 N. First St.

City Rolling Fork State MS Zip Code 39159-2003

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 ▼ 200.00

Date of Receipt  
05 / 25 / 2006

Transaction ID: 60601.C172936

Amount of Each Receipt this Period  
150.00

Receipt

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

Mailing Address 541 Central Ave., Suite B

City Laurel State MS Zip Code 39440

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

Name of Employer Self Occupation Oil And Gas

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 60601.C173081

Amount of Each Receipt this Period  
150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 62
	<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) <b>A.</b> Jean Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 5405 Williamson Road		Transaction ID: 60601.C173059	
City Clinton	State MS	Zip Code 39056-9414	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer College Cleaners	Occupation Owner And Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Harry R. Allen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 1529 Magnolia Street, #15		Transaction ID: 60517.C172890	
City Gulfport	State MS	Zip Code 39507	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Allen, Cobb, Hood & Atkinson.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> R. H. Cato		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 4522 Carter Road		Transaction ID: 60601.C172898	
City Yazoo City	State MS	Zip Code 39194-9417	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cato Farms	Occupation Farmer/owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 62
	<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) <b>A.</b> Terrell Wise		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address P. O. Box 12424		Transaction ID: 60517.C172619
City Jackson	State MS	Zip Code 39211-6302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer N/A	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Terrell Wise		Date of Receipt MM / DD / YYYY 05 / 25 / 2006
Mailing Address P. O. Box 12424		Transaction ID: 60601.C172941
City Jackson	State MS	Zip Code 39211-6302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Helen Beeman		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 115 Pecan Circle		Transaction ID: 60517.C172622
City Quitman	State MS	Zip Code 39355-2653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Quitman Schools	Occupation Teacher	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Kenneth Williams M D

Mailing Address 100 Hillview Court

City State Zip Code  
Brandon MS 39042-1950

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 ▼  
305.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60504.C172319

Amount of Each Receipt this Period  
305.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Paul McMullan

Mailing Address P. O. Box 16868

City State Zip Code  
Hattiesburg MS 39404-6868

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 ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

Transaction ID: 60601.C173069

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address P. O. Box 2299

City State Zip Code  
Natchez MS 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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60601.C172937

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	655.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<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.** Full Name (Last, First, Middle Initial)  
James Hamill

Mailing Address 501 Broad Street

City Starkville State MS Zip Code 39759-2615

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 ▼ 250.00

Date of Receipt  
05 / 25 / 2006

Transaction ID: 60601.C173021

Amount of Each Receipt this Period  
125.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 200.00

Date of Receipt  
05 / 05 / 2006

Transaction ID: 60517.C172660

Amount of Each Receipt this Period  
20.00

Receipt

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

Mailing Address 2254 E Manor Dr

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 ▼ 225.00

Date of Receipt  
05 / 25 / 2006

Transaction ID: 60601.C173037

Amount of Each Receipt this Period  
100.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 62
	<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.** Full Name (Last, First, Middle Initial)  
James Broome

Mailing Address 2600 Gates Rd.

City State Zip Code  
Bassfield MS 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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

Transaction ID: 60601.C173070

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Maurice McIntosh

Mailing Address P. O. Box 385

City State Zip Code  
Collins MS 39428-0385

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: 60601.C172995

Amount of Each Receipt this Period  
125.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mississippi Band of Choctaw Indians

Mailing Address P. O. Box 6090

City State Zip Code  
Philadelphia MS 39350

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

Name of Employer Self Occupation Indian tribe

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2006

Transaction ID: 60504.C172333

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<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) <b>A.</b> John Taylor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 104 Hidden Heights		Transaction ID: 60517.C172715
City State Zip Code Ridgeland MS 39157	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer JOAMCA Chemical Products	Occupation Manufacturer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kent Nicaud		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 23441 Arcadia Road		Transaction ID: 60517.C172888
City State Zip Code Pass Christian MS 39571	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Rehab. System/CCPT	Occupation V. P./Adminis.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Carson Hughes		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 125 S. Congress St., Ste. 1100		Transaction ID: 60601.C172935
City State Zip Code Jackson MS 39201	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Telapex Inc	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 62
	(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"/> 15
<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.** Full Name (Last, First, Middle Initial)  
W. Thad McLaurin

Mailing Address P. O. Box 1677

City State Zip Code  
Ridgeland MS 39158-1677

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

Name of Employer Occupation  
The Orchard Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

Transaction ID: 60601.C173147

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mrs. John A. McGowan

Mailing Address 328 Dover Lane

City State Zip Code  
Madison MS 39110-9418

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

Name of Employer Occupation  
Kings Daughters Hospital Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60504.C172324

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 600 Pinecrest Cove

City State Zip Code  
New Albany MS 38652

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

Name of Employer Occupation  
Morris Recycling, Inc. President - Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60517.C172889

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 62
	<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) <b>A.</b> Kathryn Arant		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 3731 Highway 8		Transaction ID: 60517.C172726	
City Ruleville	State MS	Zip Code 38771	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Self	Occupation Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ike D. Hopper		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address Route 1, Box 145		Transaction ID: 60517.C172735	
City Porterville	State MS	Zip Code 39352-9739	Amount of Each Receipt this Period 25.00
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 ▼ 175.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ike D. Hopper		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address Route 1, Box 145		Transaction ID: 60601.C173075	
City Porterville	State MS	Zip Code 39352-9739	Amount of Each Receipt this Period 50.00
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 ▼ 225.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 62
	<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) <b>A.</b> Joan Guido		Date of Receipt MM / DD / YYYY 05 / 25 / 2006
Mailing Address 4702 Oak Forrest Dr		<b>Transaction ID:</b> 60601.C173011
City Hattiesburg	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.00
Name of Employer N/A	Occupation Homemaker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James Cahill, Jr.		Date of Receipt MM / DD / YYYY 05 / 30 / 2006
Mailing Address P. O. Box 186		<b>Transaction ID:</b> 60601.C173127
City Senatobia	State MS	Zip Code 38668-0186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Rentals	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. George Cain		Date of Receipt MM / DD / YYYY 05 / 30 / 2006
Mailing Address 1305 Beverly Lane		<b>Transaction ID:</b> 60601.C173115
City Columbus	State MS	Zip Code 39701-3548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	465.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Joan Kennedy

Mailing Address 2108 Cheyenne Drive

City State Zip Code  
McComb MS 39648-2244

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 ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: 60601.C172931

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 16 Duff St

City State Zip Code  
Columbia MS 39429

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 ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: 60601.C172963

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 279 Pat Holifield Road

City State Zip Code  
Soso MS 39480-5020

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60517.C172771

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Peter Wilson

Mailing Address 453 Carmargue Ln.

City State Zip Code  
Biloxi MS 39531

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

Name of Employer Bancorp South Occupation Bank Insurance Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: 60517.C172788

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address 458 Greenwood Lane

City State Zip Code  
Ridgeland MS 39157

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60504.C172315

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 108 Napa Valley Drive

City State Zip Code  
Clinton MS 39056

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

Name of Employer Equipment Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: 60601.C172975

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 62
	<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) <b>A. Ashley Skellie</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address PO Box 38		<b>Transaction ID: 60601.C173008</b>	
City State Zip Code Long Beach MS 39560	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self Occupation Consultant	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Charles Pittman</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 211		<b>Transaction ID: 60517.C172821</b>	
City State Zip Code Raymond MS 39154	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer State Of Mississippi Occupation Constituent Services	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William O. B. Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 3851 Old Canton Road		<b>Transaction ID: 60601.C172919</b>	
City State Zip Code Jackson MS 39216	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Clinic of Plastic Surgery Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	370.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Charles Jim Beckett

Mailing Address P.O. Box 722

City State Zip Code  
Bruce MS 38915

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 ▼ 300.00

Date of Receipt  
05 / 02 / 2006

Transaction ID: 60504.C172323

Amount of Each Receipt this Period  
300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mike Armour

Mailing Address 2508 Savery Drive

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Peoples Bank Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
05 / 05 / 2006

Transaction ID: 60517.C172828

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address P.O. Box 335

City State Zip Code  
Taylorsville MS 39168

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 ▼ 250.00

Date of Receipt  
05 / 05 / 2006

Transaction ID: 60517.C172829

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	320.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 62
	<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. Full Name (Last, First, Middle Initial) Shirley Collins Mailing Address 4025 Tucker Rd. City State Zip Code Vicksburg MS 39183 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 60601.C172917 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer: Rebel Welding Supply      Occupation: Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Bob McGuire Mailing Address 108 Summerwood Dr. City State Zip Code Jackson MS 39208 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: 60601.C173144 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer: Self      Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

C. Full Name (Last, First, Middle Initial) Wilda Farber Mailing Address 4217 N. Honeysuckle Ln. City State Zip Code Jackson MS 39211-6130 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Transaction ID: 60601.C173033 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer: N/A      Occupation: Widow Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Anita Thompson

Mailing Address Route 1, Box 259

City State Zip Code  
Bailey MS 39320

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 / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172850

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James H. Wilson

Mailing Address Wilsons Termite  
206 A E. Government St.

City State Zip Code  
Brandon MS 39042

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

Name of Employer Wilsons Termite Occupation Pest Control

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C172857

Amount of Each Receipt this Period  
80.00

Receipt

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

Mailing Address 2739 Channel Pl.

City State Zip Code  
Biloxi MS 39531

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

Name of Employer Newman Lumber Company Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60517.C172887

Amount of Each Receipt this Period  
2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2090.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 62
	<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) <b>A.</b> Hilda Povall		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 1199		Transaction ID: 60517.C172863	
City Cleveland	State MS	Amount of Each Receipt this Period 40.00	
Zip Code 38732		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David Young		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 4414 Hwy. 178 West		Transaction ID: 60517.C172863	
City Red Banks	State MS	Amount of Each Receipt this Period 30.00	
Zip Code 38661		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer D & B Transport	Occupation Owner/manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Bobby Lee Graham, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 2306 Twin Lakes Circle		Transaction ID: 60504.C172310	
City Jackson	State MS	Amount of Each Receipt this Period 1000.00	
Zip Code 39211-6757		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1070.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 62
	<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.** Full Name (Last, First, Middle Initial)  
Edwards Henry

Mailing Address 332 Country Club Rd.

City State Zip Code  
Canton MS 39046-9619

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 ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

Transaction ID: 60601.C173131

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address P.O. Box 1723

City State Zip Code  
Tupelo MS 38802-1723

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

Name of Employer Beswa Finance Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: 60601.C173044

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 2 Old Augusta Lane

City State Zip Code  
Hattiesburg MS 39402

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

Name of Employer Retired Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

Transaction ID: 60601.C173052

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 62
	<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) <b>A.</b> John Kaye		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 137 Chapel Lane		Transaction ID: 60601.C173036	
City Madison	State MS	Zip Code 39110	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charlot Ray		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address P.O. Box 1600		Transaction ID: 60601.C173126	
City Greenwood	State MS	Zip Code 38935-1600	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy Sharon Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 2306 Twin Lakes Circle		Transaction ID: 60504.C172311	
City Jackson	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Ms State Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	22230.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 62	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.** Full Name (Last, First, Middle Initial)  
Friends of Phil Bryant

Mailing Address P. O. Box 5141

City	State	Zip Code
Brandon	MS	39047

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	6

Transaction ID: 60517.C172748

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 62	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<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.** Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 First Street, S.E.

City	State	Zip Code
Washington	DC	20003-

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10269.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	6

Transaction ID: 60504.C172334

Amount of Each Receipt this Period  
10000.00

Transfers From Affil./Auth.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

**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)

PAGE 33 / 62

<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

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) <b>A. Mississippi Employment Security Comm.</b>		<b>Transaction ID:</b> 60601.E11451	
Mailing Address P O Box 22781		Date of Disbursement 05 / 30 / 2006	
City Jackson	State MS	Zip Code 39225-2781	Amount of Each Disbursement this Period 65.84
Purpose of Disbursement -Payroll Taxes		001	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	-PAYROLL TAXES		

Full Name (Last, First, Middle Initial) <b>B. Mississippi Employment Security Comm.</b>		<b>Transaction ID:</b> 60517.E11409	
Mailing Address P O Box 22781		Date of Disbursement 05 / 15 / 2006	
City Jackson	State MS	Zip Code 39225-2781	Amount of Each Disbursement this Period 15.98
Purpose of Disbursement -Payroll Taxes		001	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	-PAYROLL TAXES		

Full Name (Last, First, Middle Initial) <b>C. Fred Dunlap</b>		<b>Transaction ID:</b> 60504.E11358	
Mailing Address 126 Morrow Road		Date of Disbursement 05 / 01 / 2006	
City Brandon	State MS	Zip Code 39042-	Amount of Each Disbursement this Period 191.48
Purpose of Disbursement -Contract Employment		001	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	-CONTRACT EMPLOYMENT		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	273.30
<b>TOTAL</b> 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)

PAGE 34 / 62

<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) <b>A. Mamie C. Taylor</b>		Transaction ID: 60504.E11365 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 408 Timber Ridge Way		Amount of Each Disbursement this Period 114.56
City Brandon	State MS	
Zip Code 39047-		REIMBURSEMENT: SEE BELOW
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: 60601.E11449 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 70503		Amount of Each Disbursement this Period 2655.88
City Charlotte	State NC	
Zip Code 28272-0503		-PAYROLL TAXES
Purpose of Disbursement -Payroll Taxes		
Candidate Name		
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Butchart, Ellzey &amp; Assoc., PC</b>		Transaction ID: 60504.E11381 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 629		Amount of Each Disbursement this Period 860.00
City Canton	State MS	
Zip Code 39046-0629		-ACCOUNTING FEES
Purpose of Disbursement -Accounting Fees		
Candidate Name		
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3630.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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<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) <b>A. Mississippi State Tax Commission</b>		<b>Transaction ID:</b> 60601.E11450 <b>Date of Disbursement</b>																					
Mailing Address P. O. Box 960		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	0		2	0	0	6														
City Jackson	State MS	Zip Code 39205-	Amount of Each Disbursement this Period <table border="1"> <tr> <td>383.08</td> </tr> </table>	383.08																			
383.08																							
Purpose of Disbursement -Payroll Taxes		Category/ Type <table border="1"> <tr> <td>001</td> </tr> </table>	001	-PAYROLL TAXES																			
001																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: _____ District: _____																							

Full Name (Last, First, Middle Initial) <b>B. Mississippi State Tax Commission</b>		<b>Transaction ID:</b> 60517.E11407 <b>Date of Disbursement</b>																					
Mailing Address P. O. Box 960		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	5		2	0	0	6														
City Jackson	State MS	Zip Code 39205-	Amount of Each Disbursement this Period <table border="1"> <tr> <td>328.58</td> </tr> </table>	328.58																			
328.58																							
Purpose of Disbursement -Payroll Taxes		Category/ Type <table border="1"> <tr> <td>001</td> </tr> </table>	001	-PAYROLL TAXES																			
001																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: _____ District: _____																							

Full Name (Last, First, Middle Initial) <b>C. Blue Cross &amp; Blue Shield of MS</b>		<b>Transaction ID:</b> 60504.E11380 <b>Date of Disbursement</b>																					
Mailing Address P. O. Box 23082		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	6														
City Jackson	State MS	Zip Code 39225-3082	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1245.91</td> </tr> </table>	1245.91																			
1245.91																							
Purpose of Disbursement -Health Insurance		Category/ Type <table border="1"> <tr> <td>001</td> </tr> </table>	001	-HEALTH INSURANCE																			
001																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: _____ District: _____																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>1957.57</td> </tr> </table>	1957.57
1957.57		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

# 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)

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<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) <b>A. ADP, Inc.</b>		<b>Transaction ID:</b> 60601.E11452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 73.51
City Atlanta State GA Zip Code 30328-	Purpose of Disbursement -Payroll Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-PAYROLL PROCESSING FEES

Full Name (Last, First, Middle Initial) <b>B. Fred Dunlap</b>		<b>Transaction ID:</b> 60504.E11357 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 126 Morrow Road		Amount of Each Disbursement this Period 192.52
City Brandon State MS Zip Code 39042-	Purpose of Disbursement -Contract Employment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-CONTRACT EMPLOYMENT

Full Name (Last, First, Middle Initial) <b>C. Bluebonnet Life Insurance Company</b>		<b>Transaction ID:</b> 60504.E11379 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 22867		Amount of Each Disbursement this Period 30.33
City Jackson State MS Zip Code 39225-2867	Purpose of Disbursement -Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-INSURANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	296.36
<b>TOTAL</b> 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)

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<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) <b>A. Bluebonnet Life Insurance Company</b>		<b>Transaction ID:</b> 60601.E11428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 22867		Amount of Each Disbursement this Period 30.33
City Jackson State MS Zip Code 39225-2867	-INSURANCE	
Purpose of Disbursement -Insurance Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Carl Woods, III</b>		<b>Transaction ID:</b> 60601.E11425 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 1701 North State Street P.O. Box 151588		Amount of Each Disbursement this Period 429.00
City Jackson State MS Zip Code 39210-	-CONTRACT LABOR	
Purpose of Disbursement -Contract Labor Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Blue Cross &amp; Blue Shield of MS</b>		<b>Transaction ID:</b> 60601.E11431 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 23082		Amount of Each Disbursement this Period 1447.74
City Jackson State MS Zip Code 39225-3082	-HEALTH INSURANE	
Purpose of Disbursement -Health Insurane Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1907.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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) <b>A. Whitney Warrington</b>		Transaction ID: 60601.E11426 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 1701 N. State St. P.O. Box 151519		Amount of Each Disbursement this Period 301.20
City Jackson State MS Zip Code 39210-	Purpose of Disbursement -Contract Labor Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-CONTRACT LABOR

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: 60517.E11408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 70503		Amount of Each Disbursement this Period 2262.55
City Charlotte State NC Zip Code 28272-0503	Purpose of Disbursement -Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>C. ADP, Inc.</b>		Transaction ID: 60601.E11454 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 71.51
City Atlanta State GA Zip Code 30328-	Purpose of Disbursement -Payroll Processing Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-PAYROLL PROCESSING FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2635.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10700.00

# 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)

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<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) <b>A. Arnold S. Hederman</b>		<b>Transaction ID:</b> 60517.E11403 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2240 Bellingrath Rd.		Amount of Each Disbursement this Period 2308.62	
City Jackson State MS Zip Code 39211-	FEA SALARY		
Purpose of Disbursement FEA SALARY Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Edna K. Apostle</b>		<b>Transaction ID:</b> 60601.E11442 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 974 Bayridge Drive		Amount of Each Disbursement this Period 1131.14	
City Jackson State MS Zip Code 39211-	FEA SALARY		
Purpose of Disbursement FEA SALARY Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Richard C. Lacey</b>		<b>Transaction ID:</b> 60517.E11404 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 120 North Congress St. Apt. 1102		Amount of Each Disbursement this Period 1197.61	
City Jackson State MS Zip Code 39201-	FEA SALARY		
Purpose of Disbursement FEA SALARY Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4637.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

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<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) <b>A. Mamie C. Taylor</b>		<b>Transaction ID:</b> 60601.E11447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 408 Timber Ridge Way		Amount of Each Disbursement this Period 1091.68
City State Zip Code Brandon MS 39047-	Purpose of Disbursement FEA SALARY	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SALARY

Full Name (Last, First, Middle Initial) <b>B. Richard C. Lacey</b>		<b>Transaction ID:</b> 60601.E11446 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 120 North Congress St. Apt. 1102		Amount of Each Disbursement this Period 1197.61
City State Zip Code Jackson MS 39201-	Purpose of Disbursement FEA SALARY	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SALARY

Full Name (Last, First, Middle Initial) <b>C. Nathan Wells</b>		<b>Transaction ID:</b> 60517.E11406 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 790 Highpoint Drive		Amount of Each Disbursement this Period 1193.23
City State Zip Code Byram MS 39272-	Purpose of Disbursement FEA SALARY	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3482.52
<b>TOTAL</b> 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)

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<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) <b>A. Nathan Wells</b>		<b>Transaction ID:</b> 60601.E11448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 790 Highpoint Drive		Amount of Each Disbursement this Period 1193.23
City Byram State MS Zip Code 39272-	FEA SALARY	
Purpose of Disbursement FEA SALARY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Natalie Cole</b>		<b>Transaction ID:</b> 60601.E11443 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 250 Jacks Place		Amount of Each Disbursement this Period 584.81
City Brandon State MS Zip Code 39047-	FEA SALARY	
Purpose of Disbursement FEA SALARY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mamie C. Taylor</b>		<b>Transaction ID:</b> 60517.E11405 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 408 Timber Ridge Way		Amount of Each Disbursement this Period 1091.68
City Brandon State MS Zip Code 39047-	FEA SALARY	
Purpose of Disbursement FEA SALARY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2869.72
<b>TOTAL</b> 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)

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<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) <b>A. Edna K. Apostle</b>		<b>Transaction ID:</b> 60517.E11401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 974 Bayridge Drive		Amount of Each Disbursement this Period 1131.14	
City Jackson State MS Zip Code 39211-	Purpose of Disbursement FEA SALARY	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SALARY	

Full Name (Last, First, Middle Initial) <b>B. T.J. Harvey</b>		<b>Transaction ID:</b> 60601.E11444 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 5 Stanford Court		Amount of Each Disbursement this Period 856.85	
City Jackson State MS Zip Code 39211-	Purpose of Disbursement FEA SALARY	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SALARY	

Full Name (Last, First, Middle Initial) <b>C. Arnold S. Hederman</b>		<b>Transaction ID:</b> 60601.E11445 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 2240 Bellingrath Rd.		Amount of Each Disbursement this Period 2308.62	
City Jackson State MS Zip Code 39211-	Purpose of Disbursement FEA SALARY	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SALARY	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4296.61
<b>TOTAL</b> 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)

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<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) <b>A. Natalie Cole</b>		Transaction ID: 60517.E11402	
Mailing Address 250 Jacks Place		Date of Disbursement 05 / 15 / 2006	
City Brandon	State MS	Zip Code 39047-	Amount of Each Disbursement this Period 387.47
Purpose of Disbursement FEA SALARY		Category/ Type FEA SALARY	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	387.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15673.69

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED 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

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)
- X  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

PAGE 45 / 62

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

**2006 SUSTAINING MEMBERSHIP**

ACTIVITY IS:

 Fundraising       Direct Candidate Support

CHECK IF THE RATIO IS:

 New       Revised       Same as Previously Reported

FEDERAL %

**98.00** %

NONFEDERAL %

**2.00** %Transaction ID:  
H2160106.J18

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Key Merchant Services LLC			Type of Allocated Activity: <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 7207 Chapman Highway			Allocated Activity or Event Year-To-Date 95878.03	
City Knoxville	State TN	Zip Code 37920-6609	Date M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Purpose of Disbursement: 001-Merchant Fees			Category/ Type 001	
Activity or Event Identifier: ADMINISTRATION B 3			Transaction ID: H460517.E11411	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.89		311.84		394.73

<b>B. Full Name (Last, First, Middle Initial)</b> Fred Dunlap			Type of Allocated Activity: <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 126 Morrow Road			Allocated Activity or Event Year-To-Date 96130.60	
City Brandon	State MS	Zip Code 39042-	Date M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Purpose of Disbursement: 002-Mileage Reimbursement			Category/ Type 002	
Activity or Event Identifier: ADMINISTRATION B 3			Transaction ID: H460504.E11388	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.04		199.53		252.57

<b>C. Full Name (Last, First, Middle Initial)</b> Fred Dunlap			Type of Allocated Activity: <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 126 Morrow Road			Allocated Activity or Event Year-To-Date 96463.86	
City Brandon	State MS	Zip Code 39042-	Date M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Purpose of Disbursement: 002-Mileage Reimbursement			Category/ Type 002	
Activity or Event Identifier: ADMINISTRATION B 3			Transaction ID: H460504.E11360	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.98		263.28		333.26

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
205.91		774.65		980.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Fred Dunlap

Mailing Address  
126 Morrow Road

City State Zip Code  
Brandon MS 39042-

Purpose of Disbursement:  
Reimbursement: See Below

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96530.94

Activity or Event Identifier:  
ADMINISTRATION B 3

Date MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: H460504.E11387

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.09		52.99		67.08

**B. Full Name (Last, First, Middle Initial)**  
Fred Dunlap

Mailing Address  
126 Morrow Road

City State Zip Code  
Brandon MS 39042-

Purpose of Disbursement:  
Reimbursement: See Below

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96631.06

Activity or Event Identifier:  
ADMINISTRATION B 3

Date MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: H460504.E11359

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.03		79.09		100.12

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

Mailing Address  
120 North Congress St. Apt. 1102

City State Zip Code  
Jackson MS 39201-

Purpose of Disbursement:  
002-Mileage

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96745.06

Activity or Event Identifier:  
ADMINISTRATION B 3

Date MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: H460504.E11361

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.94		90.06		114.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.06		222.14		281.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Nathan Wells			Type of Allocated Activity: <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 790 Highpoint Drive			Allocated Activity or Event Year-To-Date 96810.71	
City Byram	State MS	Zip Code 39272-	Date M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Purpose of Disbursement: 002-Mileage			Transaction ID: H460504.E11362	
Activity or Event Identifier: ADMINISTRATION B 3			Category/ Type 002	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.79		51.86		65.65

<b>B. Full Name (Last, First, Middle Initial)</b> Nathan Wells			Type of Allocated Activity: <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 790 Highpoint Drive			Allocated Activity or Event Year-To-Date 96826.18	
City Byram	State MS	Zip Code 39272-	Date M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Purpose of Disbursement: Reimbursement: See Below			Transaction ID: H460504.E11363	
Activity or Event Identifier: ADMINISTRATION B 3			Category/ Type	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.25		12.22		15.47

<b>C. Full Name (Last, First, Middle Initial)</b> Ross and Yerger			Type of Allocated Activity: <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 1139			Allocated Activity or Event Year-To-Date 98309.87	
City Jackson	State MS	Zip Code 39215-1139	Date M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Purpose of Disbursement: 001-Commercial Insurance			Transaction ID: H460504.E11386	
Activity or Event Identifier: ADMINISTRATION B 3			Category/ Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
311.57		1172.12		1483.69

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
328.61		1236.20		1564.81

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Magnolia Clipping Service

Mailing Address  
298 Commerce Park Dr Ste A

City	State	Zip Code
Ridgeland	MS	39157-2237

001

Purpose of Disbursement:  
001-Clipping Service

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

98601.37

Activity or Event Identifier:  
ADMINISTRATION B 3

Date 05 / 04 / 2006

Transaction ID: H460504.E11384

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.22		230.28		291.50

**B. Full Name (Last, First, Middle Initial)**  
Cellular South

Mailing Address  
P. O. Box 519

City	State	Zip Code
Meadville	MS	39653-0519

001

Purpose of Disbursement:  
001-Cell Phone

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

98672.26

Activity or Event Identifier:  
ADMINISTRATION B 3

Date 05 / 04 / 2006

Transaction ID: H460504.E11382

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.89		56.00		70.89

**C. Full Name (Last, First, Middle Initial)**  
Mixon & Burt Insurance

Mailing Address  
Attn: J.W. Burt, Jr. P.O. Box 625

City	State	Zip Code
McComb	MS	39649-

001

Purpose of Disbursement:  
001-Property Insurance

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100953.26

Activity or Event Identifier:  
ADMINISTRATION B 3

Date 05 / 04 / 2006

Transaction ID: H460504.E11385

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
479.01		1801.99		2281.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
555.12		2088.27		2643.39

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Frontier Strategies, LLC			Type of Allocated Activity: <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 13292			Allocated Activity or Event Year-To-Date 101703.26	
City Jackson	State MS	Zip Code 39236-3292	Date M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Purpose of Disbursement: 001-Internet Website			Transaction ID: H460504.E11383	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

<b>B. Full Name (Last, First, Middle Initial)</b> Regina Stuckey			Type of Allocated Activity: <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 6628 Lake Glen			Allocated Activity or Event Year-To-Date 101953.26	
City Jackson	State MS	Zip Code 39213-	Date M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Purpose of Disbursement: 001-Janitorial			Transaction ID: H460517.E11393	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50		197.50		250.00

<b>C. Full Name (Last, First, Middle Initial)</b> U. S. Postmaster			Type of Allocated Activity: <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 General Mail Facility			Allocated Activity or Event Year-To-Date 102453.26	
City Jackson	State MS	Zip Code 39201-	Date M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Purpose of Disbursement: 001-Postage Buisness Reply			Transaction ID: H460517.E11398	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Mississippi Secretary of State

Mailing Address  
P. O. Box 136

City State Zip Code  
Jackson MS 39205-

007

Purpose of Disbursement:  
007-Voter List

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

120863.26

Date 05 / 16 / 2006

Transaction ID: H460517.E11410

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
3866.10 + 14543.90 = 18410.00

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

Mailing Address  
P. O. Box 8105

City State Zip Code  
Baton Rouge LA 70891-8105

001

Purpose of Disbursement:  
001-Electricity

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

121643.70

Date 05 / 17 / 2006

Transaction ID: H460517.E11422

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
163.89 + 616.55 = 780.44

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

Mailing Address  
Dept. 56-4600055510 P.O. Box 689020

City State Zip Code  
Des Moines IA 50368-9020

001

Purpose of Disbursement:  
001-Office Supplies

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

121657.94

Date 05 / 17 / 2006

Transaction ID: H460517.E11423

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
2.99 + 11.25 = 14.24

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
4032.98 + 15171.70 = 19204.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Amerimail Direct			Type of Allocated Activity: <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 39			Allocated Activity or Event Year-To-Date 122380.19	
City                      State                      Zip Code Jackson                      MS                      39205-0039	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Purpose of Disbursement: 001-Office Supplies			Transaction ID: H460517.E11418	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.67		570.58		722.25

<b>B. Full Name (Last, First, Middle Initial)</b> Amerimail Direct			Type of Allocated Activity: <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 39			Allocated Activity or Event Year-To-Date 122497.89	
City                      State                      Zip Code Jackson                      MS                      39205-0039	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Purpose of Disbursement: 001-Office Supplies			Transaction ID: H460517.E11417	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.72		92.98		117.70

<b>C. Full Name (Last, First, Middle Initial)</b> Expiry Corporation			Type of Allocated Activity: <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 10900 NE 8th Street                      Suite 900 PMB #9022			Allocated Activity or Event Year-To-Date 122617.89	
City                      State                      Zip Code Bellevue                      WA                      98004-	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Purpose of Disbursement: 001-Internet Website Maintence			Transaction ID: H460517.E11413	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
201.59		758.36		959.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
All Metro Pest Services

Mailing Address  
108 Office Park Drive

City	State	Zip Code	001
Brandon	MS	39042-	

Purpose of Disbursement: 001-Pest Control	Category/ Type
	001

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

122831.89

Date 05 / 17 / 2006

Transaction ID: H460517.E11415

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.94		169.06		214.00

**B. Full Name (Last, First, Middle Initial)**  
Atmos Energy

Mailing Address  
PO Box 9001949

City	State	Zip Code	001
Louisville	KY	40290-1949	

Purpose of Disbursement: 001-Utilities-Gas	Category/ Type
	001

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

122871.05

Date 05 / 17 / 2006

Transaction ID: H460517.E11419

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.22		30.94		39.16

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

Mailing Address  
P.O. Box 1775

City	State	Zip Code	001
Brandon	MS	39043-	

Purpose of Disbursement: 001-Lawn Care	Category/ Type
	001

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

123021.05

Date 05 / 17 / 2006

Transaction ID: H460517.E11420

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.50		118.50		150.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.66		318.50		403.16

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Allied Waste Service			Type of Allocated Activity: <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 Jackson 1035 Old Brandon Road			Allocated Activity or Event Year-To-Date 123120.21		
City State Zip Code Flowood MS 39232-	Category/Type 001		Date MM / DD / YYYY 05 / 17 / 2006		
Purpose of Disbursement: 001-Garbage Pickup			Transaction ID: H460517.E11416		
Activity or Event Identifier: ADMINISTRATION B 3					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.82		78.34		99.16

<b>B. Full Name (Last, First, Middle Initial)</b> BellSouth			Type of Allocated Activity: <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 105262			Allocated Activity or Event Year-To-Date 123540.99		
City State Zip Code Atlanta GA 30348-5262	Category/Type 001		Date MM / DD / YYYY 05 / 17 / 2006		
Purpose of Disbursement: 001-Telephone			Transaction ID: H460517.E11421		
Activity or Event Identifier: ADMINISTRATION B 3					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.36		332.42		420.78

<b>C. Full Name (Last, First, Middle Initial)</b> Edna K. Apostle			Type of Allocated Activity: <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 974 Bayridge Drive			Allocated Activity or Event Year-To-Date 123596.99		
City State Zip Code Jackson MS 39211-	Category/Type 002		Date MM / DD / YYYY 05 / 17 / 2006		
Purpose of Disbursement: 002-Mileage			Transaction ID: H460517.E11412		
Activity or Event Identifier: ADMINISTRATION B 3					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.76		44.24		56.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.94		455.00		575.94

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Cellular South			Type of Allocated Activity: <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 123991.62	
City Meadville	State MS	Zip Code 39653-0519	Date <input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: 001-Cell Phone			Transaction ID: H460601.E11437	
Activity or Event Identifier: ADMINISTRATION B 3			Category/ Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.87		311.76		394.63

<b>B. Full Name (Last, First, Middle Initial)</b> Cellular South			Type of Allocated Activity: <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 124068.07	
City Meadville	State MS	Zip Code 39653-0519	Date <input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: 001-Cell Phone			Transaction ID: H460601.E11427	
Activity or Event Identifier: ADMINISTRATION B 3			Category/ Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.05		60.40		76.45

<b>C. Full Name (Last, First, Middle Initial)</b> Office Products Plus, Inc.			Type of Allocated Activity: <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 124225.24	
City Jackson	State MS	Zip Code 39236-	Date <input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: 001-Office Supplies			Transaction ID: H460601.E11436	
Activity or Event Identifier: ADMINISTRATION B 3			Category/ Type 001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.01		124.16		157.17

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.93		496.32		628.25

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
StorageMax Downtown

Mailing Address  
304 South State Street

City	State	Zip Code
Jackson	MS	39201-

001  
Category/  
Type

Purpose of Disbursement:  
001-Storage

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

124445.24

Date 05 / 26 / 2006

Transaction ID: H460601.E11433

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.20		173.80		220.00

**B. Full Name (Last, First, Middle Initial)**  
Cingular Wireless

Mailing Address  
P.O. Box 31488

City	State	Zip Code
Tampa	FL	33631-

001  
Category/  
Type

Purpose of Disbursement:  
001-Cell Phone

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

124536.53

Date 05 / 26 / 2006

Transaction ID: H460601.E11430

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.17		72.12		91.29

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

Mailing Address  
P.O. Box 31488

City	State	Zip Code
Tampa	FL	33631-

001  
Category/  
Type

Purpose of Disbursement:  
001-Cell Phone

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

124623.31

Date 05 / 26 / 2006

Transaction ID: H460601.E11429

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.22		68.56		86.78

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.59		314.48		398.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Russell Burnett

Mailing Address  
P. O. Box 1886

City	State	Zip Code	001
Brandon	MS	39042-	

Purpose of Disbursement:  
001-Computer Repair

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
124723.31

Date  /  /

Transaction ID: H460601.E11434

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

**B. Full Name (Last, First, Middle Initial)**  
ITC Deltacom

Mailing Address  
P. O. Box 740597

City	State	Zip Code	001
Atlanta	GA	30374-0597	

Purpose of Disbursement:  
001-Long Distance

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
125174.19

Date  /  /

Transaction ID: H460601.E11438

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.68		356.20		450.88

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

Mailing Address  
P.O. Box 105533

City	State	Zip Code	001
Atlanta	GA	30348-5533	

Purpose of Disbursement:  
001-Copier Lease

Activity or Event Identifier:  
ADMINISTRATION B 3

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
125449.87

Date  /  /

Transaction ID: H460601.E11435

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.89		217.79		275.68

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.57		652.99		826.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Richard C. Lacey			Type of Allocated Activity: <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 120 North Congress St.   Apt. 1102			Allocated Activity or Event Year-To-Date 125609.87	
City                      State                      Zip Code Jackson                      MS                      39201-	Category/ Type 002		Date                      M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Purpose of Disbursement: 002-Mileage			Transaction ID: H460601.E11424	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		126.40		160.00

<b>B. Full Name (Last, First, Middle Initial)</b> Regions Commercial Loans			Type of Allocated Activity: <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 Department 2521                      P.O. Box 2153			Allocated Activity or Event Year-To-Date 129070.18	
City                      State                      Zip Code Birmingham                      AL                      35287-	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Purpose of Disbursement: 001-Building Mortgage			Transaction ID: H460601.E11432	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
726.67		2733.64		3460.31

<b>C. Full Name (Last, First, Middle Initial)</b> Frontier Strategies, LLC			Type of Allocated Activity: <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 13292			Allocated Activity or Event Year-To-Date 129820.18	
City                      State                      Zip Code Jackson                      MS                      39236-3292	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Purpose of Disbursement: 001-Internet Website			Transaction ID: H460601.E11439	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
917.77		3452.54		4370.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> U. S. Postmaster			Type of Allocated Activity: <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 General Mail Facility			Allocated Activity or Event Year-To-Date 130522.18	
City                      State                      Zip Code Jackson                      MS                      39201-	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Purpose of Disbursement: 001-Postage			Transaction ID: H460601.E11455	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.42		554.58		702.00

<b>B. Full Name (Last, First, Middle Initial)</b> Community Bank - Brandon			Type of Allocated Activity: <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 1869			Allocated Activity or Event Year-To-Date 130539.26	
City                      State                      Zip Code Brandon                      MS                      39042-	Category/ Type 001		Date                      M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Purpose of Disbursement: 001-Bank Charges			Transaction ID: H460620.E11524	
Activity or Event Identifier: ADMINISTRATION B 3				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.59		13.49		17.08

<b>C. Full Name (Last, First, Middle Initial)</b> Pantry			Type of Allocated Activity: <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 320 W Government			Allocated Activity or Event Year-To-Date 67.08	
City                      State                      Zip Code Brandon                      MS                      39042-	Category/ Type 002		Date                      M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Purpose of Disbursement: 002-Gasoline			Transaction ID: H460504.E11389	
Activity or Event Identifier: ADMINISTRATION B 3 [MEMO ITEM]002-Gasoline				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.09		52.99		67.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.01		568.07		719.08

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Pantry			Type of Allocated Activity: <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 320 W Government			Allocated Activity or Event Year-To-Date 100.12			
City Brandon	State MS	Zip Code 39042-	Date M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6			
Purpose of Disbursement: 002-Gasoline			Transaction ID: H460504.E11390			
Activity or Event Identifier: ADMINISTRATION B 3 [MEMO ITEM]002-Gasoline			Category/ Type 002			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
21.03			79.09			100.12

<b>B. Full Name (Last, First, Middle Initial)</b> Bromas Deli			Type of Allocated Activity: <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 1203 Hampton Drive			Allocated Activity or Event Year-To-Date 15.47			
City Brookhaven	State MS	Zip Code 39601-	Date M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6			
Purpose of Disbursement: 001-Luncheon			Transaction ID: H460504.E11364			
Activity or Event Identifier: ADMINISTRATION B 3 [MEMO ITEM]001-Luncheon			Category/ Type 001			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
3.25			12.22			15.47

<b>C. Full Name (Last, First, Middle Initial)</b> Steve Brown Direct Mail			Type of Allocated Activity: <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 731 Divot Drive			Allocated Activity or Event Year-To-Date 29675.22			
City Fernley	State NV	Zip Code 89408-	Date M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6			
Purpose of Disbursement: 003-2006 Sustaining Direct Mail			Transaction ID: H460517.E11394			
Activity or Event Identifier: 2006 SUSTAINING MEMBERSHIP			Category/ Type 003			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
2168.86			44.26			2213.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
2168.86			44.26			2213.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Southwest Publishing

Mailing Address  
P.O. Box 376

City Topeka	State KS	Zip Code 66601-0376	003
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Purpose of Disbursement:  
003-2006 Sustaining Direct Mail

Activity or Event Identifier:  
2006 SUSTAINING MEMBERSHIP

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
29675.22

Date 05 / 08 / 2006  
Transaction ID: H460517.E11395

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9955.79		203.18		10158.97

**B. Full Name (Last, First, Middle Initial)**  
Pinnacle List Company

Mailing Address  
2800 Shirlington Road Suite 970

City Arlington	State VA	Zip Code 22206-	003
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Purpose of Disbursement:  
003-2006 Sustaining Direct Mail

Activity or Event Identifier:  
2006 SUSTAINING MEMBERSHIP

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
29675.22

Date 05 / 08 / 2006  
Transaction ID: H460517.E11395

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1982.44		40.46		2022.90

**C. Full Name (Last, First, Middle Initial)**  
Republican State Central Committee

Mailing Address  
of South Dakota 401 East Sioux

City Pierre	State SD	Zip Code 57501-	003
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Purpose of Disbursement:  
003- 2006 Sustaining Direct Mail

Activity or Event Identifier:  
2006 SUSTAINING MEMBERSHIP

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
29675.22

Date 05 / 08 / 2006  
Transaction ID: H460517.E11397

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.62		1.01		50.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11987.85		244.65		12232.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Southwest Publishing

Mailing Address  
P.O. Box 376

City State Zip Code  
Topeka KS 66601-0376

003

Purpose of Disbursement:  
003- 2006 Sustaining Direct Mail

Category/  
Type

Activity or Event Identifier:  
2006 SUSTAINING MEMBERSHIP

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

29675.22

Date 05 / 11 / 2006

Transaction ID: H460517.E11399

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1281.37		26.15		1307.52

**B. Full Name (Last, First, Middle Initial)**  
Steve Brown Direct Mail

Mailing Address  
731 Divot Drive

City State Zip Code  
Fernley NV 89408-

003

Purpose of Disbursement:  
003-2006 Sustaining Direct Mail

Category/  
Type

Activity or Event Identifier:  
2006 SUSTAINING MEMBERSHIP

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

29675.22

Date 05 / 30 / 2006

Transaction ID: H460601.E11440

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1055.79		21.55		1077.34

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

Mailing Address  
P.O. Box 376

City State Zip Code  
Topeka KS 66601-0376

003

Purpose of Disbursement:  
003-2006 Sustaining Direct Mail

Category/  
Type

Activity or Event Identifier:  
2006 SUSTAINING MEMBERSHIP

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

29675.22

Date 05 / 30 / 2006

Transaction ID: H460601.E11441

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3485.62		71.13		3556.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5822.78		118.83		5941.61

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
27341.23	28101.96	55443.19