

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

REMEMBER MISSISSIPPI

ADDRESS (number and street)

PO BOX 4142

Check if different than previously reported. (ACC)

BILOXI

MS

39535

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00641423

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

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

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2018

through

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2018

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

BARNETT, TOMMY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BARNETT, TOMMY, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**REMEMBER MISSISSIPPI**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		852112.67
(b) Cash on Hand at Beginning of Reporting Period.....	33804.31	
(c) Total Receipts (from Line 19) .....	5500.00	824144.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39304.31	1676257.57
7. Total Disbursements (from Line 31).....	39304.31	1676257.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**REMEMBER MISSISSIPPI**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5250.00	818700.00
(ii) Unitemized .....	250.00	5444.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5500.00	824144.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5500.00	824144.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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.).....	0.00	0.00
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 Transfers (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)).....▶	5500.00	824144.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5500.00	824144.90

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36469.31	909481.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36469.31	909481.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	2835.00	766776.20
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39304.31	1676257.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39304.31	1676257.57

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5500.00	824144.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5500.00	824144.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	36469.31	909481.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36469.31	909481.37

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**REMEMBER MISSISSIPPI**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CAMPANERO, ROBERT, F, ,**

Mailing Address **2607 CHESTERFIELD AVE**

City **BALTIMORE**    State **MD**    Zip Code **21213**

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

Name of Employer (for Individual) **INFORMATION REQUESTED**    Occupation (for Individual) **INFORMATION REQUESTED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**11 / 05 / 2018**

**Transaction ID : SA11AI.4903**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOYCE, CHARLES, P, ,**

Mailing Address **PO BOX 483**

City **WELLSVILLE**    State **NY**    Zip Code **14895**

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

Name of Employer (for Individual) **OTIS EASTERN SERVICE LLC**    Occupation (for Individual) **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**11 / 05 / 2018**

**Transaction ID : SA11AI.4901**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5250.00</b>

**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"/> 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)  
**REMEMBER MISSISSIPPI**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 5555 HILTON AVE STE 106

City  
BATON ROUGE

State  
LA

Zip Code  
70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4921

Amount of Each Disbursement this Period

[REDACTED] 9.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 5555 HILTON AVE STE 106

City  
BATON ROUGE

State  
LA

Zip Code  
70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4928

Amount of Each Disbursement this Period

[REDACTED] 1.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. BAYVIEW CONSULTING INC**

Mailing Address PO BOX 4162

City  
BILOXI

State  
MS

Zip Code  
39535

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4918

Amount of Each Disbursement this Period

[REDACTED] 9342.52

Memo Item

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

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

[REDACTED] 9353.72

[REDACTED]

**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"/> 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)  
**REMEMBER MISSISSIPPI**

**A. BILLS, CHERAMIE, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1636

City FLORENCE State MS Zip Code 39073

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 22 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.4909  
Amount of Each Disbursement this Period: 306.35

Memo Item

**B. BILLS, CHERAMIE, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1636

City FLORENCE State MS Zip Code 39073

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.4912  
Amount of Each Disbursement this Period: 4093.03

Memo Item

**C. BILLS, CHERAMIE, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1636

City FLORENCE State MS Zip Code 39073

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 07 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.4915  
Amount of Each Disbursement this Period: 3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7899.38

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



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4909

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB21B

Transaction ID: SB21B.4912

NO ADDITIONAL ITEMIZATION REQUIRED

**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"/> 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)  
**REMEMBER MISSISSIPPI**

Full Name (Last, First, Middle Initial) <b>A. COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4919</b> Amount of Each Disbursement this Period [ ] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4922</b> Amount of Each Disbursement this Period [ ] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4925</b> Amount of Each Disbursement this Period [ ] 30.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 60.00
<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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**REMEMBER MISSISSIPPI**

Full Name (Last, First, Middle Initial) <b>A. COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4926</b> Amount of Each Disbursement this Period [REDACTED] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4927</b> Amount of Each Disbursement this Period [REDACTED] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 11 / 26 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4930</b> Amount of Each Disbursement this Period [REDACTED] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/>	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)  
**REMEMBER MISSISSIPPI**

Full Name (Last, First, Middle Initial) <b>A. COMPLIANCE CONSULTING OF VIRGINIA</b>			Date of Disbursement MM / DD / YYYY 11 / 08 / 2018
Mailing Address PO BOX 365			FEC Identification Number C [ ] <b>Transaction ID : SB21B.4917</b> Amount of Each Disbursement this Period [ ] 3850.00
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement COMPLIANCE CONSULTING		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. HERNANDEZ, KRISTINA, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 02 / 2018
Mailing Address 332 CRESTHAVEN PL			FEC Identification Number C [ ] <b>Transaction ID : SB21B.4913</b> Amount of Each Disbursement this Period [ ] 3000.00
City SIMPSONVILLE	State SC	Zip Code 29681	Category/ Type [ ]
Purpose of Disbursement MEDIA CONSULTING		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HERNANDEZ, KRISTINA, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 07 / 2018
Mailing Address 332 CRESTHAVEN PL			FEC Identification Number C [ ] <b>Transaction ID : SB21B.4916</b> Amount of Each Disbursement this Period [ ] 600.00
City SIMPSONVILLE	State SC	Zip Code 29681	Category/ Type [ ]
Purpose of Disbursement MEDIA CONSULTING		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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7450.00
<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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**REMEMBER MISSISSIPPI**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
10 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4920  
Amount of Each Disbursement this Period  
24.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement  
MM / DD / YYYY  
11 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4929  
Amount of Each Disbursement this Period  
35.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCLUSKEY, RIC, , ,**

Mailing Address PO BOX 453

City MCLAIN State MS Zip Code 39456

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
11 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4914  
Amount of Each Disbursement this Period  
4521.45

Memo Item

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

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

4580.45

**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"/> 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)  
**REMEMBER MISSISSIPPI**

**A. HARD ROCK HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 777 BEACH BLVD

City BILOXI State MS Zip Code 39530

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4914.1

Amount of Each Disbursement this Period: 219.15

Memo Item

**B. AIRBNB**

Full Name (Last, First, Middle Initial)

Mailing Address 888 BRANNAN ST #400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4914.1

Amount of Each Disbursement this Period: 269.15

Memo Item

**C. ON MESSAGE**

Full Name (Last, First, Middle Initial)

Mailing Address 1025 1ST ST SE UNIT 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4910

Amount of Each Disbursement this Period: 3800.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3800.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**REMEMBER MISSISSIPPI**

**A. SOWELL, GRANT, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4911

Amount of Each Disbursement this Period: 3217.52

Memo Item

**B. LOWES**

Full Name (Last, First, Middle Initial)

Mailing Address 1000 LOWES BLVD

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement SIGN SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4911.c

Amount of Each Disbursement this Period: 292.37

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3217.52
<b>TOTAL</b> This Period (last page this line number only).....▶	36406.07

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>REMEMBER MISSISSIPPI</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00641423                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>RIGEL STRATEGIES</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2018	
Mailing Address 3948 LEGACY DR STE 106-282		Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 1417.50	
City PLANO	State TX	Zip Code 75023	<b>Transaction ID : SE.4893</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2018
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 512386.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General	

Full Name of Payee <input type="checkbox"/> Memo Item <b>RIGEL STRATEGIES</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2018	
Mailing Address 3948 LEGACY DR STE 106-282		Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 1417.50	
City PLANO	State TX	Zip Code 75023	<b>Transaction ID : SE.4895</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2018
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 513804.45		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span> 2835.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span> 2835.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BARNETT, TOMMY, , ,

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2018

Signature