

# 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  
Mississippi Republican Party

ADDRESS (number and street) P. O. Box 60  
Check if different than previously reported. (ACC) Jackson MS 39205-0060

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 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 in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2015

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 Paul V. Breazeale

Signature of Treasurer Paul V. Breazeale [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 20 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Mississippi Republican Party**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="50086.71"/>	<input type="text" value="50086.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38258.52"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28874.56"/>	<input type="text" value="394085.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67133.08"/>	<input type="text" value="444171.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38509.45"/>	<input type="text" value="415558.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28623.63"/>	<input type="text" value="28613.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="16959.11"/>	

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. 06/2004)

Write or Type Committee Name

Mississippi Republican Party

Report Covering the Period: From: 12 / 01 / 2015 To: 12 / 31 / 2015

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).....	3612.00	238707.00
(ii) Unitemized .....	2374.00	104579.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5986.00	343286.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5986.00	360286.98
12. Transfers From Affiliated/Other Party Committees.....	1250.00	5000.00
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	1636.18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.17	1525.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	21636.39	25636.39
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	21636.39	25636.39
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28874.56	394085.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7238.17	368448.65

**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 .....	1159.44	41811.81
(ii) Non-Federal Share.....	2981.43	79861.49
(b) Other Federal Operating Expenditures .....	19417.49	153272.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23558.36	274946.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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) 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 .....	14951.09	140612.04
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	14951.09	140612.04
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38509.45	415558.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35528.02	335696.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5986.00	360286.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5986.00	360286.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	20576.93	195084.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1636.18
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	20576.93	193448.41

**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 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. James Moreton**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 537

City Brookhaven	State MS	Zip Code 39602-0000
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>600.00</b>	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A4E6335C508724BE9A1B**

Amount of Each Receipt this Period  
**50.00**

**B. Jane Sides**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 37

City Dundee	State MS	Zip Code 38626-0037
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>240.00</b>	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : ADFD55F0F9EE24FC48C3**

Amount of Each Receipt this Period  
**20.00**

**C. Sybil Tribble**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1536 Matherville Frost Bridge

City Waynesboro	State MS	Zip Code 39367
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>240.00</b>	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A691CB8CFCFA8D4E13917**

Amount of Each Receipt this Period  
**20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Edwin Brent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 8  
 City Greenville State MS Zip Code 38702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : A2B1B17BFD2B6423C9D8**  
 Amount of Each Receipt this Period  
 25.00

**B. Donald R. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15018 New Zion Road  
 City Crystal Springs State MS Zip Code 39059-8838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : AF9569E576F0D4F9FAD3**  
 Amount of Each Receipt this Period  
 20.00

**c. Harold Mayer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Sunrise Point Drive  
 City Brandon State MS Zip Code 39042-6526  
 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 ▼ 290.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : A8DE92C4D4B2D4E01AF2**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 69
	<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. Karl Hatten**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 School St.

City Clarksdale	State MS	Zip Code 38614
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A61974FFB92BB4C4B8E6**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 4644 East Drive

City Belden	State MS	Zip Code 38826-9516
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : AFFA37C6B132A4479B2A**

Amount of Each Receipt this Period  
25.00

**c. Wallace Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 604 Rue Maupasant

City Ocean Springs	State MS	Zip Code 39564
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A804E11A6BA2149CBA4F**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 103 Eastwood Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : AADBEFAA8087F4199AA6**

Amount of Each Receipt this Period  
20.00

**B. R. C. Hammond, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 Lee Avenue

City Crystal Springs	State MS	Zip Code 39059-2548
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : A5DF5F617AAED42FC9E0**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 401 S Jackson Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : AC993B062394B42D0B76**

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 69
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address P. O. Box 227

City Yazoo City State MS Zip Code 39194-0227

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A6D1C2D646F514B89A63**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 2111 Bienville Boulevard

City Ocean Springs State MS Zip Code 39564-3001

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AE1D6AE899A374D53A6A**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address P. O. Box 1245

City Pascagoula State MS Zip Code 39568-1245

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A05673E83A6524724A6C**

Amount of Each Receipt this Period  
**25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Frank Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 219  
 City Harrisville State MS Zip Code 39082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : ACE1B72EC6570439AB5D**  
 Amount of Each Receipt this Period  
 20.00

**B. Falton Mason, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 1491  
 City Oxford State MS Zip Code 38655-1491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oxford Municipal Chair  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A45EC2AFC6A9B430D8F3**  
 Amount of Each Receipt this Period  
 20.00

**C. Eric Biedenharn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4578 Bovina Cutoff  
 City Vicksburg State MS Zip Code 39180-0860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A9EB1EA7540E447FF9C0**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
<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. Haley Barbour**  
Full Name (Last, First, Middle Initial)  
Mailing Address 648 Dogwood Drive  
City Yazoo City State MS Zip Code 39194-8205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Butler, Snow And O'mara Occupation Development Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : A5A45483E27424AED8F8**  
Amount of Each Receipt this Period  
25.00

**B. Joel Downs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Deer Run St.  
City Pearl State MS Zip Code 39208-6625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Bank Occupation Senior VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : AF5674053FDE741159FE**  
Amount of Each Receipt this Period  
20.00

**C. Jim Armstrong**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4014 Hwy. 483  
City Morton State MS Zip Code 39117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Armstrong Timber Logging Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : A50DAC64E74B848EE8FB**  
Amount of Each Receipt this Period  
20.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 69  
(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)  
**Mississippi Republican Party**

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

Mailing Address 685 Woodland Drive

City State Zip Code  
 Yazoo City MS 39194

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

Name of Employer Occupation  
 Capitol Resources, LLC Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A1ACB2109AE564E3EB41**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 206 Breezy Hill Drive

City State Zip Code  
 Madison MS 39110

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

Name of Employer Occupation  
 Associate Resources Group Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AB65BE0F583484AEE94A**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address P. O. Box 1310

City State Zip Code  
 Brookhaven MS 39601

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

Name of Employer Occupation  
 N/A Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AC8DA9B6E033D48A59BB**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Robert T. Hardeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 Robert E. Lee Drive  
 City Greenwood State MS Zip Code 38930-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AD5CD6AC1FBB94663BB9**  
 Amount of Each Receipt this Period  
**25.00**

**B. Lillian Winter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 Clark Ave.  
 City Eupora State MS Zip Code 39744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AE1DEE56C7D044C9A8E7**  
 Amount of Each Receipt this Period  
**25.00**

**C. William Nations**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 623 CR 105  
 City Holcomb State MS Zip Code 38940-9410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : ADE526C1565F640F2BE7**  
 Amount of Each Receipt this Period  
**20.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AF9456367F6154A75A23**  
 Amount of Each Receipt this Period  
 20.00

**B. William Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2627 Hwy 15 S  
 City Woodland State MS Zip Code 39776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A156BC8E29E334933B9C**  
 Amount of Each Receipt this Period  
 20.00

**C. Marsha Barbour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 648 Dogwood Drive  
 City Yazoo City State MS Zip Code 39194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AD23B72938DA44C5E9EF**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Landry Winter**

Mailing Address 337 Clark Ave.

City Eupora	State MS	Zip Code 39744
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A4F4C5F90DA914314BBC**

Amount of Each Receipt this Period  
25.00

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

Mailing Address P.O. Box 1199

City Cleveland	State MS	Zip Code 38732
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A1DABAC6592374468AB1**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 310 Oliver Dr.

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

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

Name of Employer State Bank & Trust Co.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A5898E41567B24BB6964**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<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. Helen Beeman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 Pecan Circle

City Quitman	State MS	Zip Code 39355-2653
-----------------	-------------	------------------------

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

Name of Employer Quitman Schools	Occupation Teacher
-------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A86A75709F1884E68A43**

Amount of Each Receipt this Period  
20.00

**B. Noel Coward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10576 Cambrooke Cv

City Collierville	State TN	Zip Code 38017-3600
----------------------	-------------	------------------------

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

Name of Employer Cellular South	Occupation Manager
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A5B0D1955CD9D4D2B8E4**

Amount of Each Receipt this Period  
30.00

**C. James Herring**  
Full Name (Last, First, Middle Initial)  
Mailing Address 232 E. Semmes Street

City Canton	State MS	Zip Code 39046-4530
----------------	-------------	------------------------

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

Name of Employer Herring Long and Crews	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A263865F1B04B42A19B3**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 321 Avalon Way

City State Zip Code  
Brandon MS 39047

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

Name of Employer Occupation  
State Of Mississippi Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : ABEB998C9039943E7939**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1776 Plantation

City State Zip Code  
Jackson MS 39211

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

Name of Employer Occupation  
State Of Mississippi Unclaimed Property Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : A3A487D73D8B140F1BE9**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 8 Carpenter Dr.

City State Zip Code  
Burnsville MS 38833

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

Name of Employer Occupation  
State Of Mississippi House of Representatives

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : A30B633A817B940749B8**

Amount of Each Receipt this Period  
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Charles Pickering**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Dixon Drive  
 City State Zip Code  
 Taylorsville MS 39168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baker Donelson Attorneys Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A20D644047D33444B8B4**  
 Amount of Each Receipt this Period  
 20.00

**B. S. F. Carlisle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Summer Place  
 City State Zip Code  
 Hattiesburg MS 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Farm Ins. Agency Mgr.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A58C0707DBD414E78B05**  
 Amount of Each Receipt this Period  
 20.00

**C. Lanny Griffith, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 Oakland Terrace  
 City State Zip Code  
 Alexandria VA 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barbour, Griffith & Rogers Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A458CB815D08C4F98A52**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 148 Chapel Lane

City Madison	State MS	Zip Code 39110-9069
-----------------	-------------	------------------------

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

Name of Employer Corp. Relations Mgt.	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : A1ADBB51598C949C9A26**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Greg Waggoner**

Mailing Address 1425 Hwy 429

City Gulfport	State MS	Zip Code 39501
------------------	-------------	-------------------

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

Name of Employer Leake County	Occupation Sheriff
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : A9449F8C420E2425A9B8**

Amount of Each Receipt this Period  
20.00

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

Mailing Address P. O. Box 700

City Brandon	State MS	Zip Code 39043-0700
-----------------	-------------	------------------------

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

Name of Employer Rankin County	Occupation Chancery Clerk
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : A7A2A0E08A09B4090B33**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<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. Rita Martinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1472 Highway 51

City Madison	State MS	Zip Code 39110-9095
FEC ID number of contributing federal political committee. C		
Name of Employer State Of Miss.	Occupation State Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : AF07F9BEE423C44FA978**

Amount of Each Receipt this Period  
20.00

**B. Josh Gregory**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 Cedar Woods Cove

City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer Frontier Strategies LLC	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A1B263EC9B71046C1905**

Amount of Each Receipt this Period  
20.00

**C. Sandra Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Cla Wood Place

City Tupelo	State MS	Zip Code 38801-7209
FEC ID number of contributing federal political committee. C		
Name of Employer Dist 4 Lee Co.	Occupation Election Comm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : ACCA185332D51448DA29**

Amount of Each Receipt this Period  
20.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 69  
(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)  
**Mississippi Republican Party**

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

Mailing Address 280 Grand Cypress Drive

City State Zip Code  
 Meridian MS 39305

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

Name of Employer Occupation  
 Planters Bank Banker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AB3DCF23BB14F4F94B1E**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 103 E. Gresham Street

City State Zip Code  
 Indianola MS 38751-2422

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

Name of Employer Occupation  
 Planters Bank Banker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A603561F261CB4F289C8**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 104 Hidden Heights

City State Zip Code  
 Ridgeland MS 39157

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

Name of Employer Occupation  
 Taylor Industries, LLC Engineer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A073C1F864373432C84B**

Amount of Each Receipt this Period  
 40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<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. Thad Cochran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 113 Dirkson Senate Office

City Washington	State DC	Zip Code 20510
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer United States Senate	Occupation U. S. Senator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A594D7F139A9D4E49A2E**

Amount of Each Receipt this Period  
**25.00**

**B. Geneise Hitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 541 Highway 8 W

City Calhoun City	State MS	Zip Code 38916
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Senator Trent Lott	Occupation Staff Ass't	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>265.00</b>	

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A31775F7D5DB44D2A811**

Amount of Each Receipt this Period  
**20.00**

**C. Hayes Dent**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 East Capitol St., Suite. 1900

City Jackson	State MS	Zip Code 39201
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hayes Dent Public Strategy	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A1C40261B5D8A4FF8831**

Amount of Each Receipt this Period  
**20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1822 Stinson Creek Road

City Columbus	State MS	Zip Code 39705-9352
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A63B7ED9D20914CAE869**

Amount of Each Receipt this Period  
20.00

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

Mailing Address P.O. Box 26

City Scooba	State MS	Zip Code 39358
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A27EF6327847D46DE8C9**

Amount of Each Receipt this Period  
20.00

**C. V. Jack Stephens Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 17977

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A5D56300F857048A787B**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Lloyd Spivey, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 357 E. North Street  
 City Canton State MS Zip Code 39046-3813  
 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 ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AB83EE983FAE144AABA5**  
 Amount of Each Receipt this Period  
 15.00

**B. Cindy Hyde-Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Cattle Trail  
 City Brookhaven State MS Zip Code 39601-7637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer So. Coalition/Safer Highways  
 Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A85ABF64305AC4970B3C**  
 Amount of Each Receipt this Period  
 20.00

**C. Bill Gresham, III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 690  
 City Indianola State MS Zip Code 38751-0690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gresham Petro, Co.  
 Occupation Oil Merchant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AB030C0B73D2346EFA89**  
 Amount of Each Receipt this Period  
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P. O. Box 437

City Carthage	State MS	Zip Code 39051-0437
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A718A03BEB9F4377A9F**

Amount of Each Receipt this Period  
20.00

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

Mailing Address P. O. Box 6181

City Gulfport	State MS	Zip Code 39506-6181
------------------	-------------	------------------------

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

Name of Employer Specialty Contractors	Occupation Contractor
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A14941A22CCF540D992B**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 206 Terrapin Creek Road

City Brandon	State MS	Zip Code 39042
-----------------	-------------	-------------------

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

Name of Employer United States Senate	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A0F3535D796BB4C5A90F**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John Miles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 754  
 City Morton State MS Zip Code 39117-0754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MSCC of Morton Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A03A55B7476E945EEB86**  
 Amount of Each Receipt this Period  
 20.00

**B. Robbie Wilbur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Louis Lefleur Blvd  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept. of Interior Occupation Special Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A0637DA120B044432913**  
 Amount of Each Receipt this Period  
 20.00

**C. Kay S. Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Mayson Avenue  
 City Columbia State MS Zip Code 39429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fred Buhrer Real Estate Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AB1DE291CE57B46DDB97**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Clanton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 463  
 City Meadville State MS Zip Code 39653-0463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hardy Wilson Memorial Hospital Occupation Paramedic/RN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : ACD5F11911E2A4D17888**  
 Amount of Each Receipt this Period  
**20.00**

**B. Charles Jim Beckett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 722  
 City Bruce State MS Zip Code 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 **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AEA248D437BF84385888**  
 Amount of Each Receipt this Period  
**20.00**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A85C7191422834D5A916**  
 Amount of Each Receipt this Period  
**25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69
	<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	<input type="checkbox"/> 17

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

**A. Lee Bush**  
Full Name (Last, First, Middle Initial)  
Mailing Address 432 Buena Vista Ave  
City Jackson State MS Zip Code 39209-6405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Engineer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : A8D9F2184F52649E8AB6**  
Amount of Each Receipt this Period **200.00**

**B. Charlie Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 946  
City Senatobia State MS Zip Code 38668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : A3D9791AF15A34EF791A**  
Amount of Each Receipt this Period **100.00**

**C. George Rea, Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 2090  
City Meridian State MS Zip Code 39302-2090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation CPA  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : A574273B18AC44FE788C**  
Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **130.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 30 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kenneth Platt**  
 Mailing Address 9 Allison Ln  
 City State Zip Code  
 Jayess MS 39641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Electrical Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : ACAAAFDDC96484504842**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Mark McCreery**  
 Mailing Address P.O. Box 2175  
 City State Zip Code  
 Jackson MS 39225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A63574546584D4AA69E4**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Quinton Dickerson, III**  
 Mailing Address 101 Ridge Street  
 City State Zip Code  
 Madison MS 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A38AD347EDE554170812**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 36 Wintergreen Road

City Madison State MS Zip Code 39110-9614

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

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A6979506806704A3AB51**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 106 Heights Drive

City Clinton State MS Zip Code 39056

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

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A90EB4ECCEDF94BEE97F**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 114 Main Street

City Natchez State MS Zip Code 39120

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

Name of Employer Self Occupation Real Estate Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A883BCD94F8544D3FBBE**

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
<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. C. Ray Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 372 Sundial Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A823127CD88FA4BB6A57**

Amount of Each Receipt this Period  
25.00

**B. Frank Genzer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 145 Saint Jude Street

City Biloxi	State MS	Zip Code 39530-3602
----------------	-------------	------------------------

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

Name of Employer Self	Occupation Architect
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AF17B58A73FD34EDC977**

Amount of Each Receipt this Period  
25.00

**C. Ashley Skellie**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 38

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A5DD1424D944D42C39CC**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Kathryn Arant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3731 Highway 8  
 City Ruleville State MS Zip Code 38771  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A47DB240CA44C494F9AD**  
 Amount of Each Receipt this Period  
 10.00

**B. James Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Peyton Circle  
 City Marks State MS Zip Code 38646-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A3753234864F643A2A49**  
 Amount of Each Receipt this Period  
 17.00

**C. Mary Ailsup**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21027 Hwy 14  
 City Macon State MS Zip Code 39341-9533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Bookkeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AF7737B20AB9D49599F9**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 139 Bayou Road

City Greenville State MS Zip Code 38701-7702

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A9225D94B44C84256A60**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 109 Glen Eagle Road

City Oxford State MS Zip Code 38655-2611

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

Name of Employer Radiance Technology Occupation Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AACD2B001EE3745FE889**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 318 Hillview Drive

City Ridgeland State MS Zip Code 39157

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

Name of Employer Wise, Carter Etc. Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A95E073754E604EE1AF2**

Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Nathan Upchurch**

Mailing Address 205 Willow Crest Cove

City State Zip Code  
Brandon MS 39047

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

Name of Employer Occupation  
MS Sec of State Special Asst.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : AC5717A8317E9429B8D1**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. George Pickett, Jr.**

Mailing Address P. O. Box 137

City State Zip Code  
Jackson MS 39205-0137

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

Name of Employer Occupation  
Pickett, Bradford & Associates Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A95B2FFC9EF024871827**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 357 Kiowa Drive

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation  
Bomgar Corporation Founder & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A6BBD907BB40E484F938**

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mitchell Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1102 East Myrtle  
 City Philadelphia State MS Zip Code 39350-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Historical Monument Rest. Comm Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **265.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A43654BE355C34E0AAD0**  
 Amount of Each Receipt this Period  
**20.00**

**B. John Roberts, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 536 South Jackson Street  
 City Brookhaven State MS Zip Code 39601-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City Of Brookhaven Occupation Mayor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AFAC4C571C08E4AD5B01**  
 Amount of Each Receipt this Period  
**20.00**

**C. Neal Rich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Norfleet Way  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Asset Company Occupation Engineer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AF72DD10D29B1413FA74**  
 Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Roman Galey**

Mailing Address 205 Comanche Drive

City Hattiesburg State MS Zip Code 39402

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

Name of Employer SouthGroup Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A4F7A54AC5FBC4293B75**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 2152 S. Cla-Wood Place

City Tupelo State MS Zip Code 38801-7261

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

Name of Employer Tupelo Anesthesia Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A62A9233A60EC495E991**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1401 Melwood Drive

City Forest State MS Zip Code 39074-3027

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

Name of Employer Cox Chevron Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AD670F6641109423FBFD**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1112 Halstead Bayou Drive

City Ocean Springs	State MS	Zip Code 39564
-----------------------	-------------	-------------------

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

Name of Employer Jackson County	Occupation Chairman
------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AC2CF18D5A06A4C8CBBF**

Amount of Each Receipt this Period  
20.00

**B. Freda M. Bush**  
Full Name (Last, First, Middle Initial)

Mailing Address 432 Buena Vista

City Jackson	State MS	Zip Code 39209
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FEC ID number of contributing federal political committee. **C**

Name of Employer East Lakeland OB-GYN Assoc.	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A61A2CC8D3E624ABB85F**

Amount of Each Receipt this Period  
20.00

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

Mailing Address P. O. Box 2343

City Columbus	State MS	Zip Code 39702-9430
------------------	-------------	------------------------

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

Name of Employer Columbus Ins. Ser.	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A550BFD3D114949DCA39**

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<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. Ms. Carolyn Oakes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 237 Primrose Drive

City Greenville	State MS	Zip Code 38701-7543
FEC ID number of contributing federal political committee. C		
Name of Employer UMC	Occupation Medical School	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A25868AF3636C402B8AA**

Amount of Each Receipt this Period  
200.00

**B. Jeptha Barbour**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 Oakhurst Trail

City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A04411DA45303470A836**

Amount of Each Receipt this Period  
250.00

**C. Greg Snowden**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 3807

City Meridian	State MS	Zip Code 39303-3807
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A72112E509A5E4D9699C**

Amount of Each Receipt this Period  
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
	<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	<input type="checkbox"/> 17

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

**A. Billie Graham**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 683

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

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 ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A5D5EF8AF171242C4A55**

Amount of Each Receipt this Period  
 10.00

**B. Mark Garriga**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Golden Pond Drive

City Madison	State MS	Zip Code 39110
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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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AB987E9C6B808422DB38**

Amount of Each Receipt this Period  
 20.00

**C. Giles Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 114 Jordan Circle

City Louisville	State MS	Zip Code 39339-7706
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Senate	Occupation State Senator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A71C36CC6DF7649CAA2C**

Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 214 Silas' Trace

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
Self Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : AFCC88B9466174475B14**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1619 Piedmont St.

City State Zip Code  
Jackson MS 39202

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

Name of Employer Occupation  
Office of the Governor Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A16D9D809515B49A7A1F**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Chris Caughman**

Mailing Address PO Box 511

City State Zip Code  
Mendenhall MS 39114-0511

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

Name of Employer Occupation  
Peoples Bank SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A2FBD38B136A34804884**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William Simpson, II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 Brackenshire Circle  
 City Jackson State MS Zip Code 39211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MS Dept of Human Services Occupation Deputy Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A6599E3E4099C41CC956**  
 Amount of Each Receipt this Period 20.00

**B. Ellen Jernigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Mt. Pleasant Road  
 City Hernando State MS Zip Code 38632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hernando Occupation Alderman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A94E04A9A368E48D6BA8**  
 Amount of Each Receipt this Period 20.00

**C. Nell Frisbie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5021 Kiln DeLisle Road  
 City Kiln State MS Zip Code 39556-8185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A6702D5B5A53F4581AAB**  
 Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ryan Annison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1443 Sheffield Drive  
 City Jackson State MS Zip Code 39211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Senator Roger Wicker Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A69B7E57A92E24EEA81B**  
 Amount of Each Receipt this Period 20.00

**B. Michelle Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2966 S. Columbus St. #A2  
 City Arlington State VA Zip Code 22206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Senator Roger Wicker Occupation Chief Of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A518919E348614C5DA67**  
 Amount of Each Receipt this Period 20.00

**C. Brad Mayo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Hillside Drive  
 City Oxford State MS Zip Code 38655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Financial Occupation Investment Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : AC8AA5F53C4AA4C43960**  
 Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Steve Gaines**

Mailing Address 205 Taylor Way

City State Zip Code  
 Brandon MS 39047

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

Name of Employer Occupation  
 Gaines Farms Retired Special Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : ACA74C06D87354D929A5**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 3109 Circle Hill Road

City State Zip Code  
 Alexandria VA 22305-1607

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

Name of Employer Occupation  
 Miss State President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : A09006B3775C94B9C949**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address P. O. Box 605

City State Zip Code  
 Magee MS 39111-0605

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

Name of Employer Occupation  
 Self Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : A20946E2C5B864712A4F**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 599 Suebe Street

City Bay Saint Louis State MS Zip Code 39520-2426

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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A92586C2C71154BF0BE6**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 463 Daltic Street

City Lucedale State MS Zip Code 39452

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AEEA8A366E0734F7C861**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 807 Hickory Avenue

City Mc Comb State MS Zip Code 39648-2213

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : ADC559C0E39494BCEA0A**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 5720 Ridge Road

City	State	Zip Code
Ocean Springs	MS	39564

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

Name of Employer	Occupation
Self	Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A77160EDAF4F4F20B51**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address P. O. Box 1363

City	State	Zip Code
Columbus	MS	39703-1363

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

Name of Employer	Occupation
Self	Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A24C04474DCA143F7B91**

Amount of Each Receipt this Period  
**25.00**

**c. John Dean, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Drawer 272

City	State	Zip Code
Leland	MS	38756

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

Name of Employer	Occupation
Self	Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1120.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A657E2A09EB014832A90**

Amount of Each Receipt this Period  
**10.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1218 Rosehill Circle

City Jackson State MS Zip Code 39202-2123

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

Name of Employer Self Occupation Manufacturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A85A29C72B44D48CDB03**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 4450 Old Canton Rd.,Ste. 203

City Jackson State MS Zip Code 39211

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AE01F2790226E486386C**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 129 Woodland Circle

City Jackson State MS Zip Code 39216-4194

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

Name of Employer Self Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A5D393B6CD0BD4FB39E1**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 48 OF 69
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Geraldine Donovan**

Mailing Address 202 Weathersby Road

City Hattiesburg	State MS	Zip Code 39402-1127
---------------------	-------------	------------------------

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 ▼  
360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A47B4E161F32F4CF2994**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 569 N Old Canton Rd

City Madison	State MS	Zip Code 39110-8111
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A90E27E2E733D41E9BB0**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 14 Mary Lee Ln

City Starkville	State MS	Zip Code 39759-5547
--------------------	-------------	------------------------

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

Name of Employer Griffin Printing & Design   Griffin St	Occupation Owner, CEO
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A64C39392E15A48D8803**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69
	<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. Hoopy Stringer, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Boxwood Cove  
 City State Zip Code  
 Brandon MS 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SkyTel Project Supervisor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A8F8AE4946B5047408F4**  
 Amount of Each Receipt this Period  
 25.00

**B. Pat Bruce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Greenfield Way  
 City State Zip Code  
 Madison MS 39130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MS Tea Party President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : AF39D30B3639849B7981**  
 Amount of Each Receipt this Period  
 20.00

**C. Joe Cloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4406 Audobon Trail  
 City State Zip Code  
 Biloxi MS 39532-9107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2740.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A67572AE5D058475EB1B**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 69
	<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"/>	<input type="checkbox"/> 17

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

**A. Susan Lunardini**  
Full Name (Last, First, Middle Initial)

Mailing Address 274 Swan Sea Lane

City Madison State MS Zip Code 39110

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

Name of Employer Southern Consultants, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A0931E9FCB1CF4F65A53**

Amount of Each Receipt this Period 20.00

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

Mailing Address 45 Carla Drive

City Philadelphia State MS Zip Code 39350

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

Name of Employer Working Solutions Occupation Staffing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A2A47302CAE6D4DF6A8A**

Amount of Each Receipt this Period 20.00

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

Mailing Address P.O. Box 246

City Southaven State MS Zip Code 38671

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

Name of Employer State of MS Occupation State Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A275FAC07E7D04AAB807**

Amount of Each Receipt this Period 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 51 OF 69  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Thomas Taylor**

Mailing Address 313 Lee Road

City State Zip Code  
Boyle MS 38730

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

Name of Employer Occupation  
State of MS Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : A465FC3D9D9314675AE2**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 503 N. Lamar Blvd.

City State Zip Code  
Oxford MS 38655-3205

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : ABFC2655CFF174B7DABC**

Amount of Each Receipt this Period  
240.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3612.00

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

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

FOR LINE NUMBER: PAGE 52 OF 69  
(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)  
**Mississippi Republican Party**

**A. Republican National Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 First Street, S.E.  
 City Washington State DC Zip Code 20003-1885  
 FEC ID number of contributing federal political committee. **C** C00003418  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : AA293DD47EACB4784B6C**  
 Amount of Each Receipt this Period  
 1250.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

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

Mailing Address P. O. Box 23082

City Jackson State MS Zip Code 39225-3082

Purpose of Disbursement  
001-Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

Transaction ID : B2324706703584AC6B3F

Amount of Each Disbursement this Period

1061.67

Full Name (Last, First, Middle Initial)

**B. PolitiCap**

Mailing Address 134 Cedar Woods

City Madison State MS Zip Code 39110-6504

Purpose of Disbursement  
001-Fundraising Concultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : BAA0CF17CDBD54BA18A4

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. ADP, Inc.**

Mailing Address 5680 New Northside Drive

City Atlanta State GA Zip Code 30328-4668

Purpose of Disbursement  
001-Payroll Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : B762F2E50F4DB4049B16

Amount of Each Disbursement this Period

97.84

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

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

4659.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Full Name (Last, First, Middle Initial)

**A. Community Bank - Brandon**

Mailing Address P. O. Box 1869

City State Zip Code  
Brandon MS 39043-1869

Purpose of Disbursement  
001-Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : BCDF54456A16C47C0A38

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address P. O. Box 70503

City State Zip Code  
Charlotte NC 28272-0503

Purpose of Disbursement  
001-Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

Transaction ID : B05DC302602154D9280F

Amount of Each Disbursement this Period

9686.26

Full Name (Last, First, Middle Initial)

**C. Community Bank - Brandon**

Mailing Address P. O. Box 1869

City State Zip Code  
Brandon MS 39043-1869

Purpose of Disbursement  
001-Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

Transaction ID : BCF4505532B9F4251935

Amount of Each Disbursement this Period

8.00

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

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

9702.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mississippi Department of Revenue**

Mailing Address P. O. Box 960

City Jackson State MS Zip Code 39205-0960

Purpose of Disbursement  
001-Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : B1A9F88CB15C44BE98C9

Amount of Each Disbursement this Period

1758.00

Full Name (Last, First, Middle Initial)

**B. Mississippi Department of Employment Security**

Mailing Address P O Box 22781

City Jackson State MS Zip Code 39225-2781

Purpose of Disbursement  
001-Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : BFB83C91ACC334BE5899

Amount of Each Disbursement this Period

87.04

Full Name (Last, First, Middle Initial)

**C. Direct Mail Systems**

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 34622

Purpose of Disbursement  
Direct Mail

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : B2AE2478C17F140428A4

Amount of Each Disbursement this Period

480.00

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

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

2325.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : BEACA6F481E164219A45

Amount of Each Disbursement this Period

76.42
-------

Full Name (Last, First, Middle Initial)

**B. ADP, Inc.**

Mailing Address 5680 New Northside Drive

City Atlanta State GA Zip Code 30328-4668

Purpose of Disbursement  
001-Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

Transaction ID : BE95A353733A54835930

Amount of Each Disbursement this Period

101.93
--------

Full Name (Last, First, Middle Initial)

**C. Community Bank - Brandon**

Mailing Address P. O. Box 1869

City Brandon State MS Zip Code 39043-1869

Purpose of Disbursement  
001-Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : BD0C9515F00D34C25BE4

Amount of Each Disbursement this Period

9.95
------

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

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

188.30
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : BB29C8386F1C4419980B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Spencer M Ritchie**

Mailing Address 924 Arlington Street

City Jackson State MS Zip Code 39202-1620

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : BE8B9141489624EED89D**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jennifer Dunigan**

Mailing Address 102 North Mill Street Apt 1004

City Jackson State MS Zip Code 39201-2010

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : B079E6387E9D34CFF924**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paul Davis**

Mailing Address 475 Brelands Overlook Drive

City Starkville State MS Zip Code 39759-4550

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

Transaction ID : **B82576E13F82F422B863**

Amount of Each Disbursement this Period

878.54

Full Name (Last, First, Middle Initial)

**B. Paul Davis**

Mailing Address 475 Brelands Overlook Drive

City Starkville State MS Zip Code 39759-4550

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **BCF2346DA0CB640CEAB2**

Amount of Each Disbursement this Period

439.27

Full Name (Last, First, Middle Initial)

**C. Jennifer Dunigan**

Mailing Address 102 North Mill Street Apt 1004

City Jackson State MS Zip Code 39201-2010

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **B683A05D63D474F7292D**

Amount of Each Disbursement this Period

662.88

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

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

1980.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : BC0886BD53E124EC78FD

Amount of Each Disbursement this Period

914.01

Full Name (Last, First, Middle Initial)

**B. Jennifer Dunigan**

Mailing Address 102 North Mill Street Apt 1004

City Jackson State MS Zip Code 39201-2010

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : BD1E0A273C8F44461AEF

Amount of Each Disbursement this Period

1326.49

Full Name (Last, First, Middle Initial)

**C. Spencer M Ritchie**

Mailing Address 924 Arlington Street

City Jackson State MS Zip Code 39202-1620

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : BA62E8A9F31084AA19B5

Amount of Each Disbursement this Period

3349.88

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

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

5590.38

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

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

FOR LINE NUMBER:  
(check only one)

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

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**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Paul Davis**

Mailing Address 475 Brelands Overlook Drive

City Starkville State MS Zip Code 39759-4550

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : BDE96E4C9630D49EE908

Amount of Each Disbursement this Period

878.96

Full Name (Last, First, Middle Initial)

**B. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : B71F8C4DD13CA4D3ABD4

Amount of Each Disbursement this Period

914.12

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1793.08

14951.09

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 69
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>First Bankcard</b>	Nature of Debt (Purpose): 001-Credit Card Debt
Mailing Address P.O. Box 2557	
City State Zip Code Omaha NE 68103-2557	

Outstanding Balance Beginning This Period <input type="text" value="16959.11"/>	<b>Transaction ID : DD8ECF6DA077541C99F0</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16959.11"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="16959.11"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="16959.11"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="16959.11"/>

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

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)  
 Mississippi Republican Party

Transaction ID : H1322ec5cef1e41ee875

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

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

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

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

**Flat Minimum Federal Percentage**

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

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

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

This ratio applies to (check all that apply):

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

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

NAME OF ACCOUNT Community Bank	DATE OF RECEIPT MM / DD / YYYY 12 / 03 / 2015	TOTAL AMOUNT TRANSFERRED 12581.77
-----------------------------------	---	--------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	12581.77
<b>Transaction ID : H754950AAE5BC4364B06</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Mississippi Republican Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Community Bank	MM / DD / YYYY 12 / 21 / 2015	9054.62

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	9054.62
<b>Transaction ID : H0DE717555AAA41008D5</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	21636.39
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	21636.39

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>First Bankcard</b> Mailing Address P.O. Box 2557		<b>Transaction ID : HDE7460D2CD984583BFC</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Omaha	State NE	Zip Code 68103-2557	Allocated Activity or Event Year-To-Date 108777.92 Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
Purpose of Disbursement: 001-Credit Card Payment		Category/ Type	
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
280.00 + 720.00 = 1000.00			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>First Bankcard</b> Mailing Address P.O. Box 2557		<b>Transaction ID : HF107F38D4A604BFABA9</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Omaha	State NE	Zip Code 68103-2557	Allocated Activity or Event Year-To-Date 108777.92 Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
Purpose of Disbursement: 001-Credit Card Payment		Category/ Type	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
280.00 + 720.00 = 1000.00			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>City Services Center</b> Mailing Address Payment Processing Center P.O. Box 1595		<b>Transaction ID : H758848FA30724DD9912</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City Jackson	State MS	Zip Code 39215-1595	Allocated Activity or Event Year-To-Date 109714.04 Date <input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
Purpose of Disbursement: 001-Water/Sewer		Category/ Type	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
18.90 + 48.60 = 67.50			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
578.90		1488.60		2067.50

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H6D674EDF232B4D7695B
Entergy
Mailing Address P. O. Box 8105
City Baton Rouge State LA Zip Code 70891-8105
Purpose of Disbursement: 001-Electricity
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 109714.04
Date 12/22/2015
FEDERAL SHARE 127.12 + NONFEDERAL SHARE 326.88 = TOTAL AMOUNT 454.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : HC43301B4A3484435A5D
Waste Management of Jackson MS Hauling
Mailing Address PO Box 9001054
City Louisville State KY Zip Code 40290-1054
Purpose of Disbursement: 001-Waste Management
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 109714.04
Date 12/22/2015
FEDERAL SHARE 18.70 + NONFEDERAL SHARE 48.10 = TOTAL AMOUNT 66.80

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H99D0105EBafa4F64B62
Atmos Energy
Mailing Address PO Box 9001949
City Louisville State KY Zip Code 40290-1949
Purpose of Disbursement: 001-Utilities
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 109714.04
Date 12/22/2015
FEDERAL SHARE 26.38 + NONFEDERAL SHARE 67.83 = TOTAL AMOUNT 94.21

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 172.20, 442.81, 615.01

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

