

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

REMEMBER MISSISSIPPI

ADDRESS (number and street)

PO BOX 4142

Check if different than previously reported. (ACC)

BILOXI

MS

39535

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00641423

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on

11 / 06 / 2018

in the State of

MS

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

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

Election on

/ /

in the State of

5. Covering Period

10 / 01 / 2018

through

10 / 17 / 2018

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

BARNETT, TOMMY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BARNETT, TOMMY, , ,

[Electronically Filed]

Date

10 / 25 / 2018

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REMEMBER MISSISSIPPI

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="852112.67"/>	<input type="text" value="852112.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23319.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="502200.00"/>	<input type="text" value="818644.90"/>
(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="525519.54"/>	<input type="text" value="1670757.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="491715.23"/>	<input type="text" value="1636953.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33804.31"/>	<input type="text" value="33804.31"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

REMEMBER MISSISSIPPI

Report Covering the Period: From: 10 / 01 / 2018 To: 10 / 17 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	502000.00	813450.00
(ii) Unitemized	200.00	5194.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	502200.00	818644.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	502200.00	818644.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	502200.00	818644.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	502200.00	818644.90

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	86828.67	873012.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	86828.67	873012.06
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)	404886.56	763941.20
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	491715.23	1636953.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	491715.23	1636953.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	502200.00	818644.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	502200.00	818644.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	86828.67	873012.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	86828.67	873012.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<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)
REMEMBER MISSISSIPPI

A. CASEY, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CANYON CREST DR
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SOFTWARE SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 07 / 2018
Transaction ID : SA11AI.4884
 Amount of Each Receipt this Period 2000.00
 Memo Item CONTRIBUTION

B. MERCER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 ROUTE 25A EAST
 City SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FINANCIAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 10 / 02 / 2018
Transaction ID : SA11AI.4856
 Amount of Each Receipt this Period 500000.00
 Memo Item CONTRIBUTION

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	502000.00
TOTAL This Period (last page this line number only).....▶	502000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City **BATON ROUGE** State **LA** Zip Code **70808**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4875
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City **BATON ROUGE** State **LA** Zip Code **70808**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4882
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BAYVIEW CONSULTING INC

Mailing Address PO BOX 4162

City **BILOXI** State **MS** Zip Code **39535**

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4859
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [] Transaction ID : SB21B.4857 Amount of Each Disbursement this Period [] 3500.00	
City FLORENCE	State MS	Zip Code 39073	Category/ Type []
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [] Transaction ID : SB21B.4858 Amount of Each Disbursement this Period [] 309.46	
City FLORENCE	State MS	Zip Code 39073	Category/ Type []
Purpose of Disbursement TRAVEL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 10 / 02 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4870 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3824.46
TOTAL This Period (last page this line number only).....▶	[]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4858

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4874 Amount of Each Disbursement this Period [] 45.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4876 Amount of Each Disbursement this Period [] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4879 Amount of Each Disbursement this Period [] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4883
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 30.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018
Mailing Address PO BOX 365		FEC Identification Number C [] Transaction ID : SB21B.4862
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [] 1050.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4864
City NEW YORK	State NY	Zip Code 10166
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period [] 1520.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2600.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. HERNANDEZ, KRISTINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 332 CRESTHAVEN PL

City SIMPSONVILLE State SC Zip Code 29681

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4869

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. MCCLUSKEY, RIC, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 453

City MCLAIN State MS Zip Code 39456

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4867

Amount of Each Disbursement this Period: 3500.00

Memo Item

C. MCCLUSKEY, RIC, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 453

City MCLAIN State MS Zip Code 39456

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4868

Amount of Each Disbursement this Period: 728.50

Memo Item

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

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

7228.50

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4868

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. AIRBNB

Mailing Address 888 BRANNAN ST #400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 12 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4868.1
Amount of Each Disbursement this Period
294.48

Memo Item

Full Name (Last, First, Middle Initial)

B. ON MESSAGE

Mailing Address 1025 1ST ST SE UNIT 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.4865
Amount of Each Disbursement this Period
3800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SOWELL, GRANT, , ,

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

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
10 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4860
Amount of Each Disbursement this Period
2600.00

Memo Item

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

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

6400.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement TRAVEL/RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4861

Amount of Each Disbursement this Period: 520.09

Memo Item

B. THE RAINMAKERS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1082

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4863

Amount of Each Disbursement this Period: 55792.00

Memo Item

C. U-HAUL

Full Name (Last, First, Middle Initial)

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4881

Amount of Each Disbursement this Period: 184.95

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	56497.04
TOTAL This Period (last page this line number only).....▶	86713.60

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4861

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee DANWAL INC
Mailing Address 12404 STATE HIGHWAY 155 S
City TYLER State TX Zip Code 75703
Purpose of Expenditure PRINTING - SIGNS
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought 110099.41
Date of Public Distribution/Dissemination 10/17/2018
Amount 4016.52
Transaction ID : SE.4877
Date of Disbursement or Obligation 10/09/2018
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General
Other (specify) Special-General

Full Name of Payee RIGEL STRATEGIES
Mailing Address 3948 LEGACY DR STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure DIGITAL MEDIA
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought 291345.45
Date of Public Distribution/Dissemination 10/13/2018
Amount 180420.00
Transaction ID : SE.4844
Date of Disbursement or Obligation 10/12/2018
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 184436.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BARNETT, TOMMY, ,

[Electronically Filed]

Date 10/25/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
RIGEL STRATEGIES
Mailing Address
3948 LEGACY DR STE 106-282
City
PLANO State
TX Zip Code
75023
Purpose of Expenditure
MEDIA - RADIO Category/
Type

Date of Public Distribution/Dissemination
10 / 13 / 2018
Amount
45562.50
Transaction ID : SE.4845
Date of Disbursement or Obligation
10 / 12 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, , ,
Support Oppose

Office Sought:
House District: 00
President Senate State: MS

Calendar Year-To-Date
Per Election for Office Sought
336907.95

Disbursement For:
Primary General
Other (specify) Special-General

Full Name of Payee
RIGEL STRATEGIES
Mailing Address
3948 LEGACY DR STE 106-282
City
PLANO State
TX Zip Code
75023
Purpose of Expenditure
MEDIA - RADIO Category/
Type

Date of Public Distribution/Dissemination
10 / 13 / 2018
Amount
45562.50
Transaction ID : SE.4846
Date of Disbursement or Obligation
10 / 12 / 2018

Name of Federal Candidate:
MCDANIEL, CHRISTOPHER BRIAN, , ,
Support Oppose

Office Sought:
House District: 00
President Senate State: MS

Calendar Year-To-Date
Per Election for Office Sought
382470.45

Disbursement For:
Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 91125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BARNETT, TOMMY, , , [Electronically Filed]
Signature

Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee RIGEL STRATEGIES
Mailing Address 3948 LEGACY DR STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA - TV
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought 446719.95
Date of Public Distribution/Dissemination 10/16/2018
Amount 64249.50
Transaction ID : SE.4851
Date of Disbursement or Obligation 10/12/2018
Office Sought: Senate State: MS

Full Name of Payee RIGEL STRATEGIES
Mailing Address 3948 LEGACY DR STE 106-282
City PLANO State TX Zip Code 75023
Purpose of Expenditure MEDIA - TV
Name of Federal Candidate: HYDE-SMITH, CINDY, ,
Calendar Year-To-Date Per Election for Office Sought 510969.45
Date of Public Distribution/Dissemination 10/16/2018
Amount 64249.50
Transaction ID : SE.4852
Date of Disbursement or Obligation 10/12/2018
Office Sought: Senate State: MS

(a) SUBTOTAL of Itemized Independent Expenditures 128499.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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BARNETT, TOMMY, ,

[Electronically Filed]

Date 10/25/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
SERVICE PRINTERS INC
Mailing Address
1014 FLOWOOD DR
City
FLOWOOD State
MS Zip Code
39232
Purpose of Expenditure
PRINTING - PUSH CARDS
Category/Type
Date of Public Distribution/Dissemination
10 / 17 / 2018
Amount
413.02
Transaction ID : SE.4887
Date of Disbursement or Obligation
10 / 11 / 2018

Name of Federal Candidate:
MCDANIEL, CHRISTOPHER BRIAN, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MS
Calendar Year-To-Date
Per Election for Office Sought
110512.43
Disbursement For:
Primary General
Other (specify) Special-General

Full Name of Payee
SERVICE PRINTERS INC
Mailing Address
1014 FLOWOOD DR
City
FLOWOOD State
MS Zip Code
39232
Purpose of Expenditure
PRINTING - PUSH CARDS
Category/Type
Date of Public Distribution/Dissemination
10 / 17 / 2018
Amount
413.02
Transaction ID : SE.4891
Date of Disbursement or Obligation
10 / 11 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MS
Calendar Year-To-Date
Per Election for Office Sought
110925.45
Disbursement For:
Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 826.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures 404886.56

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

BARNETT, TOMMY, ,

[Electronically Filed]

Date 10 / 25 / 2018

Signature