

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

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY 07 / 01 / 2017

through

MM / DD / YYYY 12 / 31 / 2017

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

MM / DD / YYYY 01 / 31 / 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="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50000.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1049745.00"/>	<input type="text" value="1099745.00"/>
(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="1099745.00"/>	<input type="text" value="1099745.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="247657.33"/>	<input type="text" value="247657.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="852087.67"/>	<input type="text" value="852087.67"/>
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: MM / DD / YYYY 07 / 01 / 2017 To: MM / DD / YYYY 12 / 31 / 2017

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).....	1049500.00	1099500.00
(ii) Unitemized	245.00	245.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1049745.00	1099745.00
(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)	1049745.00	1099745.00
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)).....▶	1049745.00	1099745.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1049745.00	1099745.00

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	247657.33	247657.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	247657.33	247657.33
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 (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)) ..	247657.33	247657.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	247657.33	247657.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1049745.00	1099745.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1049745.00	1099745.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	247657.33	247657.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	247657.33	247657.33

**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 21
<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

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. BOWERS, GUY, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 8090
 City RUDUSO State NM Zip Code 88355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 22 / 2017
Transaction ID : SA11AI.4129
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. CANARY WELLHEAD EQUIPMENT INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 96382
 City OKLAHOMA CITY State OK Zip Code 73143
 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 ▼ 25000.00

Date of Receipt 11 / 20 / 2017
Transaction ID : SA11AI.4136
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. 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 ▼ 1000.00

Date of Receipt 07 / 26 / 2017
Transaction ID : SA11AI.4105
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	31000.00
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 7 OF 21
	<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)
REMEMBER MISSISSIPPI

A. CONSIDINE, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4582 S ULSTER ST
STE 410

City DENVER	State CO	Zip Code 80237
----------------	-------------	-------------------

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

Name of Employer (for Individual) AIMCO	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. GELMAN, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 SUNDOWN DR

City MCALLEN	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MCALLEN ANESTHESIA	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2017

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
450000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	465000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. NAEGELE, ELLIS, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 RUE DE JARDIN PH 9
 City NAPLES State FL Zip Code 34105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 26 / 2017**
Transaction ID : SA11AI.4125
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. NAEGELE, ROBERT, O, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 RUE DE JARDIN PH 9
 City NAPLES State FL Zip Code 34105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 26 / 2017**
Transaction ID : SA11AI.4122
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. PATRICK, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9723 NIBLICK LN
 City NAPLES State LA Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **NEW VERNON CAPITAL** Occupation (for Individual) **CHAIRMAN**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **10 / 30 / 2017**
Transaction ID : SA11AI.4134
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 52000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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)
REMEMBER MISSISSIPPI

A. RODGERS, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 LAS VEGAS BLVD S
 City LAS VEGAS State NV Zip Code 89158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2017
Transaction ID : SA11AI.4107
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. RODGERS, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 LAS VEGAS BLVD S
 City LAS VEGAS State NV Zip Code 89158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 22 / 2017
Transaction ID : SA11AI.4114
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. UIHLEIN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1396 N WAUKEGAN RD
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ULINE Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 08 / 01 / 2017
Transaction ID : SA11AI.4127
 Amount of Each Receipt this Period 500000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	501500.00
TOTAL This Period (last page this line number only).....	1049500.00

**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. 365 STRATEGIES

Mailing Address PO BOX 3109 #51996

City
HOUSTON

State
TX

Zip Code
77253

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 365 STRATEGIES

Mailing Address PO BOX 3109 #51996

City
HOUSTON

State
TX

Zip Code
77253

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

2220.76

Memo Item

Full Name (Last, First, Middle Initial)

C. 365 STRATEGIES

Mailing Address PO BOX 3109 #51996

City
HOUSTON

State
TX

Zip Code
77253

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

27220.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City
BATON ROUGE

State
LA

Zip Code
70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.4157
Amount of Each Disbursement this Period
[] 240.60

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City
BATON ROUGE

State
LA

Zip Code
70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.4164
Amount of Each Disbursement this Period
[] 40.30

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City
BATON ROUGE

State
LA

Zip Code
70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.4206
Amount of Each Disbursement this Period
[] 3.60

Memo Item

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

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

2	8	4	5	0
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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 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. BURKE, RICHARD, , ,		Date of Disbursement MM / DD / YYYY 07 / 18 / 2017	
Mailing Address 420 CHERRY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4147 Amount of Each Disbursement this Period [REDACTED] 2000.00	
City NATCHEZ	State MS	Zip Code 39120	Category/ Type [REDACTED]
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. BURKE, RICHARD, , ,		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 420 CHERRY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4155 Amount of Each Disbursement this Period [REDACTED] 2500.00	
City NATCHEZ	State MS	Zip Code 39120	Category/ Type [REDACTED]
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. BURKE, RICHARD, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address 420 CHERRY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4159 Amount of Each Disbursement this Period [REDACTED] 2500.00	
City NATCHEZ	State MS	Zip Code 39120	Category/ Type [REDACTED]
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 7000.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. BURKE, RICHARD, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 420 CHERRY ST

City NATCHEZ State MS Zip Code 39120

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 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4162

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. COMMUNITY BANK

Full Name (Last, First, Middle Initial)

Mailing Address 323 E 3RD ST

City FOREST State MS Zip Code 39074

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4205

Amount of Each Disbursement this Period: 15.00

Memo Item

C. COMMUNITY BANK

Full Name (Last, First, Middle Initial)

Mailing Address 323 E 3RD ST

City FOREST State MS Zip Code 39074

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4208

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2530.00

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. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address PO BOX 365		FEC Identification Number C [] Transaction ID : SB21B.4170
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [] 1487.50
Candidate Name		<input type="checkbox"/> Memo Item
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. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address PO BOX 365		FEC Identification Number C [] Transaction ID : SB21B.4185
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [] 2787.50
Candidate Name		<input type="checkbox"/> Memo Item
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. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4172
City NEW YORK	State NY	Zip Code 10166
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period [] 3935.00
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	[] 8210.00
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. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 200 PARK AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4186 Amount of Each Disbursement this Period 4845.00	
City NEW YORK	State NY	Zip Code 10166	Category/ Type
Purpose of Disbursement LEGAL 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. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4188 Amount of Each Disbursement this Period 3000.00	
City SIMPSONVILLE	State SC	Zip Code 29681	Category/ Type
Purpose of Disbursement MEDIA 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) C. KIMMONS INVESTIGATIVE SERVICES		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017	
Mailing Address 3033 CHIMNEY ROCK RD STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4174 Amount of Each Disbursement this Period 5000.00	
City HOUSTON	State TX	Zip Code 77056	Category/ Type
Purpose of Disbursement RESEARCH 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	12845.00
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. LAW OFFICES OF KEVIN C STEWART

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1837MONTANA SKY DR

M M M	/	D D D	/	Y Y Y Y Y
12		07		2017

City AUSTIN State TX Zip Code 78727

FEC Identification Number

Purpose of Disbursement
LEGAL CONSULTING

C

Transaction ID : SB21B.4190
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2043.25

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

Memo Item

B. ON MESSAGE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1025 1ST ST SE UNIT 310

M M M	/	D D D	/	Y Y Y Y Y
12		07		2017

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement
RESEARCH CONSULTING

C

Transaction ID : SB21B.4192
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2880.00

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

Memo Item

C. PINPOINT IMPACT LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1501 S CLINTON ST #12009

M M M	/	D D D	/	Y Y Y Y Y
12		07		2017

City FORT WAYNE State IN Zip Code 46862

FEC Identification Number

Purpose of Disbursement
MEDIA

C

Transaction ID : SB21B.4194
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10000.00

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

Memo Item

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

14923.25

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

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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 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. RIGEL STRATEGIES

Mailing Address 3948 LEGACY DR STE 106-282

City PLANO State TX Zip Code 75023

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4196
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SOJOURNER, MELANIE, , ,

Mailing Address 438 UPPER KINGSTON RD

City NATCHEZ State MS Zip Code 39120

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.4145
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SOJOURNER, MELANIE, , ,

Mailing Address 438 UPPER KINGSTON RD

City NATCHEZ State MS Zip Code 39120

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.4154
 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. SOJOURNER, MELANIE, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 438 UPPER KINGSTON RD		FEC Identification Number C Transaction ID : SB21B.4158 Amount of Each Disbursement this Period 2500.00
City NATCHEZ	State MS	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOJOURNER, MELANIE, , ,		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address 438 UPPER KINGSTON RD		FEC Identification Number C Transaction ID : SB21B.4161 Amount of Each Disbursement this Period 2500.00
City NATCHEZ	State MS	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE RAINMAKERS		Date of Disbursement MM / DD / YYYY 07 / 18 / 2017
Mailing Address PO BOX 1082		FEC Identification Number C Transaction ID : SB21B.4149 Amount of Each Disbursement this Period 6605.74
City SPRINGFIELD	State VA	
Purpose of Disbursement FINANCE CONSULTING		Memo Item <input type="checkbox"/>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	11605.74
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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period: 95648.45

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period: 530.50

Memo Item

C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period: 5130.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 101309.45

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. VOTER CONTACT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4176

Amount of Each Disbursement this Period: 15520.00

Memo Item

B. VOTER CONTACT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period: 14049.01

Memo Item

C. VOTER CONTACT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period: 12014.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 41583.83

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. WORLD AHEAD PRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 13 / 2017	
Mailing Address 14501 GEORGE CARTER WAY STE 102			
City CHANTILLY	State VA	Zip Code 20151	
Purpose of Disbursement PRINTING		Category/Type <input type="checkbox"/>	
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:	Amount of Each Disbursement this Period 5250.00		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type <input type="checkbox"/>	
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:	Amount of Each Disbursement this Period		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type <input type="checkbox"/>	
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:	Amount of Each Disbursement this Period		
<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	247262.53