

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL MIKE TAGERT FOR CONGRESS			
ADDRESS (number and street) P.O. BOX 1350			
CITY, STATE, and ZIP CODE WEST POINT MS 39773			
2. NAME OF CANDIDATE MIKE TAGERT	3. OFFICE SOUGHT (State and District) House MS 01		4. FEC IDENTIFICATION NUMBER C00574244
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
David Blackburn 1311 Pelican Loop Oxford MS 38655		Name of Employer R.J. Allen and Associates Transaction ID : F6.5003 Occupation Construction	Date (month, day, year) 04/27/2015 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Larry K. Depriest 7240 Craft Goodman Road Olive Branch MS 38654		Name of Employer Transaction ID : F6.5009 Occupation	Date (month, day, year) 04/27/2015 Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Tim Edmondson P.O. Box 85 Vardaman MS 38878		Name of Employer Tim Edmondson Farm Transaction ID : F6.4983 Occupation Farmer	Date (month, day, year) 04/25/2015 Amount 1500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
James Lunsford 3955 Nail Road Southaven MS 38672		Name of Employer OBCC Transaction ID : F6.5018 Occupation Owner	Date (month, day, year) 04/26/2015 Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Barbara Martin 896 Main Street Ripley MS 38863		Name of Employer n/a Transaction ID : F6.4988 Occupation n/a	Date (month, day, year) 04/27/2015 Amount 2500.00
SIGNATURE (optional) R. Dale Pierce <i>[Electronically Filed]</i>		DATE 04/29/2015	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Bobby Martin 896 Main Street Ripley MS 38663	Name of Employer The Peoples Bank Transaction ID : F6.4990 Occupation Banker	Date (month, day, year) 04/27/2015	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. William MAYO 413 Turnberry Circle Oxford MS 38655	Name of Employer Self Transaction ID : F6.4980 Occupation Physician	Date (month, day, year) 04/26/2015	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Donna McPherson 313 Dollar Road Magee MS 39111	Name of Employer Transaction ID : F6.5012 Occupation	Date (month, day, year) 04/27/2015	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Johnny McRight P.O. Box 4812 Greenville MS 38704	Name of Employer McRight Services LLC Transaction ID : F6.4999 Occupation Owner	Date (month, day, year) 04/27/2015	Amount 2700.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Renee McRight 2797 Marico Place Greenville MS 38701	Name of Employer Transaction ID : F6.5000 Occupation Speech Pathologist	Date (month, day, year) 04/27/2015	Amount 2700.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
National Stone, Sand, and Gravel Association ROCKPAC 1605 King St. #300 Alexandria VA 22314	Name of Employer T.E. Lott & Co. Transaction ID : F6.5017 Occupation CPA	04/19/2015	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE R. Dale Pierce 106B S Washington St Starkville MS 39759	Name of Employer T.E. Lott & Co. Transaction ID : F6.5005 Occupation CPA	04/24/2015	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Elvin Yawn P.O. Box 1473 Clarksdale MS 38614	Name of Employer Southern Duplicating of Clark Transaction ID : F6.4993 Occupation Owner	04/27/2015	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount