

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 []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] 07 / 01 / 2018 through [MM] / [DD] / [YYYY] 09 / 30 / 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 / 15 / 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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REMEMBER MISSISSIPPI

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		852112.67
(b) Cash on Hand at Beginning of Reporting Period.....	340907.79	
(c) Total Receipts (from Line 19)	17400.00	316444.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	358307.79	1168557.57
7. Total Disbursements (from Line 31).....	334988.25	1145238.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23319.54	23319.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

REMEMBER MISSISSIPPI

Report Covering the Period: From: 07 / 01 / 2018 To: 09 / 30 / 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).....	17250.00	311450.00
(ii) Unitemized	150.00	4994.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17400.00	316444.90
(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)	17400.00	316444.90
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)).....▶	17400.00	316444.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17400.00	316444.90

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	240965.36	786183.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	240965.36	786183.39
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)	94022.89	359054.64
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)) ..	334988.25	1145238.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	334988.25	1145238.03

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)	17400.00	316444.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17400.00	316444.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	240965.36	786183.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	240965.36	786183.39

**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 44
	<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)
REMEMBER MISSISSIPPI

A. A-1 GEAR & AUTO INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 146

City FLORENCE	State MS	Zip Code 39073
------------------	-------------	-------------------

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 ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2018

Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. BOSTIC, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1076 SILVER HILLS DR

City SENATOBIA	State MS	Zip Code 38668
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1528.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2018

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. CLARK, ELLOINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 MAPLEWOOD AVE

City DALLAS	State TX	Zip Code 75205
----------------	-------------	-------------------

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

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

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
 08 / 06 / 2018

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
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 44
	<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)
REMEMBER MISSISSIPPI

A. DAVIS, CULLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5805 NORTH BALLANTRAE DRIVE
 City COLLEYVILLE State TX Zip Code 76034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREAT WESTERN DRILLING Occupation (for Individual) FOUNDATION PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 13 / 2018**
Transaction ID : SA11AI.4729
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. FINLEY, JAMEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 WATER FRONT DR
 City SALTILLO State MS Zip Code 38866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RESTAURANT OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 28 / 2018**
Transaction ID : SA11AI.4739
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. PUSTA, LENORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 WEST SUNFLOWER DRIVE
 City PAYSON State AZ Zip Code 85541
 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 ▼ 10000.00

Date of Receipt **07 / 02 / 2018**
Transaction ID : SA11AI.4725
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAY, JENNIFER, WEST, ,

Mailing Address 495 POPPS FERRY RD
APT 13

City BILOXI State MS Zip Code 39531

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. 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
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	17250.00

**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. 365 STRATEGIES

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 07 / 13 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4740

Amount of Each Disbursement this Period: 10000.00

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

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: 07 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4741

Amount of Each Disbursement this Period: 20.30

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

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: 07 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4742

Amount of Each Disbursement this Period: 2.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10022.60

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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number
C
Transaction ID : SB21B.4743
Amount of Each Disbursement this Period
100.30

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 12 / 2018

FEC Identification Number
C
Transaction ID : SB21B.4744
Amount of Each Disbursement this Period
1.30

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number
C
Transaction ID : SB21B.4745
Amount of Each Disbursement this Period
40.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 141.90

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. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4746
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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4747
Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4748
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. 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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4749
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4750
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4751
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. BIGLOOK PRODUCTIONS		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 1700 APRICOT GLEN DR		FEC Identification Number C [] Transaction ID : SB21B.4834 Amount of Each Disbursement this Period [] 11500.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement MEDIA PRODUCTION - NOT IE RELATED		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. BIGLOOK PRODUCTIONS		Date of Disbursement MM / DD / YYYY 08 / 06 / 2018
Mailing Address 1700 APRICOT GLEN DR		FEC Identification Number C [] Transaction ID : SB21B.4835 Amount of Each Disbursement this Period [] 1500.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement MEDIA PRODUCTION - NOT IE RELATED		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. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address PO BOX 1636		FEC Identification Number C [] Transaction ID : SB21B.4800 Amount of Each Disbursement this Period [] 4031.89
City FLORENCE	State MS	Zip Code 39073
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL		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).....▶	[] 17031.89
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.4800

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. NESHOPA COUNTY STATE FAIR

Mailing Address 16800 HWY 21 S

City PHILADELPHIA State MS Zip Code 39350

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4800.1
Amount of Each Disbursement this Period
325.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILLS, CHERAMIE, , ,

Mailing Address PO BOX 1636

City FLORENCE State MS Zip Code 39073

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4802
Amount of Each Disbursement this Period
143.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BILLS, CHERAMIE, , ,

Mailing Address PO BOX 1636

City FLORENCE State MS Zip Code 39073

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4806
Amount of Each Disbursement this Period
3812.48

Memo Item

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

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

3955.48

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

Form/Schedule: SB21B

Transaction ID : SB21B.4802

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB21B

Transaction ID: SB21B.4806

NO ADDITIONAL ITEMIZATION REQUIRED

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4809 Amount of Each Disbursement this Period [REDACTED] 3699.00	
City FLORENCE	State MS	Zip Code 39073	Category/ Type [REDACTED]
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/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) B. BMI INC		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018	
Mailing Address 10 MUSIC SQUARE E		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4752 Amount of Each Disbursement this Period [REDACTED] 152.00	
City NASHVILLE	State TN	Zip Code 37203	Category/ Type [REDACTED]
Purpose of Disbursement SUBSCRIPTION			
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. CANNON RESEARCH GROUP		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address 1251 NW BRIARCLIFF PKWY STE 85		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4754 Amount of Each Disbursement this Period [REDACTED] 7500.00	
City KANSAS CITY	State MO	Zip Code 64116	Category/ Type [REDACTED]
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).....▶	[REDACTED] 11351.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.4809

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 07 / 06 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4755 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:			

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4756 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:			

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4757 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).....▶	45.00
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 07 / 11 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4758 Amount of Each Disbursement this Period [] 60.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 08 / 06 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4759 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4760 Amount of Each Disbursement this Period [] 45.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 120.00
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 08 / 10 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4761 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4762 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4763 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 45.00
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 09 / 11 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4764	
City FOREST	State MS	Zip Code 39074	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement BANK FEE		Category/ Type	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. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4765	
City FOREST	State MS	Zip Code 39074	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement BANK FEE		Category/ Type	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. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018	
Mailing Address PO BOX 365		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4766	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 1181.25
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	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).....▶	1211.25
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

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2018

Mailing Address PO BOX 365

FEC Identification Number

C []
Transaction ID : SB21B.4767
 Amount of Each Disbursement this Period
 [] 1925.00

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING OF VIRGINIA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2018

Mailing Address PO BOX 365

FEC Identification Number

C []
Transaction ID : SB21B.4768
 Amount of Each Disbursement this Period
 [] 1793.75

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. ELITE FULFILLMENT SOLUTIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	13	/	2018

Mailing Address 5200 E GRAND AVE BLDG 3 STE 300A

FEC Identification Number

C []
Transaction ID : SB21B.4769
 Amount of Each Disbursement this Period
 [] 15.18

City DALLAS State TX Zip Code 75223

Purpose of Disbursement
DELIVERY

[]
Category/
Type

Candidate Name

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

Memo Item

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

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

[] 3733.93
 []

**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. ELITE FULFILLMENT SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 5200 E GRAND AVE BLDG 3 STE 300A		FEC Identification Number C [] Transaction ID : SB21B.4770 Amount of Each Disbursement this Period [] 48.49
City DALLAS	State TX	Zip Code 75223
Purpose of Disbursement DELIVERY		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. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4774 Amount of Each Disbursement this Period [] 44485.00
City NEW YORK	State NY	Zip Code 10166
Purpose of Disbursement LEGAL CONSULTING		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. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4775 Amount of Each Disbursement this Period [] 3325.00
City NEW YORK	State NY	Zip Code 10166
Purpose of Disbursement LEGAL CONSULTING		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).....▶	[] 47858.49
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 09 / 17 / 2018
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4776 Amount of Each Disbursement this Period [] 10640.00
City NEW YORK	State NY	Zip Code 10166
Purpose of Disbursement LEGAL CONSULTING		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. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [] Transaction ID : SB21B.4799 Amount of Each Disbursement this Period [] 3000.00
City SIMPSONVILLE	State SC	Zip Code 29681
Purpose of Disbursement MEDIA CONSULTING		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. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [] Transaction ID : SB21B.4805 Amount of Each Disbursement this Period [] 3000.00
City SIMPSONVILLE	State SC	Zip Code 29681
Purpose of Disbursement MEDIA CONSULTING		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).....▶	[] 16640.00
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

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

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [] Transaction ID : SB21B.4808 Amount of Each Disbursement this Period [] 3000.00	
City SIMPSONVILLE	State SC	Zip Code 29681	Category/ Type []
Purpose of Disbursement MEDIA CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 07 / 23 / 2018	
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB21B.4777 Amount of Each Disbursement this Period [] 24.00	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Category/ Type []
Purpose of Disbursement SUBSCRIPTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 22 / 2018	
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB21B.4778 Amount of Each Disbursement this Period [] 24.00	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Category/ Type []
Purpose of Disbursement SUBSCRIPTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3048.00
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. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C []

Transaction ID : SB21B.4779

Amount of Each Disbursement this Period

[] 24.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAKE TIAK O'KHATA RESORT

Mailing Address 213 SMYTH LAKE RD

City LOUISVILLE State MS Zip Code 39339

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2018

FEC Identification Number

C []

Transaction ID : SB21B.4781

Amount of Each Disbursement this Period

[] 370.60

Memo Item

Full Name (Last, First, Middle Initial)

C. LAKE TIAK O'KHATA RESORT

Mailing Address 213 SMYTH LAKE RD

City LOUISVILLE State MS Zip Code 39339

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2018

FEC Identification Number

C []

Transaction ID : SB21B.4782

Amount of Each Disbursement this Period

[] 103.55

Memo Item

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

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

[] 498.15

[]

**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. LEFT HAND DESIGN

Mailing Address 7233 MANCHACA RD #37

City AUSTIN State TX Zip Code 78745

Purpose of Disbursement GRAPHIC DESIGN

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
07 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4783
Amount of Each Disbursement this Period
840.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCLUSKEY, RIC, , ,

Mailing Address PO BOX 453

City MCLAIN State MS Zip Code 39456

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4801
Amount of Each Disbursement this Period
3976.60

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCLUSKEY, RIC, , ,

Mailing Address PO BOX 453

City MCLAIN State MS Zip Code 39456

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4807
Amount of Each Disbursement this Period
4649.92

Memo Item

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

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

9466.52

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

Form/Schedule: SB21B

Transaction ID : SB21B.4801

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB21B

Transaction ID: SB21B.4807

NO ADDITIONAL ITEMIZATION REQUIRED

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. MCCLUSKEY, RIC, , ,		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address PO BOX 453		FEC Identification Number C [REDACTED]	
City MCLAIN	State MS	Zip Code 39456	Transaction ID : SB21B.4811
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL		Category/ Type	Amount of Each Disbursement this Period 4048.40
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. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018	
Mailing Address 10332 MAIN ST #298		FEC Identification Number C [REDACTED]	
City FAIRFAX	State VA	Zip Code 22030	Transaction ID : SB21B.4784
Purpose of Disbursement MEDIA CONSULTING		Category/ Type	Amount of Each Disbursement this Period 3000.00
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:			

Full Name (Last, First, Middle Initial) C. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018	
Mailing Address 10332 MAIN ST #298		FEC Identification Number C [REDACTED]	
City FAIRFAX	State VA	Zip Code 22030	Transaction ID : SB21B.4785
Purpose of Disbursement SUBSCRIPTION/LIST PURCHASE		Category/ Type	Amount of Each Disbursement this Period 4750.00
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).....▶	11798.40
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.4811

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. 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

MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4786

Amount of Each Disbursement this Period

[REDACTED] 4770.00

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

MM / DD / YYYY
08 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4787

Amount of Each Disbursement this Period

[REDACTED] 4860.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
09 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4788

Amount of Each Disbursement this Period

[REDACTED] 3800.00

Memo Item

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

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

[REDACTED] 13430.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. RIGEL STRATEGIES		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 3948 LEGACY DR STE 106-282		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4827 Amount of Each Disbursement this Period [REDACTED] 38840.16
City PLANO	State TX	Zip Code 75023
Purpose of Disbursement PRE PAID MEDIA		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RIGEL STRATEGIES		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 3948 LEGACY DR STE 106-282		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4838 Amount of Each Disbursement this Period [REDACTED] 7500.00
City PLANO	State TX	Zip Code 75023
Purpose of Disbursement MEDIA PRODUCTION - NOT IE RELATED		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RIGEL STRATEGIES		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 3948 LEGACY DR STE 106-282		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4840 Amount of Each Disbursement this Period [REDACTED] 3750.00
City PLANO	State TX	Zip Code 75023
Purpose of Disbursement MEDIA PRODUCTION - NOT IE RELATED		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 50090.16
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. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4803

Amount of Each Disbursement this Period: 2692.89

Memo Item

B. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4804

Amount of Each Disbursement this Period: 3005.21

Memo Item

C. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4810

Amount of Each Disbursement this Period: 3552.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9251.04

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.4803

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB21B

Transaction ID: SB21B.4804

NO ADDITIONAL ITEMIZATION REQUIRED

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. LOWES		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018	
Mailing Address 1000 LOWES BLVD		FEC Identification Number C [] Transaction ID : SB21B.4810.1 Amount of Each Disbursement this Period [] 463.27	
City MOORESVILLE	State NC	Zip Code 28117	Category/ Type []
Purpose of Disbursement OFFICE SUPPLIES		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. U-HAUL		Date of Disbursement MM / DD / YYYY 07 / 10 / 2018	
Mailing Address 2727 N CENTRAL AVE		FEC Identification Number C [] Transaction ID : SB21B.4791 Amount of Each Disbursement this Period [] 184.95	
City PHOENIX	State AZ	Zip Code 85004	Category/ Type []
Purpose of Disbursement RENT		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. U-HAUL		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address 2727 N CENTRAL AVE		FEC Identification Number C [] Transaction ID : SB21B.4792 Amount of Each Disbursement this Period [] 184.95	
City PHOENIX	State AZ	Zip Code 85004	Category/ Type []
Purpose of Disbursement RENT		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶	[] 369.90
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. U-HAUL

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4793
Amount of Each Disbursement this Period
184.95

Memo Item

Full Name (Last, First, Middle Initial)

B. VOTER CONTACT SOLUTIONS

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4798
Amount of Each Disbursement this Period
10309.30

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

10494.25
240669.16

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 LEFT HAND DESIGN
Mailing Address 7233 MANCHACA RD #37
City AUSTIN State TX Zip Code 78745
Purpose of Expenditure GRAPHIC DESIGN
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Calendar Year-To-Date Per Election for Office Sought 12480.00
Date of Public Distribution/Dissemination 07/01/2018
Amount 420.00
Transaction ID : SE.4523
Date of Disbursement or Obligation 07/03/2018
Office Sought: Senate State: MS

Full Name of Payee LEFT HAND DESIGN
Mailing Address 7233 MANCHACA RD #37
City AUSTIN State TX Zip Code 78745
Purpose of Expenditure GRAPHIC DESIGN
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Calendar Year-To-Date Per Election for Office Sought 14007.02
Date of Public Distribution/Dissemination 07/27/2018
Amount 900.00
Transaction ID : SE.4675
Date of Disbursement or Obligation 07/26/2018
Office Sought: Senate State: MS

(a) SUBTOTAL of Itemized Independent Expenditures 1320.00
(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]

Date 10/15/2018

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: LEFT HAND DESIGN
Mailing Address: 7233 MANCHACA RD #37
City: AUSTIN, State: TX, Zip Code: 78745
Purpose of Expenditure: GRAPHIC DESIGN
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought: 14307.02
Date of Public Distribution/Dissemination: 07/27/2018
Amount: 300.00
Transaction ID: SE.4676
Date of Disbursement or Obligation: 07/26/2018
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 PRODUCTION
Name of Federal Candidate: HYDE-SMITH, CINDY, ,
Calendar Year-To-Date Per Election for Office Sought: 22686.05
Date of Public Distribution/Dissemination: 08/10/2018
Amount: 7500.00
Transaction ID: SE.4679
Date of Disbursement or Obligation: 08/09/2018
Office Sought: Senate, State: MS

(a) SUBTOTAL of Itemized Independent Expenditures: 7800.00
(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]

Date: 10/15/2018

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
DIGITAL MEDIA Category/
Type

Date of Public Distribution/Dissemination
08 / 10 / 2018
Amount
13903.34
Transaction ID : SE.4680
Date of Disbursement or Obligation
08 / 09 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, , ,
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
36589.39

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 Category/
Type

Date of Public Distribution/Dissemination
08 / 13 / 2018
Amount
13903.33
Transaction ID : SE.4685
Date of Disbursement or Obligation
08 / 09 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, , ,
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
50492.72

Office Sought:
House District: 00
President Senate State: MS
Disbursement For:
Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 27806.67
(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 / 15 / 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 TV MEDIA
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Calendar Year-To-Date Per Election for Office Sought 87881.22
Date of Public Distribution/Dissemination 08/13/2018
Amount 37388.50
Transaction ID : SE.4686
Date of Disbursement or Obligation 08/09/2018
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 PRODUCTION
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Calendar Year-To-Date Per Election for Office Sought 95381.22
Date of Public Distribution/Dissemination 08/13/2018
Amount 7500.00
Transaction ID : SE.4687
Date of Disbursement or Obligation 08/09/2018
Office Sought: Senate State: MS

(a) SUBTOTAL of Itemized Independent Expenditures 44888.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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BARNETT, TOMMY, , ,

[Electronically Filed]

Date 10/15/2018

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
DIGITAL MEDIA Category/
Type

Date of Public Distribution/Dissemination
08 / 17 / 2018
Amount
6951.67
Transaction ID : SE.4700
Date of Disbursement or Obligation
08 / 09 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, , ,
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
102332.89

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
MEDIA PRODUCTION Category/
Type

Date of Public Distribution/Dissemination
08 / 17 / 2018
Amount
3750.00
Transaction ID : SE.4699
Date of Disbursement or Obligation
08 / 17 / 2018

Name of Federal Candidate:
HYDE-SMITH, CINDY, , ,
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
106082.89

Office Sought:
House District: 00
President Senate State: MS
Disbursement For:
Primary General
Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 10701.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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BARNETT, TOMMY, , ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

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

NAME OF COMMITTEE (In Full) REMEMBER MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00641423 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item SERVICE PRINTERS INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 27 / 2018</div>
Mailing Address 1014 FLOWOOD DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">313.51</div>
City FLOWOOD State MS Zip Code 39232		
Purpose of Expenditure PRINTING Category/Type 		Transaction ID : SE.4666 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2018</div>
Name of Federal Candidate: HYDE-SMITH, CINDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 12793.51		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

Full Name of Payee <input type="checkbox"/> Memo Item SERVICE PRINTERS INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 27 / 2018</div>
Mailing Address 1014 FLOWOOD DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">313.51</div>
City FLOWOOD State MS Zip Code 39232		
Purpose of Expenditure PRINTING Category/Type 		Transaction ID : SE.4668 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2018</div>
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 13107.02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">627.02</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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

BARNETT, TOMMY, , ,

[Electronically Filed]

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

10 / 15 / 2018

Signature

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

NAME OF COMMITTEE (In Full) REMEMBER MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00641423 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item SERVICE PRINTERS INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2018	
Mailing Address 1014 FLOWOOD DR		Amount 741.00	
City FLOWOOD	State MS	Zip Code 39232	Transaction ID : SE.4669
Purpose of Expenditure PRINTING		Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2018
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		15048.02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

Full Name of Payee <input type="checkbox"/> Memo Item SERVICE PRINTERS INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2018	
Mailing Address 1014 FLOWOOD DR		Amount 138.03	
City FLOWOOD	State MS	Zip Code 39232	Transaction ID : SE.4670
Purpose of Expenditure PRINTING		Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2018
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		15186.05	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

(a) SUBTOTAL of Itemized Independent Expenditures ▶	879.03
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	0.00
(c) TOTAL Independent Expenditures ▶	94022.89

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BARNETT, TOMMY, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 Signature 10 / 15 / 2018