

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Mississippi Republican Party

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00084368 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y Y Y 10 / 31 / 2015

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

Type or Print Name of Treasurer Paul V. Breazeale

Signature of Treasurer Paul V. Breazeale [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Mississippi Republican Party**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="50086.71"/>	<input type="text" value="50086.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47899.53"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="49648.24"/>	<input type="text" value="350001.28"/>
(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="97547.77"/>	<input type="text" value="400087.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43292.73"/>	<input type="text" value="345842.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54255.04"/>	<input type="text" value="54245.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="8107.09"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Mississippi Republican Party**

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

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).....	37680.00	228960.00
(ii) Unitemized .....	8716.00	96019.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46396.00	324979.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	48396.00	341979.98
12. Transfers From Affiliated/Other Party Committees.....	1250.00	2500.00
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.).....	2.24	1521.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	4000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	4000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49648.24	350001.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49648.24	346001.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	4892.92	37131.11
(ii) Non-Federal Share.....	12581.77	67825.44
(b) Other Federal Operating Expenditures .....	12001.17	130679.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	29475.86	235635.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	13816.87	110207.19
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	13816.87	110207.19
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43292.73	345842.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30710.96	278017.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	48396.00	341979.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48396.00	341979.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16894.09	167810.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16894.09	167810.32

**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 46
<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)  
**Mississippi Republican Party**

**A. Billy Van Devender**  
Full Name (Last, First, Middle Initial)  
Mailing Address Post Office Box 5327

City Jackson	State MS	Zip Code 39296-5327
FEC ID number of contributing federal political committee. C		
Name of Employer Southeastern Timber Products, LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
10 / 09 / 2015  
Transaction ID : **A729AE8793F654F04966**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**

**B. Steve R Adams**  
Full Name (Last, First, Middle Initial)  
Mailing Address Post Office Box 624

City Carrollton	State GA	Zip Code 30112-0012
FEC ID number of contributing federal political committee. C		
Name of Employer Southeast Trans	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt  
10 / 09 / 2015  
Transaction ID : **AFC83274C43A24E569C4**

Amount of Each Receipt this Period  
5000.00

**C. Southeastern Timber Products, LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address Post Office Box 5327

City Jackson	State MS	Zip Code 39296-5327
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt  
10 / 09 / 2015  
Transaction ID : **AD8A161053ED14B9E9C5**

Amount of Each Receipt this Period  
2500.00

Partnership

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14 Mary Lee Ln

City Starkville State MS Zip Code 39759-5547

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AF3566A5E1871425B8E3**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 3109 Circle Hill Road

City Alexandria State VA Zip Code 22305-1607

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

Name of Employer Occupation  
Miss State President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AD2323C69B71E473483B**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 807 Hickory Avenue

City Mc Comb State MS Zip Code 39648-2213

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AD8C4DEE2BF734362989**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 8 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address P. O. Box 1363

City Columbus	State MS	Zip Code 39703-1363
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Real Estate
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : AADA4666C4A644F4F9F7**

Amount of Each Receipt this Period  
250.00

**B. Ken McCullough**  
Full Name (Last, First, Middle Initial)

Mailing Address 431 Cherokee Dr.

City Oxford	State MS	Zip Code 38655
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Real Estate
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : AA343529EF2044615A3B**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P. O. Box 605

City Magee	State MS	Zip Code 39111-0605
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : AB77F52856B524DD6A65**

Amount of Each Receipt this Period  
25.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address P. O. Drawer 272

City Leland State MS Zip Code 38756

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

Name of Employer Self Occupation Realtor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : AF8B3469270554B009C8**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address P. O. Box 2090

City Meridian State MS Zip Code 39302-2090

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

Name of Employer Self Occupation CPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : A5C498BD49FAF41509C2**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. H. T. Miller, III**

Mailing Address 291 W. Park Avenue

City Drew State MS Zip Code 38737-3344

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

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : AF624904523174A9D8F9**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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 10 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charlie Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 946

City Senatobia	State MS	Zip Code 38668
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A097DC4B9DECB4C879E#**

Amount of Each Receipt this Period  
100.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : AEF138433392A4092AB7**

Amount of Each Receipt this Period  
25.00

**c. C. Ray Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 372 Sundial Road

City Madison	State MS	Zip Code 39110-8772
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2965F96E65FF4433BC4**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 114 Main Street

City Natchez State MS Zip Code 39120

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

Name of Employer Self Occupation Real Estate Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : AB527F69F35094152A7B**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5720 Ridge Road

City Ocean Springs State MS Zip Code 39564

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A07BDC635F4FD430CB8E**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 4450 Old Canton Rd., Ste. 203

City Jackson State MS Zip Code 39211

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A2A4FF8B0DEDB4D038C6**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 12 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 357 Kiowa Drive

City Madison State MS Zip Code 39110

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

Name of Employer Bomgar Corporation Occupation Founder & CEO

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  
 10 / 16 / 2015

**Transaction ID : ACBEE64E6E7394814A69**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 205 Willow Crest Cove

City Brandon State MS Zip Code 39047

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

Name of Employer MS Sec of State Occupation Special Asst.

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  
 10 / 16 / 2015

**Transaction ID : ACD55939FC80742528D1**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 1102 East Myrtle

City Philadelphia State MS Zip Code 39350-2316

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

Name of Employer Historical Monument Rest. Comm Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A300574E7919343E7BE3**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A. Kenneth Platt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Allison Ln  
 City Jayess State MS Zip Code 39641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Electrical Consultant  
 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  
 10 / 16 / 2015  
**Transaction ID : ACEBBD7B9C4A643198A4**  
 Amount of Each Receipt this Period  
 200.00

**B. Greg Snowden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 3807  
 City Meridian State MS Zip Code 39303-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A979751835657405492E**  
 Amount of Each Receipt this Period  
 30.00

**C. Geraldine Donovan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 Weathersby Road  
 City Hattiesburg State MS Zip Code 39402-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A95128936BC37428FBAF**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 569 N Old Canton Rd

City Madison State MS Zip Code 39110-8111

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : **A5E7FF4AF30EE44B19F4**

Amount of Each Receipt this Period  
95.00

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

Mailing Address 129 Woodland Circle

City Jackson State MS Zip Code 39216-4194

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

Name of Employer Self Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4250.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : **A484CC80EB03D4BB98ED**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 4406 Audobon Trail

City Biloxi State MS Zip Code 39532-9107

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

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : **A84B91428B4034949880**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

**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 15 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 648 Dogwood Drive

City State Zip Code  
Yazoo City MS 39194

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5100.00

Date of Receipt  
 /  /   
**Transaction ID : A72966060BC654317AF6**

Amount of Each Receipt this Period

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

Mailing Address 2111 Bienville Boulevard

City State Zip Code  
Ocean Springs MS 39564-3001

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
 /  /   
**Transaction ID : AA9F0433EFA8148ACBE0**

Amount of Each Receipt this Period

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

Mailing Address P.O. Box 1199

City State Zip Code  
Cleveland MS 38732

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : A04D2F0F83A8D4D8DA3C**

Amount of Each Receipt this Period

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

**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 16 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Gloria M. Walker**

Mailing Address 3974 Dogwood Drive

City Jackson State MS Zip Code 39211-6703

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A4131BAD97375432CBD2**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Joellen Canizaro**

Mailing Address 909 Poidras St.

City New Orleans State LA Zip Code 70112

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A64C24F412D61453983F**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 337 Clark Ave.

City Eupora State MS Zip Code 39744

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

Name of Employer N/A Occupation Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A45619374649C4A8DAD5**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6025.00

**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 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 337 Clark Ave.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A1205607CA6AE432AAF1**

Amount of Each Receipt this Period  
250.00

**B. Donald R. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 15018 New Zion Road

City Crystal Springs	State MS	Zip Code 39059-8838
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : AE70D8B0FD6B840FE8AF**

Amount of Each Receipt this Period  
20.00

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

Mailing Address P. O. Box 537

City Brookhaven	State MS	Zip Code 39602-0000
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A98F94E3A0E1D43C7A6E**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Hidden Heights  
 City State Zip Code  
 Ridgeland MS 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Taylor Industries, LLC Engineer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : AFECA757A769145B3B1A**  
 Amount of Each Receipt this Period  
 400.00

**B. John Perkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 S Jackson Street  
 City State Zip Code  
 Brookhaven MS 39601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A76F7163118A74966AC1**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert T. Hardeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 Robert E. Lee Drive  
 City State Zip Code  
 Greenwood MS 38930-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : AB4874A8114854699A9D**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. V. Jack Stephens Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 17977  
 City Natchez State MS Zip Code 39122-7977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stephens & Hobby, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : A2D30C679F59940DE86A**  
 Amount of Each Receipt this Period  
**200.00**

**B. Edwin Brent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 8  
 City Greenville State MS Zip Code 38702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : A1A2E42A28AF94454BD8**  
 Amount of Each Receipt this Period  
**25.00**

**C. Karl Cornwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4644 East Drive  
 City Belden State MS Zip Code 38826-9516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : AE90C3C6B716640B4928**  
 Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 20 OF 46  
(check only one)

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

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

Mailing Address P. O. Box 227

City Yazoo City State MS Zip Code 39194-0227

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AEDFB5802F9584506915**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P. O. Box 1245

City Pascagoula State MS Zip Code 39568-1245

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A004138BADCF748679AA**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 206 Sunrise Point Drive

City Brandon State MS Zip Code 39042-6526

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AD1CE030249544161821**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bill Gresham, III**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 690

City Indianola	State MS	Zip Code 38751-0690
-------------------	-------------	------------------------

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

Name of Employer Gresham Petro, Co.	Occupation Oil Merchant
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A5FA30EAC922B42D0B44**

Amount of Each Receipt this Period  
250.00

**B. W. P. Bridges, Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1904 Lakeland Drive  
attn: Nancy

City Jackson	State MS	Zip Code 39216-5038
-----------------	-------------	------------------------

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

Name of Employer Bridges Mortgage Co.	Occupation Mortgage Co. Exec.
--	----------------------------------

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
10	/	16	/	2015

**Transaction ID : A4023E3B9D87C427598E**

Amount of Each Receipt this Period  
1250.00

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

City Calhoun City	State MS	Zip Code 38916
----------------------	-------------	-------------------

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

Name of Employer Senator Trent Lott	Occupation Staff Ass't
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A3A6B28E4E0094CE4895**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1295.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Thad Cochran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Dirkson Senate Office  
 City Washington State DC Zip Code 20510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United States Senate Occupation U. S. Senator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : AA4B43A4608C44BB7BC2**  
 Amount of Each Receipt this Period  
 250.00

**B. Andrew Taggart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 Chapel Lane  
 City Madison State MS Zip Code 39110-9069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Corp. Relations Mgt. Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : A0ACD3D3963D04EB29A4**  
 Amount of Each Receipt this Period  
 250.00

**C. Lanny Griffith, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 Oakland Terrace  
 City Alexandria State VA Zip Code 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barbour, Griffith & Rogers Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : A60E5007F4ADA4613A74**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. S. F. Carlisle**

Mailing Address 100 Summer Place

City Hattiesburg State MS Zip Code 39402

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

Name of Employer State Farm Ins. Occupation Agency Mgr.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A970791CA7F8D4E6D869**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Charles Pickering**

Mailing Address 117 Dixon Drive

City Taylorsville State MS Zip Code 39168

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

Name of Employer Baker Donelson Attorneys Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AAE69B08808E64A97866**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 8 Carpenter Dr.

City Burnsville State MS Zip Code 38833

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

Name of Employer State Of Mississippi Occupation House of Representatives

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A3DC491AF46BB4E5DB93**

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 310 Oliver Dr.

City Brookhaven State MS Zip Code 39601

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

Name of Employer State Bank & Trust Co. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A7C000081D75D4737B79**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 232 E. Semmes Street

City Canton State MS Zip Code 39046-4530

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

Name of Employer Herring Long and Crews Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A988345DCE7AE476DB00**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 104 Boxwood Cove

City Brandon State MS Zip Code 39047

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

Name of Employer SkyTel Occupation Project Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A726C93B0E4214EDBB27**

Amount of Each Receipt this Period  
25.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Noel Coward**  
Full Name (Last, First, Middle Initial)

Mailing Address 10576 Cambrooke Cv

City Collierville State TN Zip Code 38017-3600

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

Name of Employer Cellular South Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : AA22303BDB86644DC88E**

Amount of Each Receipt this Period  
**300.00**

**B. Haley Barbour**  
Full Name (Last, First, Middle Initial)

Mailing Address 648 Dogwood Drive

City Yazoo City State MS Zip Code 39194-8205

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

Name of Employer Butler, Snow And O'mara Occupation Development Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : AB0E0F170344F4E559DC**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 909 Poydras St. Ste. 1700

City New Orleans State LA Zip Code 70112

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

Name of Employer Columbus Properties Occupation Executive

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  
 10 / 16 / 2015

**Transaction ID : AD22097BCEFAF4C73856**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **5055.00**

**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 26 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 685 Woodland Drive

City Yazoo City State MS Zip Code 39194

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

Name of Employer Capitol Resources, LLC Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : AD398B28D4A05487893**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 206 Breezy Hill Drive

City Madison State MS Zip Code 39110

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

Name of Employer Associate Resources Group Occupation Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A639C4037582B48C2BF0**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**c. Clody and Associates LLC**

Mailing Address 4406 Audubon Trail

City Biloxi State MS Zip Code 39532-9107

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : A150874495C6848A0ADC**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1090.00

**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 27 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2314 E. Manor Drive

City Jackson State MS Zip Code 39211-6209

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

Name of Employer Comp. Ins. Svcs. Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : A5BA7564DE0884901B38**

Amount of Each Receipt this Period 250.00

**B. Frank W Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 819

City Gulfport State MS Zip Code 39502-0819

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

Name of Employer Hancock Bank Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : A5253E2BFCDE049EF8C8**

Amount of Each Receipt this Period 250.00

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

Mailing Address 9114 Victoria Circle

City Gulfport State MS Zip Code 39503

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

Name of Employer Hancock Bank Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : AAFFEE9DD29F1496E906**

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gregory L Fairey**  
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 1842

City Gulfport State MS Zip Code 39502-1842

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

Name of Employer Nicholson & Company Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : AB3A25AA7FA104906A6C**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1404 - 32nd Street

City Laurel State MS Zip Code 39440-1415

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : A414E814BD2374740B9F**

Amount of Each Receipt this Period  
100.00

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

Mailing Address P.O. Box 520

City Gulfport State MS Zip Code 39502

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

Name of Employer Self Occupation Construction

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : ABCA21A34F4244EA0879**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Terry Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2788  
 City State Zip Code  
 Sugar Land TX 77487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Island View Business Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : AAAAA01EA564A46D0840**  
 Amount of Each Receipt this Period  
 5000.00

**B. Laura Peebles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1600  
 City State Zip Code  
 Gulfport MS 39502-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Island View Financial Controller  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : A21E95689359C4D0EB06**  
 Amount of Each Receipt this Period  
 5000.00

**C. Randy Rushing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 424  
 City State Zip Code  
 Decatur MS 39327-0424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MS House of Representatives Legislator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : AAA54A198C4E045A398E**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Julius Ridgway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 195  
 City Ridgeland State MS Zip Code 39158-0195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Oil & Gas  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **290.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : AE80A92A0D84340FF92B**  
 Amount of Each Receipt this Period **100.00**

**B. Ed Blakeslee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 52nd St.  
 City Gulfport State MS Zip Code 39507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : ACB74A71F201445F4B79**  
 Amount of Each Receipt this Period **500.00**

**C. Ronald Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 Lake Circle  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : A91FBDC7ED68B41D8BA9**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. M. M. Randolph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7020 Highway 35 South  
 City State Zip Code  
 Batesville MS 38606-9539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : A85A678232B964C1CAC8**  
 Amount of Each Receipt this Period  
 100.00

**B. Catherine Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12100 Kent Ave.  
 City State Zip Code  
 Gulfport MS 39503-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Homemaker  
 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  
 10 / 27 / 2015  
**Transaction ID : A2463D374D4F2412BA0D**  
 Amount of Each Receipt this Period  
 150.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	37680.00

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

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

FOR LINE NUMBER: PAGE 32 OF 46  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address 9900 BREN ROAD EAST

City MINNETONKA	State MN	Zip Code 55343
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

**Transaction ID : AD0B3A697C394421787B**

Amount of Each Receipt this Period  

2000.00
---------

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00



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

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

FOR LINE NUMBER: PAGE 33 OF 46  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

**A. Republican National Committee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 First Street, S.E.  
City Washington State DC Zip Code 20003-1885  
FEC ID number of contributing federal political committee. **C** C00003418  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015  
**Transaction ID : A957B948713BE4286BFA**  
Amount of Each Receipt this Period  
1250.00

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

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

Mailing Address P. O. Box 23082

City Jackson State MS Zip Code 39225-3082

Purpose of Disbursement  
001-Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **BF61901A74A214C25AC7**

Amount of Each Disbursement this Period

916.44

Full Name (Last, First, Middle Initial)

**B. ADP, Inc.**

Mailing Address 5680 New Northside Drive

City Atlanta State GA Zip Code 30328-4668

Purpose of Disbursement  
Payroll correction to be refunded

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **BB88C3E4AA0474F449D8**

Amount of Each Disbursement this Period

1636.18

Full Name (Last, First, Middle Initial)

**C. Mississippi Department of Revenue**

Mailing Address P. O. Box 960

City Jackson State MS Zip Code 39205-0960

Purpose of Disbursement  
001-Payroll taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **B2CF9FFE06C014565870**

Amount of Each Disbursement this Period

421.00

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

2973.62

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Aristotle Publishing, Inc.**

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
003-Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : B512AEA7DAA23421C82A**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address P. O. Box 70503

City Charlotte State NC Zip Code 28272-0503

Purpose of Disbursement  
001-Payroll taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : BDEB9927E52CC4354AEF**

Amount of Each Disbursement this Period

2725.15

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address P. O. Box 70503

City Charlotte State NC Zip Code 28272-0503

Purpose of Disbursement  
001-Payroll taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : B52E81E1A49C049398AE**

Amount of Each Disbursement this Period

2321.74

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

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

5051.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mississippi Department of Employment Security**

Mailing Address P O Box 22781

City Jackson State MS Zip Code 39225-2781

Purpose of Disbursement  
001-Payroll taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : B01E6F1980D0B46A7A85**

Amount of Each Disbursement this Period

16.80

Full Name (Last, First, Middle Initial)

**B. PolitiCap**

Mailing Address 134 Cedar Woods

City Madison State MS Zip Code 39110-6504

Purpose of Disbursement  
001-Fundraising Consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

**Transaction ID : BA27AADAE9F443C595A**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. ADP, Inc.**

Mailing Address 5680 New Northside Drive

City Atlanta State GA Zip Code 30328-4668

Purpose of Disbursement  
001-Payroll Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : BC28596A7FBE347EEB46**

Amount of Each Disbursement this Period

105.61

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

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

3622.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Frontier Strategies, LLC**

Mailing Address P.O. Box 13292

City Jackson State MS Zip Code 39236-3292

Purpose of Disbursement  
Victory Fund 2015 Expenditure

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : B868E58BDA458479F8C2

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Community Bank - Brandon**

Mailing Address P. O. Box 1869

City Brandon State MS Zip Code 39043-1869

Purpose of Disbursement  
001-Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : BAC53B34A490F46F9834

Amount of Each Disbursement this Period

25.95

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

325.95

11973.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : B6F7315F030314B2AA3D

Amount of Each Disbursement this Period

793.09

Full Name (Last, First, Middle Initial)

**B. Michelle Marston**

Mailing Address 176 River Park Drive

City Jackson State MS Zip Code 39202-1842

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : B61396AE3FFA042F1AB9

Amount of Each Disbursement this Period

1275.77

Full Name (Last, First, Middle Initial)

**C. Spencer M Ritchie**

Mailing Address 924 Arlington Street

City Jackson State MS Zip Code 39202-1620

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : B0E5C1C7FFB794790B27

Amount of Each Disbursement this Period

3347.17

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

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

5416.03

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Gregory K Hoff Jr.**

Mailing Address 404 Eastpointe Cove

City Madison State MS Zip Code 39110-7845

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **BF4FC9457B0B04C00A6D**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Michelle Marston**

Mailing Address 176 River Park Drive

City Jackson State MS Zip Code 39202-1842

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **B66B396CE92D847A094F**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **BD421CDFF9FAD4E26BFC**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Spencer M Ritchie**

Mailing Address 924 Arlington Street

City Jackson State MS Zip Code 39202-1620

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : B95F1193AA62F4441BAD

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Catherine Peyton**

Mailing Address 3 Santa Clara Court

City Madison State MS Zip Code 39110-9127

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : B3C76880D1886490C87B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Michelle Marston**

Mailing Address 176 River Park Drive

City Jackson State MS Zip Code 39202-1842

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : B04BF8DAD91C04675B86

Amount of Each Disbursement this Period

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

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



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 46
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 16959.11	<b>Transaction ID : DD8ECF6DA077541C99F0</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16959.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>First Bankcard</b>	Nature of Debt (Purpose): Credit card debt incurred on 02.28.15
Mailing Address P.O. Box 2557	
City State Zip Code Omaha NE 68103-2557	

Outstanding Balance Beginning This Period 3591.40	<b>Transaction ID : DED6E7E0B6C824195ACC</b>	
Amount Incurred This Period 2160.35	Payment This Period 14603.77	Outstanding Balance at Close of This Period -8852.02

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	8107.09
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	8107.09
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	8107.09

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

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)  
 Mississippi Republican Party

Transaction ID : H1322ec5cef1e41ee87

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

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

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

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

**Flat Minimum Federal Percentage**

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

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

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

This ratio applies to (check all that apply):

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

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Mississippi Republican Party**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H9AD59A8FE97B429C8E0</b> <b>U. S. Postmaster</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address General Mail Facility		Allocated Activity or Event Year-To-Date 77367.98	
City State Zip Code Jackson MS 39201	Category/Type	Date 10 / 09 / 2015	
Purpose of Disbursement: 001-Postage	[ ]	[ ]	
Activity or Event Identifier: <b>Administrative</b>	[ ]	[ ]	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
[ ] 42.00 [ ] 108.00 [ ] 150.00			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H0795F54EDBE44945965</b> <b>Comcast</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 105184		Allocated Activity or Event Year-To-Date 77367.98	
City State Zip Code Atlanta GA 30348-5184	Category/Type	Date 10 / 09 / 2015	
Purpose of Disbursement: 001-Cable	[ ]	[ ]	
Activity or Event Identifier: Administrative	[ ]	[ ]	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
[ ] 81.72 [ ] 210.12 [ ] 291.84			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : HFCFBE6F1733E4402B5C</b> <b>Waste Management of Jackson MS Hauling</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 9001054		Allocated Activity or Event Year-To-Date 77367.98	
City State Zip Code Louisville KY 40290-1054	Category/Type	Date 10 / 09 / 2015	
Purpose of Disbursement: 001-Waste Management	[ ]	[ ]	
Activity or Event Identifier: Administrative	[ ]	[ ]	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
[ ] 18.74 [ ] 48.20 [ ] 66.94			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ ] 142.46		[ ] 366.32		[ ] 508.78

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

Form A: FP Mailing Solutions. Transaction ID: HC4AE329BA82244348BE. Allocated Activity or Event: Administrative. Date: 10/09/2015. Total Amount: 131.85.

Form B: Signs First. Transaction ID: HB5811399646444B4A40. Allocated Activity or Event: Administrative. Date: 10/13/2015. Total Amount: 1609.20.

Form C: Atmos Energy. Transaction ID: HC08019526B28432CA8D. Allocated Activity or Event: Administrative. Date: 10/19/2015. Total Amount: 81.30.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 510.26, 1312.09, 1822.35.

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

A. Full Name (Last, First, Middle Initial) <b>Entergy</b>		Transaction ID : H91F54730F4E549B9852		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P. O. Box 8105				Allocated Activity or Event Year-To-Date 94202.04	
City Baton Rouge	State LA	Zip Code 70891-8105		Date 10 / 19 / 2015	
Purpose of Disbursement: 001-Electricity		Category/ Type			
Activity or Event Identifier: <b>Administrative</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
130.89			336.56		467.45

B. Full Name (Last, First, Middle Initial) <b>City Services Center</b>		Transaction ID : HF1CC7E5432CF4A2487A		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Payment Processing Center P.O. Box 1595				Allocated Activity or Event Year-To-Date 94202.04	
City Jackson	State MS	Zip Code 39215-1595		Date 10 / 19 / 2015	
Purpose of Disbursement: 001-Water/Sewer		Category/ Type			
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
20.26			52.08		72.34

C. Full Name (Last, First, Middle Initial) <b>First Bankcard</b>		Transaction ID : H8611F131DDB2457C8E9		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 2557				Allocated Activity or Event Year-To-Date 94202.04	
City Omaha	State NE	Zip Code 68103-2557		Date 10 / 19 / 2015	
Purpose of Disbursement: 001-Credit Card Payment		Category/ Type			
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1125.42			2893.95		4019.37

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1276.57		3282.59		4559.16

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Mississippi Republican Party

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : HA4E9A536FB87427CB28** Allocated Activity or Event:

**First Bankcard**  Administrative  Fundraising  Exempt

Mailing Address P.O. Box 2557  Voter Drive  Direct Candidate Support

City State Zip Code  Public Comm (ref to party only) by PAC

Omaha NE 68103-2557

Purpose of Disbursement: 001-Credit Card Payment

Activity or Event Identifier: **Administrative** Category/Type

Allocated Activity or Event Year-To-Date: 94202.04

Date: 10 / 19 / 2015

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1283.63		3300.77		4584.40

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : H948D94EAC08744B98C0** Allocated Activity or Event:

**First Bankcard**  Administrative  Fundraising  Exempt

Mailing Address P.O. Box 2557  Voter Drive  Direct Candidate Support

City State Zip Code  Public Comm (ref to party only) by PAC

Omaha NE 68103-2557

Purpose of Disbursement: 001-Credit Card Payment

Activity or Event Identifier: **Administrative** Category/Type

Allocated Activity or Event Year-To-Date: 94202.04

Date: 10 / 19 / 2015

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1680.00		4320.00		6000.00

**C.** Full Name (Last, First, Middle Initial) Allocated Activity or Event:

Mailing Address  Administrative  Fundraising  Exempt

City State Zip Code  Voter Drive  Direct Candidate Support

Purpose of Disbursement:  Public Comm (ref to party only) by PAC

Activity or Event Identifier: Category/Type

Allocated Activity or Event Year-To-Date:

Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2963.63		7620.77		10584.40

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
4892.92		12581.77		17474.69