

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
PALAZZO FOR CONGRESS

ADDRESS (number and street) 13155 HIGHWAY 67 SUITE B
 Check if different than previously reported. (ACC) BILOXI MS 39532

2. **FEC IDENTIFICATION NUMBER** C C00477323 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) MS 04

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 06 / 03 / 2014 in the State of MS
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 2014

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 10 / 15 / 2014

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 3 (Revised 02/2003)

PAGE 2 / 135

Write or Type Committee Name

PALAZZO FOR CONGRESS

Report Covering the Period: From: / / 2014 To: / / 2014

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 188655.48 | 675455.44 |
| (b) Total Contribution Refunds (from Line 20(d)) | 400.00 | 5350.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 188255.48 | 670105.44 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 311049.83 | 685943.79 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1823.08 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 311049.83 | 684120.71 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 279803.41 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 7362.94 | |

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 3 (Revised 12/2003)

Write or Type Committee Name

PALAZZO FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 145212.48 | 302487.48 |
| (ii) Unitemized..... | 5943.00 | 8316.14 |
| (iii) TOTAL of contributions from individuals ▶ | 151155.48 | 310803.62 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 37500.00 | 364651.82 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 188655.48 | 675455.44 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 4868.86 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 1823.08 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 188655.48 | 682147.38 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 311049.83 | 685943.79 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 2000.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 400.00 | 2350.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 3000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 400.00 | 5350.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 311449.83 | 693293.79 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 402597.76 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 188655.48 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 591253.24 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 311449.83 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 279803.41 |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mike Alise

Mailing Address 1595 Lucius St.

City Biloxi State MS Zip Code 39522

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

Name of Employer Gulf Coast Produce Distributor Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.16611

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
R. J. Armstrong

Mailing Address 224 Armstrong Rd

City Columbia State MS Zip Code 39429

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

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16392

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Derek Arrington

Mailing Address 14 Amen Corner

City Hattiesburg State MS Zip Code 39401

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

Name of Employer Jackson,Bowman,&Arrington Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2014

Transaction ID : SA11AI.16559

Amount of Each Receipt this Period
250.00

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

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

1550.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Derek Arrington

Mailing Address 14 Amen Corner

City Hattiesburg State MS Zip Code 39401

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

Name of Employer Jackson, Bowman, & Arrington Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.16393

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Roger Bacon

Mailing Address 101 Wycliff Ct.

City Slidell State LA Zip Code 70461

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

Name of Employer Mossy Auto Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.16609

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Randy Bardwell

Mailing Address 18240 Robinwood Dr.

City Saucier State MS Zip Code 39574

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

Name of Employer Seemann Composites Occupation Plant Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16482

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shane Barnett

Mailing Address 1400 Walnut Street

City: Waynesboro State: MS Zip Code: 39367

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

Name of Employer: Board of Alderman Occupation: Appraiser

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 04 / 17 / 2014

Transaction ID : SA11AI.16549

Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Donald W. Bates Jr.

Mailing Address 321 E. Fulton Street

City: Canton State: MS Zip Code: 39046

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

Name of Employer: Thompson Engineering Occupation: Area Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 12 / 2014

Transaction ID : SA11AI.17002

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Julie Baugh

Mailing Address 5 Chandeaur Pt.

City: Hattiesburg State: MS Zip Code: 39402

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

Name of Employer: Baugh & Company, P.A. Occupation: CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 24 / 2014

Transaction ID : SA11AI.16443

Amount of Each Receipt this Period: 250.00

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

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

950.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pepper Beckman

Mailing Address 1229 Windmille Dr.

City Meridian State MS Zip Code 39305

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

Name of Employer: Dunn Roadbuilders LLC Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.16367

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Robert R. Beisner

Mailing Address 895 NE Addison Court

City Hillsboro State OR Zip Code 97124

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

Name of Employer: Stion Corporation Occupation: Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16451

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Rodney Blackwell

Mailing Address 3405 Southaven Drive

City Hattiesburg State MS Zip Code 39402

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16339

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles C. Blalack

Mailing Address 9012 Suntree Ln

City State Zip Code
Gulfport MS 39503-6137

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

Name of Employer Occupation
Business Services Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.16334

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Donald T. Bollinger

Mailing Address P.O. Box 250

City State Zip Code
Lockport LA 70374

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

Name of Employer Occupation
Bollinger Shipyards, Inc. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.16374

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Timothy P. Bonura

Mailing Address 535 Betz Pl.

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
All South Consulting Engineers Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.16414

Amount of Each Receipt this Period
250.00

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

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

3350.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 OF 135 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> 15 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeff Bowman

Mailing Address 102 Wild Meadows

City Hattiesburg State MS Zip Code 39402

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

Name of Employer South MS Electric Power Assoc. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16448

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Keith Boyles

Mailing Address P.O. Box 705

City Waynesboro State MS Zip Code 39367

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

Name of Employer Rayonier Forest Resource Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.16542

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Marshall R. Bradley

Mailing Address 201 Little Gull St.

City Slidell State LA Zip Code 70461

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

Name of Employer PSI Occupation Associate VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16354

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wesley Breland

Mailing Address 104 Danbury Lane

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Self Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16446

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Charles E. Brett

Mailing Address 31 Brett Ridge Rd

City Laurel State MS Zip Code 39443

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.16369

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Sue Bridges

Mailing Address 40 Smith Holifield Rd

City Laurel State MS Zip Code 39443

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

Name of Employer Internat'l Fire Extinguisher Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.16511

Amount of Each Receipt this Period
 1000.00

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

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

1800.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) David M Burckel | | Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014 | |
| Mailing Address 67 Dover Trace | | Transaction ID : SA11AI.16338 | |
| City Hattiesburg | State MS | Zip Code 39401 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer Southern Develop Resources | Occupation CEO | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) Hilary Burroughs | | Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014 | |
| Mailing Address 7 Ashton Court | | Transaction ID : SA11AI.16343 | |
| City Laurel | State MS | Zip Code 39440 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Sanderson Farms | Occupation Manager of Marketing | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) Robert Burroughs | | Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014 | |
| Mailing Address P.O. Box 4451 | | Transaction ID : SA11AI.16431 | |
| City Laurel | State MS | Zip Code 39441 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Wray Bush

Mailing Address 720 North Sixth Ave

City State Zip Code
Laurel MS 39440

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

Name of Employer Occupation
Bush Construction Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16423

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lampkin Butts

Mailing Address 8 Laurawood Court

City State Zip Code
Laurel MS 39443

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

Name of Employer Occupation
Sanderson Farms President & COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16421

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gene Carothers

Mailing Address 71 Tidewater Rd.

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
Southgate Realty, LLC Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.16540

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Laura Brame Cerra

Mailing Address 409 West Oak Street
Suite 208

City Laurel State MS Zip Code 39440

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

Name of Employer Self Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16426

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Michael William Chancellor

Mailing Address P.O. Drawer 7

City Laurel State MS Zip Code 39441

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

Name of Employer Chancellor Motors Occupation Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.16512

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Sid Charbonnet

Mailing Address 18 Golfview Dr.

City Pass Christian State MS Zip Code 39571

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

Name of Employer Seemann Composites Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.16606

Amount of Each Receipt this Period
 2350.00

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

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

3850.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sid Charbonnet

Mailing Address 18 Golfview Dr.

City Pass Christian State MS Zip Code 39571

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

Name of Employer Seemann Composites Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.16607

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Catherine L. Chernecky

Mailing Address 18 Sauvolle CT

City Ocean Springs State MS Zip Code 39564

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

Name of Employer Best Effort Occupation Physical Therapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.16364

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carolyn Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Best effort Occupation Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17006

Amount of Each Receipt this Period
2600.00

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

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

3100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carolyn Chouet

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Best effort Occupation Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17008

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Dino Chouet

Mailing Address P.O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Off Shore Vessel LLC Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17012

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Dino Chouet

Mailing Address P.O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Off Shore Vessel LLC Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17014

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gary Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Off Shore Vessel LLC Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17009

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Gary Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Off Shore Vessel LLC Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17011

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Mrs. Jon Frank Clark

Mailing Address 720 Station St.

City Waynesboro State MS Zip Code 39367

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16419

Amount of Each Receipt this Period
 2000.00

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

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

7200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cloyd and Associates LLC

Mailing Address 433 East Beach Drive

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16416

Amount of Each Receipt this Period
 1000.00
 LLC

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

Mailing Address 4406 Audubon Trail

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Self Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16416.0

Amount of Each Receipt this Period
 1000.00
 LLC member attribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Herman Cox

Mailing Address 11514 Briarstone Place

City State Zip Code
Gulfport MS 39503

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

Name of Employer Occupation
Harrison County Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16342

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Brian Cuccias

Mailing Address 2858 Briarfield Ln.

City State Zip Code
Mobile AL 36693

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

Name of Employer Occupation
Huntington Ingalls VP Program Mgt.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11Al.16480

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brian Cuccias

Mailing Address 2858 Briarfield Ln.

City State Zip Code
Mobile AL 36693

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

Name of Employer Occupation
Huntington Ingalls VP Program Mgt.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11Al.16400

Amount of Each Receipt this Period
500.00

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

Mailing Address 610 S. 38th Ave.

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11Al.16401

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jerome Dattel

Mailing Address PO Box 152

City Hattiesburg State MS Zip Code 39403

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

Name of Employer Morgan Keegan & Co., Inc. Occupation Stockbroker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16453

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Day VI

Mailing Address 607 Rue Dauphine

City Ocean Springs State MS Zip Code 39564

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

Name of Employer MS Power Occupation President/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17015

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Laurie Day

Mailing Address 607 Rue Dauphine

City Ocean Springs State MS Zip Code 39564

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

Name of Employer Best effort Occupation Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.17016

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
L. Michael Diaz

Mailing Address 1720-A Medical Park Dr.
Ste 130C

City Biloxi State MS Zip Code 39532

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16494

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Double M Farm

Mailing Address 18516 Joe Moran Rd.

City Kiln State MS Zip Code 39556

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16459

Amount of Each Receipt this Period
250.00

Schedule C to be attributed to owner

C. Full Name (Last, First, Middle Initial)
Philip Moran

Mailing Address 16516 Joe Moran Rd.

City Kiln State MS Zip Code 39556

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

Name of Employer State of MS Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16459.0

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Denise Doyle

Mailing Address 6505 Shore Drive

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16398

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Rhonda L. Dunaway

Mailing Address 10673 Oakcrest Dr. North

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16469

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rocky Eleuterius

Mailing Address 1116 Cowan Road

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Self Insurance Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16499

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Georgia Faneca

Mailing Address 1526 Bert Avenue

City State Zip Code
Gulfport MS 39501

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16471

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Marjorie E. Favre

Mailing Address 12539 Riverland Dr.

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Thunderbird LLC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16490

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Keith Fayard

Mailing Address 1593 Lucius St.

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Best effort Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16635

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward G. Feddemann

Mailing Address P.O. Box 563

City Irvington State VA Zip Code 22480

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

Name of Employer US House of Rep. Occupation Federal Employee

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.16528

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Arthur N. Fokakis

Mailing Address 120 Wildwood Trace

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Asthma and Allergy Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2014

Transaction ID : SA11AI.16527

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Arthur N. Fokakis

Mailing Address 120 Wildwood Trace

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Asthma and Allergy Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16621

Amount of Each Receipt this Period
 500.00

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

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

1100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Don Gaddy | | Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 5009 Kendall Ave | | Transaction ID : SA11AI.16472 |
| City Gulfport | State MS | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Gulfport OBGyn Clinic | Occupation Physician | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Roman E. Galey | | Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014 |
| Mailing Address 205 Comanche Drive | | Transaction ID : SA11AI.16596 |
| City Hattiesburg | State MS | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Southgroup Insurance | Occupation Agent | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Thomas Garrott | | Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 24 Marks Rd. | | Transaction ID : SA11AI.16581 |
| City Ocean Springs | State MS | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Thomas C. Garrott MD, PA | Occupation Dermatologist | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elvis Gates

Mailing Address 20131 Pineville Road

City Long Beach State MS Zip Code 39560

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

Name of Employer Self Occupation Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.16517

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Melissa L. Gates

Mailing Address 20131 Pineville Rd.

City Long Beach State MS Zip Code 39560

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

Name of Employer State Farm Occupation Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16458

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Frank Genzer

Mailing Address 145 Saint Jude Street

City Biloxi State MS Zip Code 39530

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

Name of Employer Self Occupation Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16484

Amount of Each Receipt this Period
1850.00

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

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

2350.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frank Genzer

Mailing Address 145 Saint Jude Street

City State Zip Code
Biloxi MS 39530

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

Name of Employer Occupation
Self Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16485

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
S Margaret Godsey

Mailing Address 123 Venetian Gardens

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1062.48

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2014

Transaction ID : SA11AI.16564

Amount of Each Receipt this Period
1062.48

In-kind -

C. Full Name (Last, First, Middle Initial)
Mark Gordon

Mailing Address PO Box 145

City State Zip Code
Waynesboro MS 39367

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

Name of Employer Occupation
CMA Communications, Inc. Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.16641

Amount of Each Receipt this Period
250.00

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

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

2062.48

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 28 OF 135 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W. W. Gresham III

Mailing Address **PO Box 690**

City **Indianola** State **MS** Zip Code **38751**

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

Name of Employer **Gresham Petroleum Co.** Occupation **Petroleum Marketer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 28 | / | 2014 |

Transaction ID : SA11AI.16403

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Roianne Gutierrez

Mailing Address **9460 Oak Pointe Drive**

City **Gulfport** State **MS** Zip Code **39503**

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

Name of Employer **Newman Lumber** Occupation **Treasurer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 12 | / | 2014 |

Transaction ID : SA11AI.17018

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Don Halle

Mailing Address **225 Cowan Rd**

City **Gulfport** State **MS** Zip Code **39507**

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

Name of Employer **Gulf Construction Co** Occupation **owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 24 | / | 2014 |

Transaction ID : SA11AI.16479

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marilyn S. Hammett

Mailing Address 2059 Mauvilla Cove

City: Biloxi State: MS Zip Code: 39531

FEC ID number of contributing federal political committee: C

Name of Employer: Hammett's Auto Electric Occupation: Secretary

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 24 / 2014

Transaction ID : SA11AI.16476

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
James F Hardin Jr.

Mailing Address 2330 Beau Chene

City: Biloxi State: MS Zip Code: 39532

FEC ID number of contributing federal political committee: C

Name of Employer: Aladdin Construction Occupation: Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 04 / 24 / 2014

Transaction ID : SA11AI.16486

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dora Harvey

Mailing Address 2354 Beau Chene

City: Biloxi State: MS Zip Code: 39532

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 24 / 2014

Transaction ID : SA11AI.16498

Amount of Each Receipt this Period: 250.00

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

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

1500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bill Hawks

Mailing Address 1004 East Capitol St. NE

City Washington State DC Zip Code 20003

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.16587

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1300 Driftwood St.

City Pascagoula State MS Zip Code 39567

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.17033

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Erin Hellyer

Mailing Address 15256 Hwy 603

City Kiln State MS Zip Code 39556

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

Name of Employer Good Streak Marine Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16383

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald G. Hellyer

Mailing Address 15256 Hwy 603

City State Zip Code
Kiln MS 39556

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

Name of Employer Occupation
Good Streak Marine Sales-Operations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16382

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Leslie Henderson

Mailing Address 16006 Pawnee Place

City State Zip Code
Kiln MS 39556

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

Name of Employer Occupation
Lazy Magnolia Brewery Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16332

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Hengen & Hengen

Mailing Address 979 Howard Avenue

City State Zip Code
Biloxi MS 39530

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16501

Amount of Each Receipt this Period
250.00

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

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

1100.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wayne Hengen

Mailing Address 979 Howard Avenue

City Biloxi State MS Zip Code 39530

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16501.0

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
W. Louis Hengen

Mailing Address 1507 Church St. NW

City Washington State DC Zip Code 20065

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.16362

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Glen D. Herrin

Mailing Address PO Box 567

City Purvis State MS Zip Code 39475

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

Name of Employer Southgate Timber Co Occupation Timber Industry

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.16510

Amount of Each Receipt this Period
400.00

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

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

900.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

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

Mailing Address 9163 Mulberry Pl.

| | | |
|------------------|-------------|-------------------|
| City Gulfport | State MS | Zip Code 39503 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Real Estate Properties | Occupation Realtor |
|--|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.16508

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Whitney Holliday

Mailing Address 2604 Wanda Place

| | | |
|------------------|-------------|-------------------|
| City Gulfport | State MS | Zip Code 39501 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer Balch & Bingham LLP | Occupation Associate |
|---|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16378

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
D Brooks Holstein

Mailing Address 484 Jordan

| | | |
|----------------|-------------|-------------------|
| City Biloxi | State MS | Zip Code 39531 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------------------|
| Name of Employer Comvest Properties LLC | Occupation Real Estate Developer |
|--|-------------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16336

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 34 OF 135 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Troy Johnston

Mailing Address 4636 Nottingham Road

City Jackson State MS Zip Code 39211

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

Name of Employer Phelps Dunbar, LLP Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16324

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Walter Ketchings

Mailing Address 5352 Red Creek Road

City Long Beach State MS Zip Code 39560

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16500

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Robert Knesal

Mailing Address 111 Lundgren Lane

City Gulfport State MS Zip Code 39507

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

Name of Employer Knesal Engineering Services Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16473

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas L. Koger

Mailing Address Bldg 1103

City State Zip Code
Stennis Space C MS 39529

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

Name of Employer Occupation
Resource 21 Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.16333

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 1245

City State Zip Code
Pascagoula MS 39568

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : SA11AI.16541

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Scott Lemon

Mailing Address 126 Holcomb Blvd

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Occupation
Lemon-Mohler Insurance Agency Principal/.Ins Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.16634

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James H. Lipscomb III

Mailing Address PO Box 636

City Greenville State MS Zip Code 38702

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

Name of Employer MS National Guard Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.16406

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles M. Lobrano

Mailing Address 8241 Persimmon Lane

City Long Beach State MS Zip Code 39560-9033

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

Name of Employer Gulfport Anesthesia Services Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.16370

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
David J. Machado

Mailing Address 11474 Stanton Cir.

City Gulfport State MS Zip Code 39503

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

Name of Employer Machado Patano PLLC Occupation Partner/Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.16389

Amount of Each Receipt this Period
1000.00

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

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

2300.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Virginia C. Magruder

Mailing Address 606 Rue Dauphine

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Occupation
Rex Distributing Co. Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16404

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Leo E. Manuel

Mailing Address 144 St. Francis St.

City State Zip Code
Biloxi MS 39530

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

Name of Employer Occupation
Balch and Bingham Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16409

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gary G. Marchand

Mailing Address 6 Rosalie Drive

City State Zip Code
Long Beach MS 39560

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

Name of Employer Occupation
Memorial Hospital Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16478

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Don E. Mason

Mailing Address 5 Colonel Wink Dr.

| | | |
|------------------|-------------|-------------------|
| City Gulfport | State MS | Zip Code 39507 |
|------------------|-------------|-------------------|

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

| | |
|----------------------------------|------------------------|
| Name of Employer Hancock Bank | Occupation Director |
|----------------------------------|------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.16608

Amount of Each Receipt this Period
2350.00

B. Full Name (Last, First, Middle Initial)
Don E. Mason

Mailing Address 5 Colonel Wink Dr.

| | | |
|------------------|-------------|-------------------|
| City Gulfport | State MS | Zip Code 39507 |
|------------------|-------------|-------------------|

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

| | |
|----------------------------------|------------------------|
| Name of Employer Hancock Bank | Occupation Director |
|----------------------------------|------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.17029

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jennifer Mavar

Mailing Address 447 Sanlenay Ct.

| | | |
|----------------|-------------|-------------------|
| City Biloxi | State MS | Zip Code 39531 |
|----------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer M & M Processing LLC | Occupation Partner |
|--|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16639

Amount of Each Receipt this Period
2600.00

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

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

5200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark D. Mavar

Mailing Address P.O. Box 730

City: Biloxi State: MS Zip Code: 39533

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

Name of Employer: M & M Processing, LLC Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 12 / 2014

Transaction ID : SA11AI.16632

Amount of Each Receipt this Period: 1600.00

B. Full Name (Last, First, Middle Initial)
Mark D. Mavar

Mailing Address P.O. Box 730

City: Biloxi State: MS Zip Code: 39533

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

Name of Employer: M & M Processing, LLC Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3600.00

Date of Receipt: 05 / 12 / 2014

Transaction ID : SA11AI.16633

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Victor Mavar

Mailing Address 630 Beach Boulevard

City: Biloxi State: MS Zip Code: 39530

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2350.00

Date of Receipt: 05 / 12 / 2014

Transaction ID : SA11AI.16629

Amount of Each Receipt this Period: 2350.00

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

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

4950.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Victor Mavar

Mailing Address 630 Beach Boulevard

City State Zip Code
Biloxi MS 39530

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16630

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Victor Mavar

Mailing Address P.O. Box 1910

City State Zip Code
Biloxi MS 39533

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16631

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
C. Alan McArthur

Mailing Address 20401 Hayes Rd.

City State Zip Code
Long Beach MS 39560

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

Name of Employer Occupation
Best effort Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16411

Amount of Each Receipt this Period
250.00

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

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

1400.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Harry McArthur, III

Mailing Address 2604 Mimosa Lane

City Hattiesburg State MS Zip Code 39402

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

Name of Employer self employed Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16442

Amount of Each Receipt this Period
 750.00

B. Full Name (Last, First, Middle Initial)
Harry McArthur, Jr

Mailing Address Post Office Box 15339

City Hattiesburg State MS Zip Code 39404

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

Name of Employer Self Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16341

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Mary Jo McArthur

Mailing Address 601 Mandalay Dr.

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16340

Amount of Each Receipt this Period
 2600.00

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

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

5950.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Claiborne McDonald

Mailing Address Post Office Box 459

City State Zip Code
Picayune MS 39466

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.16580

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Robert P. McIntire

Mailing Address P.O. Box 18398

City State Zip Code
Hattiesburg MS 39404

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

Name of Employer Occupation
Best effort Best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.16554

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Aimee McLendon

Mailing Address 423 Dejean Cove

City State Zip Code
Bilxoi MS 39531

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16615

Amount of Each Receipt this Period
1000.00

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

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

2750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jonathan S. McLendon

Mailing Address 423 De Jean Cove

City Biloxi State MS Zip Code 39531

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

Name of Employer Biloxi Freezing & Processing Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16612

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
Jonathan S. McLendon

Mailing Address 423 De Jean Cove

City Biloxi State MS Zip Code 39531

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

Name of Employer Biloxi Freezing & Processing Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16614

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Rodger Meinzinger

Mailing Address 12453 Preservation Drive

City Gulfport State MS Zip Code 39503

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

Name of Employer MS Power Occupation Assistant to VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16468

Amount of Each Receipt this Period
250.00

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

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

4450.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew Mercier

Mailing Address 54 Longwood Dr.

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
Merchants Food Service Exec. Mgt.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.16349

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ricardo Merlos

Mailing Address 4021 Dunsinane Street

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Occupation
Self Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.16514

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Bruno V. Milanese

Mailing Address 4053 Brandon James Dr.

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Bay Pest Control Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.16394

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 135
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vibha Mishra

Mailing Address 7387 Live Oak Way

City Pass Christian State MS Zip Code 39571

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

Name of Employer Memorial Hospital Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16407

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mississippi Band of Choctaw Indians

Mailing Address PO Box 6090

City Choctaw State MS Zip Code 39350

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.16513

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Steven E. Moore

Mailing Address PO Box 2056

City Hattiesburg State MS Zip Code 39403

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

Name of Employer Moore Funeral Services Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16350

Amount of Each Receipt this Period
 250.00

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

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

2250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Brenda B. Morgan

Mailing Address 6 St. Martin Rd.

City Hattiesburg State MS Zip Code 39402

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

Name of Employer C J Morgan Inc. Occupation Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16455

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Toxey M. Morris M.D.

Mailing Address 1101 S. 34th Ave.

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Self Occupation Urologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16452

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Ron Mozingo O.D.

Mailing Address 105 South Lake Dr.

City Hattiesburg State MS Zip Code 39401

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

Name of Employer Self Occupation Doctor of Optometry

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16622

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Trent A. Mulloy

Mailing Address 810 Front Street

City State Zip Code
Laurel MS 39440

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

Name of Employer Occupation
Laurel Machine & Found. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2014

Transaction ID : SA11AI.16560

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cynthia E. Newman

Mailing Address 13 53rd Circle

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Newman Lumber VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16488

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
L. Bruce Newton

Mailing Address 4543 Menge Avenue

City State Zip Code
Pass Christian MS 39571

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

Name of Employer Occupation
Digital Engineering Exec VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16489

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Carl Nicholson | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2014 | |
| Mailing Address Post Office Drawer 15099 | | Transaction ID : SA11AI.16437 | |
| City Hattiesburg | State MS | Zip Code 39404 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1100.00 | |
| Name of Employer Self | Occupation CPA | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Carl Nicholson | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2014 | |
| Mailing Address Post Office Drawer 15099 | | Transaction ID : SA11AI.16438 | |
| City Hattiesburg | State MS | Zip Code 39404 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1500.00 | |
| Name of Employer Self | Occupation CPA | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4100.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Martha Nicholson | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2014 | |
| Mailing Address 1100 South 34th Ave | | Transaction ID : SA11AI.16566 | |
| City Hattiesburg | State MS | Zip Code 39402 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1100.00 | |
| Name of Employer Nicholson & Co | Occupation CPA | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3700.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Martha Nicholson

Mailing Address 1100 South 34th Ave

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Nicholson & Co Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.17041

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Robert Occhi

Mailing Address P.O. Box 1426

City Kiln State MS Zip Code 39556

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

Name of Employer Coast Electric Power Assoc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16481

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mark Orgler

Mailing Address P.O. Box 2408

City Gulfport State MS Zip Code 39505

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

Name of Employer Schwarts, Orgler & Joran PLLC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16467

Amount of Each Receipt this Period
1000.00

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

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

2800.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Orgler

Mailing Address P.O. Box 2408

City State Zip Code
Gulfport MS 39505

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

Name of Employer Occupation
Schwartz, Orgler & Joran PLLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.16574

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Muriel Palazzo

Mailing Address Post Office Box 7002

City State Zip Code
Gulfport MS 39506

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

Name of Employer Occupation
Retired Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16399

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Robert Steven Parham

Mailing Address 93 Graham Rd.

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16435

Amount of Each Receipt this Period
250.00

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

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

1350.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 51 OF 135 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mike Pepper

Mailing Address 205 Breezy Hill Drive

City Madison State MS Zip Code 39110

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

Name of Employer Gov Affairs Occupation MS Assoc. of Roadbuilders

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.16526

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Michael Pettis

Mailing Address P.O. Box 132

City Gulfport State MS Zip Code 39502

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

Name of Employer Balch and Bingham Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16465

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
John R. Pigott

Mailing Address 720 Norwood St

City Picayune State MS Zip Code 39466

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

Name of Employer John Pigott Agency Occupation manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.16397

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 52 OF 135
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John A Polk

Mailing Address 53 Tidewater Road

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
Polk's Meat Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11Al.16441

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Raymond Polk

Mailing Address 5 Mistletoe Crossing

City State Zip Code
Hattiesburg MS 39401

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

Name of Employer Occupation
McArthur Thames Slay & Dews CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11Al.16346

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Brad Ramey

Mailing Address 622 Hwy 589

City State Zip Code
Purvis MS 39475

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

Name of Employer Occupation
Self Retail

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11Al.16387

Amount of Each Receipt this Period
 2600.00

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

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

4100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Rester

Mailing Address P.O. Box 1662

City State Zip Code
Gulfport MS 39502

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

Name of Employer Occupation
Mobile Medic Ambulance Service CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16492

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Raymond Revette

Mailing Address P.O. Box 748

City State Zip Code
Waynesboro MS 39367

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

Name of Employer Occupation
Raymond Revette Logging Inc. Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : SA11AI.16546

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Paul Y Robinson

Mailing Address 14158 Longwood Circle

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Gulf Island Credit Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16483

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald T. Roundtree

Mailing Address 210 Trace Colony Park Drive

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Occupation
Self Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.16577

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Douglas Rouse

Mailing Address 111 Bedford Rd.

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
Southern Bone & Joint Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.16534

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 988

City State Zip Code
Laurel MS 39441

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

Name of Employer Occupation
Sanderson Farms, Inc. Chairman/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.16413

Amount of Each Receipt this Period
1600.00
\$400 excess refunded on 4/29/14

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

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

4350.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gavin Scarbrough

Mailing Address 151 Live Oak Lane

City Chatom State AL Zip Code 36518

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

Name of Employer Self Occupation Timber

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11Al.16552

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Cecilia Schmidt

Mailing Address P.O. Box 4357

City Biloxi State MN Zip Code 39535

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11Al.16637

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6419 Kome Dr.

City Diamondhead State MS Zip Code 39532

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

Name of Employer Stennis Space Center Occupation Deputy Chief Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11Al.17035

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 56 OF 135
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William H. Seemann IV

Mailing Address 135 Hillcrest Rd

City Pass Christian State MS Zip Code 39571

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

Name of Employer Seemann Composites Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16457

Amount of Each Receipt this Period
 1850.00

2600.00

B. Full Name (Last, First, Middle Initial)
William H. Seemann IV

Mailing Address 135 Hillcrest Rd

City Pass Christian State MS Zip Code 39571

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

Name of Employer Seemann Composites Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16567

Amount of Each Receipt this Period
 750.00

3350.00

C. Full Name (Last, First, Middle Initial)
Seven Oaks

Mailing Address 1720A Medical Park Dr.
Ste 130

City Biloxi State MS Zip Code 39532

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16463

Amount of Each Receipt this Period
 500.00

To be attributed

750.00

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

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

3100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Albert Diaz

Mailing Address 1720-A Medical Park Dr
Ste B

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Diaz Women's Clinic Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16463.0

Amount of Each Receipt this Period
500.00
Seven Oaks attribution

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Louis P. Skrmetta

Mailing Address 130 Allan Dr.

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Pan Isle Inc. Captain

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.16579

Amount of Each Receipt this Period
250.00

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

Mailing Address 141 Bayou Circle

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Stewart Sneed Hewes Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.16323

Amount of Each Receipt this Period
1000.00

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

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

1250.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mobashir Solangi

Mailing Address 8288 Jennifer Lane

City State Zip Code
Long Beach MS 39560

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

Name of Employer Occupation
Institute for Marine Studies President & Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16470

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Doris Stone

Mailing Address 318 Balboa Drive

City State Zip Code
Hattiesburg MS 39402

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.16368

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Arthur L. Sturdivant

Mailing Address 507 Denham Buckatunna Creek Rd.

City State Zip Code
Waynesboro MS 39367

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

Name of Employer Occupation
S & S General Contractors Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.16544

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William B. Sullivan

Mailing Address 4 Ransom Hollow

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Asthma & Allergy Clinic Occupation Physician/Allergist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16450

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
S F Thams

Mailing Address 37 Bocage Road

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16445

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Douglas F. Thomas MD

Mailing Address 102 Hickory Hills Loop

City Purvis State MS Zip Code 39475

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16456

Amount of Each Receipt this Period
250.00

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

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

3100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Billy Thornton

Mailing Address 8 Audubon Pointe

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
MS Power Regulatory Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16474

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Valenti

Mailing Address #7 Weeping Oak Lane

City State Zip Code
Slidell LA 70458

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

Name of Employer Occupation
Worldwinds, Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.16321

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Brent Warr

Mailing Address 1814 Beach Drive

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Brent Warr Rental Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.16487

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E. G. Warren

Mailing Address 1301 Pass Road

City State Zip Code
Gulfport MS 39501

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16496

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lawrence Warren

Mailing Address PO Box 572

City State Zip Code
Hattiesburg MS 39403

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

Name of Employer Occupation
Warren Paving Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.16605

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Steven M. Warren

Mailing Address 11500 Stanton Circle

City State Zip Code
Gulfport MS 39503

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

Name of Employer Occupation
Warren Paving Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.16604

Amount of Each Receipt this Period
2500.00

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

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

5250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 135 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jami Woodham

Mailing Address 11 51st St.

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Self Dietician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16505

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Riley Woodham

Mailing Address 11 51st St.

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Seemann Composites Inc. Vice President Eng.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.16503

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lew Yoder

Mailing Address PO Box 1842

City State Zip Code
Laurel MS 39441

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.16433

Amount of Each Receipt this Period
500.00

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

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

1000.00

145212.48

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 135 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AEROJET & GENCORP PAC

Mailing Address P.O. BOX 13222

City State Zip Code
SACRAMENTO CA 95813

FEC ID number of contributing federal political committee. **C** C00129122

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11C.16390

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AEROJET & GENCORP PAC

Mailing Address P.O. BOX 13222

City State Zip Code
SACRAMENTO CA 95813

FEC ID number of contributing federal political committee. **C** C00129122

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11C.16391

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address Palladian 1
220 Leigh Farm Rd

City State Zip Code
Durham NC 27707

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11C.17023

Amount of Each Receipt this Period
3000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 64 OF 135
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial)
BANCORP SOUTH BANK PAC FKA BANK OF MISSISSIPPI OFFICERS VOLUNTARY POLITICAL COMMITTEE

A. Mailing Address 201 SOUTH SPRING ST
ONE MISSISSIPPI PLAZA

City State Zip Code
TUPELO MS 38804

FEC ID number of contributing federal political committee. **C** C00183962

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11C.16640

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11C.16356

Amount of Each Receipt this Period
3000.00

Full Name (Last, First, Middle Initial)
C. DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11C.16620

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... 7500.00

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 135 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC

Mailing Address 2273 RESEARCH BLVD
SUITE 400

City State Zip Code
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11C.16601

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 New York Avenue, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11C.16582

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069

FEC ID number of contributing federal political committee. **C** C00237198

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11C.16515

Amount of Each Receipt this Period
2000.00

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

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

7500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 135 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City: CONCORD State: NC Zip Code: 28027

FEC ID number of contributing federal political committee: **C C00504522**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 12 / 2014

Transaction ID : SA11C.17040

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL WOOD PRODUCTS ASSOCIATION PAC

Mailing Address 4214 KING STREET WEST

City: ALEXANDRIA State: VA Zip Code: 22302

FEC ID number of contributing federal political committee: **C C00161190**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 22 / 2014

Transaction ID : SA11C.16357

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC

Mailing Address P.O. Box 18254

City: Washington State: DC Zip Code: 20036

FEC ID number of contributing federal political committee: **C C00280222**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 04 / 12 / 2014

Transaction ID : SA11C.17019

Amount of Each Receipt this Period: 1000.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 135 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC

Mailing Address P.O. Box 18254

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11C.17021

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MARLIN PAC

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00492868

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11C.16557

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 Vincennes Road
PO Box 68700

City Indianapolis State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.16617

Amount of Each Receipt this Period
2500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 68 OF 135
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALEERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11C.16434

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1015 FIFTEENTH STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00034272**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.16619

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
NEW REPUBLICAN MAJORITY FUND, THE

Mailing Address P.O. Box 53176
Suite 530

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C C00219220**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11C.16556

Amount of Each Receipt this Period
1000.00

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

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

5000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 135 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. NUNNELEE FOR CONGRESS | | Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 438 EAST MAIN ST PO BOX 7092 | | Transaction ID : SA11C.16379 |
| City TUPELO State MS Zip Code 38802 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00464487 | Name of Employer Occupation | Amount of Each Receipt this Period 2000.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. NUNNELEE FOR CONGRESS | | Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 438 EAST MAIN ST PO BOX 7092 | | Transaction ID : SA11C.16568 |
| City TUPELO State MS Zip Code 38802 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00464487 | Name of Employer Occupation | Amount of Each Receipt this Period 500.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS | | Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2014 |
| Mailing Address 317 Massachusetts Avenue, NE 1st Floor | | Transaction ID : SA11C.17022 |
| City Washington State DC Zip Code 20002 | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C C00343137 | Name of Employer Occupation | Amount of Each Receipt this Period 1500.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | 4000.00 |

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

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

FOR LINE NUMBER: PAGE 70 OF 135
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial)
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. Mailing Address **ONE STATE FARM PLAZA
C/O MARK SCHWAMBERGER**

City State Zip Code
BLOOMINGTON IL 61710

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 09 2014

Transaction ID : **SA11C.16603**

Amount of Each Receipt this Period
1000.00

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)
 Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y 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)
 Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

1000.00

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

37500.00

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. 1st Place | | Date of Disbursement MM / DD / YYYY 04 / 01 / 2014 |
| Mailing Address 19485 MS 67 | | Amount of Each Disbursement this Period 67.53 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Travel expense - credit card payment 4/1/14 | [MEMO ITEM] |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Clifton Addison | | Date of Disbursement MM / DD / YYYY 04 / 12 / 2014 |
| Mailing Address 18 Theodore Blackburn Rd. | | Amount of Each Disbursement this Period 875.00 |
| City Purvis | State MS | |
| Zip Code 39475 | Purpose of Disbursement Salary | [MEMO ITEM] |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Clifton Addison | | Date of Disbursement MM / DD / YYYY 04 / 25 / 2014 |
| Mailing Address 18 Theodore Blackburn Rd. | | Amount of Each Disbursement this Period 488.25 |
| City Purvis | State MS | |
| Zip Code 39475 | Purpose of Disbursement Travel expense reimbursement | [MEMO ITEM] |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1363.25 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
PALAZZO FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Clifton Addison | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014 |
| Mailing Address 18 Theodore Blackburn Rd. | | Amount of Each Disbursement this Period 875.00 Transaction ID : SB17.16774 |
| City Purvis | State MS | |
| Zip Code 39475 | Purpose of Disbursement Salary | Category/Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Clifton Addison | | Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014 |
| Mailing Address 18 Theodore Blackburn Rd. | | Amount of Each Disbursement this Period 875.00 Transaction ID : SB17.16808 |
| City Purvis | State MS | |
| Zip Code 39475 | Purpose of Disbursement Salary | Category/Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. AGJ Systems & Networks | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 14257 Dedeaux Rd Suite A | | Amount of Each Disbursement this Period 3091.43 Transaction ID : SB17.16734 |
| City Gulfport | State MS | |
| Zip Code 39503 | Purpose of Disbursement Site maintenance | Category/Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4841.43 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. AGJ Systems & Networks | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 | |
| Mailing Address 14257 Dedeaux Rd Suite A | | | Amount of Each Disbursement this Period 640.75 | |
| City Gulfport | State MS | Zip Code 39503 | Transaction ID : SB17.16735 | |
| Purpose of Disbursement Site maintenance | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AGJ Systems & Networks | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014 | |
| Mailing Address 14257 Dedeaux Rd Suite A | | | Amount of Each Disbursement this Period 1081.34 | |
| City Gulfport | State MS | Zip Code 39503 | Transaction ID : SB17.16806 | |
| Purpose of Disbursement Site maintenance | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. American Express | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | |
| Mailing Address P.O. Box 650448 | | | Amount of Each Disbursement this Period 4881.88 | |
| City Dallas | State TX | Zip Code 75265 | Transaction ID : SB17.16713 | |
| Purpose of Disbursement Credit card payment | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6603.97 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 74 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address P.O. Box 650448 | | Amount of Each Disbursement this Period 12482.67 Transaction ID : SB17.16887 |
| City Dallas | State TX | |
| Zip Code 75265 | Purpose of Disbursement Credit card payment | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Shell Oil | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 540 Bayview Avenue | | Amount of Each Disbursement this Period 52.42 Transaction ID : SB17.16887.1 [MEMO ITEM] |
| City Biloxi | State MS | |
| Zip Code 39530 | Purpose of Disbursement Travel expense | Category/ Type 002 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Event Farm | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 248 Victoria Street, Suite 8 | | Amount of Each Disbursement this Period 520.00 Transaction ID : SB17.16887.3 [MEMO ITEM] |
| City Costa Mesa | State CA | |
| Zip Code 92627 | Purpose of Disbursement Donations | Category/ Type 012 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 12482.67 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 300 1st Street SE | | | Amount of Each Disbursement this Period 133.33 |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement Dinner expenses | | Category/ Type 001 | Transaction ID : SB17.16887.6 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Half Shell Oyster House | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 2500 13st St #1 | | | Amount of Each Disbursement this Period 191.94 |
| City Gulfport | State MS | Zip Code 39501 | |
| Purpose of Disbursement Catering costs | | Category/ Type 003 | Transaction ID : SB17.16887.7 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. 1st Place | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 19485 MS 67 | | | Amount of Each Disbursement this Period 46.65 |
| City Biloxi | State MS | Zip Code 39532 | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 | Transaction ID : SB17.16887.8 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | | |
|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. All Signs, Inc. | | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 | | |
| Mailing Address Post Office Box 6265 | | | Amount of Each Disbursement this Period 40.13 | | |
| City Gulfport | State MS | Zip Code 39506 | Transaction ID : SB17.16887.9 | | |
| Purpose of Disbursement Yard signs | | Category/ Type 003 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. C Spire | | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 | | |
| Mailing Address 3887 Promenade Parkway | | | Amount of Each Disbursement this Period 231.11 | | |
| City D'Iberville | State MS | Zip Code 39540 | Transaction ID : SB17.16887.11 | | |
| Purpose of Disbursement Telephone expense | | Category/ Type 001 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) c. Office Depot - Hattiesburg | | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 | | |
| Mailing Address 1000 Turtle Creek Dr. | | | Amount of Each Disbursement this Period 610.71 | | |
| City Hattiesburg | State MS | Zip Code 39402 | Transaction ID : SB17.16887.14 | | |
| Purpose of Disbursement Office supplies | | Category/ Type 001 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. The Home Depot - Hattiesburg | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 | | |
| Mailing Address 4100 O'Ferral Street | | | Amount of Each Disbursement this Period 357.78 | | |
| City Hattiesburg | State MS | Zip Code 39402 | Transaction ID : SB17.16887.15 | | |
| Purpose of Disbursement Yard signs | | Category/ Type 003 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kangaroo - Brooklyn | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 | | |
| Mailing Address 2273 US 49 | | | Amount of Each Disbursement this Period 89.94 | | |
| City Brooklyn | State MS | Zip Code 39425 | Transaction ID : SB17.16887.16 | | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Lowes of Gulfport | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 | | |
| Mailing Address 2151 John Hill Boulevard | | | Amount of Each Disbursement this Period 63.44 | | |
| City Gulfport | State MS | Zip Code 39501 | Transaction ID : SB17.16887.23 | | |
| Purpose of Disbursement Yard signs | | Category/ Type 003 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Exxon Mobil-Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 1119 30th Ave. | | Amount of Each Disbursement this Period 99.81 |
| City Gulfport | State MS | |
| Zip Code 39501 | | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Uber Technologies Inc. | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 182 Howard Street | | Amount of Each Disbursement this Period 15.00 |
| City San Francisco | State CA | |
| Zip Code 94105 | | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address P.O. Box 20706 | | Amount of Each Disbursement this Period 595.00 |
| City Atlanta | State GA | |
| Zip Code 30320-6001 | | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Polks Biloxi Drugs | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 1845 Popp's Ferry Rd. | | Amount of Each Disbursement this Period 90.00 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Travel expense | Transaction ID : SB17.16887.39 [MEMO ITEM] |
| Candidate Name | 002 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. The Preserve Golf Club | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 8901 Mississippi 57 | | Amount of Each Disbursement this Period 26.00 |
| City Vanceleave | State MS | |
| Zip Code 39565 | Purpose of Disbursement Event expense | Transaction ID : SB17.16887.42 [MEMO ITEM] |
| Candidate Name | 003 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. The Preserve Golf Club | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 8901 Mississippi 57 | | Amount of Each Disbursement this Period 450.00 |
| City Vanceleave | State MS | |
| Zip Code 39565 | Purpose of Disbursement Event expense | Transaction ID : SB17.16887.43 [MEMO ITEM] |
| Candidate Name | 003 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. The Preserve Golf Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 8901 Mississippi 57 | | | Amount of Each Disbursement this Period 2605.08 |
| City Vanceleave | State MS | Zip Code 39565 | |
| Purpose of Disbursement Event expense | | Category/ Type 003 | Transaction ID : SB17.16887.44 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. The Hook Up Restaurant | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 200 8th St. | | | Amount of Each Disbursement this Period 233.50 |
| City Biloxi | State MS | Zip Code 39530 | |
| Purpose of Disbursement Dinner expense | | Category/ Type 001 | Transaction ID : SB17.16887.45 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. iContact | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 2635 Merician Parkway Ste 200 | | | Amount of Each Disbursement this Period 119.90 |
| City Durham | State NC | Zip Code 27713 | |
| Purpose of Disbursement E-mail program | | Category/ Type 001 | Transaction ID : SB17.16887.46 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Exxon Mobil-Alexandria | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 501 S Washington St. | | | Amount of Each Disbursement this Period 66.12 |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 | Transaction ID : SB17.16887.47 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Uber Technologies Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 182 Howard Street | | | Amount of Each Disbursement this Period 28.00 |
| City San Francisco | State CA | Zip Code 94105 | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 | Transaction ID : SB17.16887.48 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) c. Uber Technologies Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 182 Howard Street | | | Amount of Each Disbursement this Period 35.00 |
| City San Francisco | State CA | Zip Code 94105 | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 | Transaction ID : SB17.16887.49 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 82 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Roto Rooter-Gulfport | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 14231 Seaway Rd. | | Amount of Each Disbursement this Period 401.75 |
| City Gulfport | State MS | |
| Zip Code 39503 | Purpose of Disbursement Campaign office repair | Transaction ID : SB17.16887.53 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Rustico Restaurant | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 827 Slaters Lane | | Amount of Each Disbursement this Period 131.55 |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Disbursement Dinner expense | Transaction ID : SB17.16887.54 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. StubHub | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 199 Fremont St. Floor 4 | | Amount of Each Disbursement this Period 90.58 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Gifts | Transaction ID : SB17.16887.60 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 83 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. StubHub | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 199 Fremont St. Floor 4 | | Amount of Each Disbursement this Period 98.60 |
| City San Francisco | State CA Zip Code 94105 | |
| Purpose of Disbursement Gifts | Category/Type 001 | Transaction ID : SB17.16887.61 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kangaroo-Gulfport | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 10010 US 49 | | Amount of Each Disbursement this Period 88.76 |
| City Gulfport | State MS Zip Code 39503 | |
| Purpose of Disbursement Travel expense | Category/Type 002 | Transaction ID : SB17.16887.62 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. The Home Depot - Gulfport | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 15220 Cresosote Rd. | | Amount of Each Disbursement this Period 143.59 |
| City Gulfport | State MS Zip Code 39503 | |
| Purpose of Disbursement Yard signs | Category/Type 004 | Transaction ID : SB17.16887.64 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Exxon Mobil-Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 1119 30th Ave. | | Amount of Each Disbursement this Period 75.17 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Travel expense | Transaction ID : SB17.16887.65 [MEMO ITEM] |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 2600 Beach Blvd | | Amount of Each Disbursement this Period 139.52 |
| City Biloxi | State MS | |
| Zip Code 39531 | Purpose of Disbursement Telephone expense | Transaction ID : SB17.16887.66 [MEMO ITEM] |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Shell Oil | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 540 Bayview Avenue | | Amount of Each Disbursement this Period 99.00 |
| City Biloxi | State MS | |
| Zip Code 39530 | Purpose of Disbursement Travel expense | Transaction ID : SB17.16887.67 [MEMO ITEM] |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Rustico Restaurant | | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 827 Slaters Lane | | | Amount of Each Disbursement this Period 76.49 |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Disbursement Dinner expense | | Category/ Type 001 | Transaction ID : SB17.16887.69 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | | | |
|---|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Marathon Petroleum | | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address Demontluzin Avenue | | | Amount of Each Disbursement this Period 58.61 |
| City Bay St. Louis | State MS | Zip Code 39520 | |
| Purpose of Disbursement Travel expense | | Category/ Type 002 | Transaction ID : SB17.16887.71 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | | | |
|---|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) c. C Spire | | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 3887 Promenade Parkway | | | Amount of Each Disbursement this Period 362.72 |
| City D'Iberville | State MS | Zip Code 39540 | |
| Purpose of Disbursement Telephone expense | | Category/ Type 001 | Transaction ID : SB17.16887.72 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. The Home Depot - Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 15220 Cresosote Rd. | | Amount of Each Disbursement this Period 414.09 |
| City Gulfport | State MS | |
| Zip Code 39503 | Purpose of Disbursement Yard signs | Transaction ID : SB17.16887.74 |
| Candidate Name | 004 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Createsend.com Emails | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address Suite 404 3-5 Stapleton Ave. Sutherland | | Amount of Each Disbursement this Period 171.57 |
| City New South Wales 2232 | State ZZ | |
| Zip Code 00000 | Purpose of Disbursement E-mail program | Transaction ID : SB17.16887.77 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Kangaroo - Brooklyn | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 2273 US 49 | | Amount of Each Disbursement this Period 61.29 |
| City Brooklyn | State MS | |
| Zip Code 39425 | Purpose of Disbursement Travel expense | Transaction ID : SB17.16887.82 |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--------------------------------|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address P.O. Box 650448 | | Amount of Each Disbursement this Period 8.10 |
| City Dallas | State TX | |
| Purpose of Disbursement Annual dues | Category/Type 001 | |
| Candidate Name | Transaction ID : SB17.16887.83 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|--------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Magnolia Printing & Copying | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 1829 25th Ave. | | Amount of Each Disbursement this Period 960.80 |
| City Gulfport | State MS | |
| Purpose of Disbursement Printing | Category/Type 003 | |
| Candidate Name | Transaction ID : SB17.16887.84 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|-----------------------------|---|
| Full Name (Last, First, Middle Initial) C. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 8.10 |
| City Baton Rouge | State LA | |
| Purpose of Disbursement Credit card fees | Category/Type 001 | |
| Candidate Name | Transaction ID : SB17.16811 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 8.10 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Anedot Processing Fees

Full Name (Last, First, Middle Initial)
Mailing Address 5555 Hilton Avenue, Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Credit card fees

Candidate Name

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

State: District:

Date of Disbursement: 04 / 11 / 2014

Amount of Each Disbursement this Period: 55.34

Transaction ID : SB17.16812

Category/Type: 001

B. Anedot Processing Fees

Full Name (Last, First, Middle Initial)
Mailing Address 5555 Hilton Avenue, Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Credit card fees

Candidate Name

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

State: District:

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 5.77

Transaction ID : SB17.16813

Category/Type: 001

c. Anedot Processing Fees

Full Name (Last, First, Middle Initial)
Mailing Address 5555 Hilton Avenue, Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Credit card fees

Candidate Name

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

State: District:

Date of Disbursement: 04 / 16 / 2014

Amount of Each Disbursement this Period: 30.45

Transaction ID : SB17.16814

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 91.56

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|----------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 135 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 8.10 Transaction ID : SB17.16815 |
| City Baton Rouge | State LA | |
| Zip Code 70808 | Purpose of Disbursement Credit card fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.16816 |
| City Baton Rouge | State LA | |
| Zip Code 70808 | Purpose of Disbursement Credit card fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 6.45 Transaction ID : SB17.16817 |
| City Baton Rouge | State LA | |
| Zip Code 70808 | Purpose of Disbursement Credit card fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 116.25 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 44.20 |
| City Baton Rouge | State LA | |
| Zip Code 70808 | Purpose of Disbursement Credit card fees | Transaction ID : SB17.16818 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 10.05 |
| City Baton Rouge | State LA | |
| Zip Code 70808 | Purpose of Disbursement Credit card fees | Transaction ID : SB17.17037 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Anedot Processing Fees | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 5555 Hilton Avenue, Ste 106 | | Amount of Each Disbursement this Period 19.80 |
| City Baton Rouge | State LA | |
| Zip Code 70808 | Purpose of Disbursement Credit card fees | Transaction ID : SB17.17038 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 74.05 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Authnet Gateway Billing | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address CyberSource Solution 808 East Utah Valley Dr | | Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.16715 |
| City American Fort | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit card fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Authnet Gateway Billing | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address CyberSource Solution 808 East Utah Valley Dr | | Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.16786 |
| City American Fort | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit card fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Bancorp South | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 2909 13th Street | | Amount of Each Disbursement this Period 15.90 Transaction ID : SB17.16716 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Bank fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 75.90 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
PALAZZO FOR CONGRESS

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Bancorp South | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 2909 13th Street | | | Amount of Each Disbursement this Period 18.00 Transaction ID : SB17.16723 |
| City Gulfport | State MS | Zip Code 39501 | |
| Purpose of Disbursement Bank fees | | Candidate Name | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Bancorp South | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address 2909 13th Street | | | Amount of Each Disbursement this Period 105.50 Transaction ID : SB17.16784 |
| City Gulfport | State MS | Zip Code 39501 | |
| Purpose of Disbursement Bank fees | | Candidate Name | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Bancorp South | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 2909 13th Street | | | Amount of Each Disbursement this Period 15.90 Transaction ID : SB17.16787 |
| City Gulfport | State MS | Zip Code 39501 | |
| Purpose of Disbursement Bank fees | | Candidate Name | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 139.40 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Bancorp South | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 2909 13th Street | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.16792 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Bank fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Bancorp South | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 2909 13th Street | | Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.16793 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Credit card fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Bancorp South | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 2909 13th Street | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.16801 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Bank fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 60.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Bancorp South | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 2909 13th Street | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.16802 |
| City Gulfport | State MS | |
| Purpose of Disbursement Bank fees | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Bancorp South | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014 |
| Mailing Address 2909 13th Street | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.16807 |
| City Gulfport | State MS | |
| Purpose of Disbursement Bank fees | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Best Buy - Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 10545 Hwy 49 | | Amount of Each Disbursement this Period 32.08 Transaction ID : SB17.16873 [MEMO ITEM] |
| City Gulfport | State MS | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 30.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Breazeale, Saunders & O'Neil, Ltd | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address Post Office Box 80 | | Amount of Each Disbursement this Period 341.25 Transaction ID : SB17.16770 |
| City Jackson | State MS | |
| Zip Code 39205 | Purpose of Disbursement Accounting fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Bull Feathers | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 401 1st Street SE | | Amount of Each Disbursement this Period 26.99 Transaction ID : SB17.16870 [MEMO ITEM] |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Cable One | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address PO Box 9001092 | | Amount of Each Disbursement this Period 1162.58 Transaction ID : SB17.16714 |
| City Louisville | State KY | |
| Zip Code 40290-1092 | Purpose of Disbursement Utilities | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1503.83 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 | | |
| Mailing Address 300 1st Street SE | | | Amount of Each Disbursement this Period 384.86 | | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : SB17.16738 | | |
| Purpose of Disbursement Dinner expenses | | Category/ Type 001 | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Chesterfield's | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | | |
| Mailing Address 4646 Hardy St. | | | Amount of Each Disbursement this Period 29.07 | | |
| City Hattiesburg | State MS | Zip Code 39402 | Transaction ID : SB17.16833 | | |
| Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | | Category/ Type 001 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Congressional Liquor | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | | |
| Mailing Address 404 First St. SE | | | Amount of Each Disbursement this Period 7.06 | | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : SB17.16872 | | |
| Purpose of Disbursement Gift - credit card payment 4/1/14 | | Category/ Type 001 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 384.86 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Createsend.com Emails | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address Suite 404 3-5 Stapleton Ave. Sutherland | | Amount of Each Disbursement this Period 171.57 |
| City State Zip Code New South Wales 2232 ZZ 00000 | Purpose of Disbursement E-mail program - credit card payment 4/1/14 | |
| Candidate Name | Category/Type 004 | Transaction ID : SB17.16869 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Discount Zone | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1103 Pass Rd. | | Amount of Each Disbursement this Period 38.75 |
| City State Zip Code Gulfport MS 39501 | Purpose of Disbursement Travel expense - credit card payment 4/1/14 | |
| Candidate Name | Category/Type 002 | Transaction ID : SB17.16856 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. Event Farm | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 248 Victoria Street, Suite 8 | | Amount of Each Disbursement this Period 130.00 |
| City State Zip Code Costa Mesa CA 92627 | Purpose of Disbursement Donation - credit card payment 4/1/14 | |
| Candidate Name | Category/Type 012 | Transaction ID : SB17.16879 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Event Farm | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 248 Victoria Street, Suite 8 | | Amount of Each Disbursement this Period 130.00 |
| City Costa Mesa | State CA | |
| Zip Code 92627 | Purpose of Disbursement Donation - credit card payment 4/1/14 | Transaction ID : SB17.16880 |
| Candidate Name | 012 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Exxon Mobil-Alexandria | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 501 S Washington St. | | Amount of Each Disbursement this Period 36.77 |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Disbursement Travel - credit card payment 4/1/14 | Transaction ID : SB17.16827 |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Exxon Mobil-Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1119 30th Ave. | | Amount of Each Disbursement this Period 40.54 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Travel expense - credit card payment 4/1/14 | Transaction ID : SB17.16845 |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 100 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Exxon Mobil-Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1119 30th Ave. | | Amount of Each Disbursement this Period 72.00 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Travel expense - credit card payment 4/1/14 | Transaction ID : SB17.16884 [MEMO ITEM] |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Exxon Mobil - Hattiesburg | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 3984 US Highway 49 | | Amount of Each Disbursement this Period 64.22 |
| City Hattiesburg | State MS | |
| Zip Code 39402 | Purpose of Disbursement Travel expense - credit card payment 4/1/14 | Transaction ID : SB17.16851 [MEMO ITEM] |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. Exxon Mobil - Hattiesburg | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 3984 US Highway 49 | | Amount of Each Disbursement this Period 100.00 |
| City Hattiesburg | State MS | |
| Zip Code 39402 | Purpose of Disbursement Travel expense - credit card payment 4/1/14 | Transaction ID : SB17.16886 [MEMO ITEM] |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 101 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. S Margaret Godsey | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014 |
| Mailing Address 123 Venetian Gardens | | Amount of Each Disbursement this Period 1062.48 Transaction ID : SB17.16565 |
| City Gulfport | State MS Zip Code 39507 | |
| Purpose of Disbursement In-kind - | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. William Gryder IV | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 2113 Government St.Ste D-4 | | Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.16717 |
| City Ocean Springs | State MS Zip Code 39564 | |
| Purpose of Disbursement Rent | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. William Gryder IV | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 2113 Government St.Ste D-4 | | Amount of Each Disbursement this Period 1170.00 Transaction ID : SB17.16747 |
| City Ocean Springs | State MS Zip Code 39564 | |
| Purpose of Disbursement Rent | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3882.48 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 102 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. William Gryder IV | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 2113 Government St.Ste D-4 | | Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.16785 |
| City Ocean Springs | State MS | |
| Zip Code 39564 | Purpose of Disbursement Rent | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Half Shell Oyster House | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 2500 13st St #1 | | Amount of Each Disbursement this Period 84.38 Transaction ID : SB17.16823 [MEMO ITEM] |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Hancock High Educational Foundation | | Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014 |
| Mailing Address 7084 Stennis Airport Rd. | | Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.16749 |
| City Kiln | State MS | |
| Zip Code 39556 | Purpose of Disbursement Advertising | Category/ Type 004 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1890.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 103 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. iContact | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 2635 Merician Parkway Ste 200 | | Amount of Each Disbursement this Period 119.90 |
| City Durham State NC Zip Code 27713 | Purpose of Disbursement E-mail program - credit card payment 4/1/14 | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.16850 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 20000.00 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant-Media | |
| Candidate Name | Category/Type 004 | Transaction ID : SB17.16712 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) c. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 25877.54 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant - Media | |
| Candidate Name | Category/Type 004 | Transaction ID : SB17.16718 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 45877.54 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 104 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 24770.88 Transaction ID : SB17.16724 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant - Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) B. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 4023.67 Transaction ID : SB17.16741 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant - Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---|---|
| Full Name (Last, First, Middle Initial) c. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 24770.57 Transaction ID : SB17.16763 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant - Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 53565.12 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 25877.54 Transaction ID : SB17.16791 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant - Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Innovative Advertising LLC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount of Each Disbursement this Period 4893.75 Transaction ID : SB17.16795 |
| City Mandeville State LA Zip Code 70471 | Purpose of Disbursement Consultant - Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Kim Irish | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 15164 E Shadow Creek Dr | | Amount of Each Disbursement this Period 960.00 Transaction ID : SB17.16726 |
| City Biloxi State MS Zip Code 39532 | Purpose of Disbursement Salary 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 31731.29 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Kim Irish | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 15164 E Shadow Creek Dr | | Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.16764 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Salary | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Kim Irish | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 15164 E Shadow Creek Dr | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.16796 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Meal reimbursement | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Kim Irish | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014 |
| Mailing Address 15164 E Shadow Creek Dr | | Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.16803 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Salary | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1615.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 107 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Irish Coast Pub | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1307 25th Ave. | | Amount of Each Disbursement this Period 13.00 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Transaction ID : SB17.16843 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jazzeppis | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 195 Porter Ave. | | Amount of Each Disbursement this Period 878.35 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Transaction ID : SB17.16819 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Kangaroo-Diberville | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 10073 Rodriquez St. | | Amount of Each Disbursement this Period 38.88 |
| City Diberville | State MS | |
| Zip Code 39540 | Purpose of Disbursement Travel - credit card payment 4/1/14 | Transaction ID : SB17.16828 |
| Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 108 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. Kangaroo-Gulfport | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 10010 US 49 | | Amount of Each Disbursement this Period 70.86 |
| City Gulfport | State MS | |
| Zip Code 39503 | | Transaction ID : SB17.16865 |
| Purpose of Disbursement Travel expense - credit card payment 4/1/14 | | |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | Category/ Type 002 |
| Other (specify) | | |
| State: | District: | |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Hunter Lipscomb | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014 |
| Mailing Address 2604 Wanda Place | | Amount of Each Disbursement this Period 3000.00 |
| City Gulfport | State MS | |
| Zip Code 39501 | | Transaction ID : SB17.16731 |
| Purpose of Disbursement Salary | | |
| Candidate Name | | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | Other (specify) |
| Other (specify) | | |
| State: | District: | |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) c. Hunter Lipscomb | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 2604 Wanda Place | | Amount of Each Disbursement this Period 54.57 |
| City Gulfport | State MS | |
| Zip Code 39501 | | Transaction ID : SB17.16766 |
| Purpose of Disbursement Reimbursement for printing costs | | |
| Candidate Name | | Category/ Type 004 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | Other (specify) |
| Other (specify) | | |
| State: | District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3054.57 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 109 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Hunter Lipscomb | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address 2604 Wanda Place | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.16783 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Salary | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Magnolia Printing & Copying | | Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014 |
| Mailing Address 1829 25th Ave. | | Amount of Each Disbursement this Period 2174.36 Transaction ID : SB17.16752 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Printing | Category/ Type 004 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) c. Magnolia Printing & Copying | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 1829 25th Ave. | | Amount of Each Disbursement this Period 143.81 Transaction ID : SB17.16794 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Printing | Category/ Type 004 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5318.17 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | | |
|---|------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Magnolia Printing & Copying | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 | | |
| Mailing Address 1829 25th Ave. | | | Amount of Each Disbursement this Period 437.63 | | |
| City Gulfport | State MS | Zip Code 39501 | Transaction ID : SB17.16810 | | |
| Purpose of Disbursement Printing | | Category/ Type 004 | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

| | | | | | |
|---|------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. MB Public Affairs, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014 | | |
| Mailing Address 1415 L Street, #1260 | | | Amount of Each Disbursement this Period 10738.40 | | |
| City Sacramento | State CA | Zip Code 95814 | Transaction ID : SB17.16761 | | |
| Purpose of Disbursement Polling | | Category/ Type 005 | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

| | | | | | |
|---|------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mississippi Power Company | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 | | |
| Mailing Address PO Box 245 | | | Amount of Each Disbursement this Period 173.18 | | |
| City Birmingham | State AL | Zip Code 35201 | Transaction ID : SB17.16742 | | |
| Purpose of Disbursement Utilities | | Category/ Type 001 | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 11349.21 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. National Prayer Breakfast | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 635 B Pennsylvania Ave SE | | Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.16722 |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Donation 012 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Newks Express | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 3883 Promenade Pkwy | | Amount of Each Disbursement this Period 19.11 Transaction ID : SB17.16861 [MEMO ITEM] |
| City D'Iberville State MS Zip Code 39540 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Stephanie N. Norris | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 12216 Preservation Drive | | Amount of Each Disbursement this Period 1254.78 Transaction ID : SB17.16710 |
| City Gulfport State MS Zip Code 39503 | Purpose of Disbursement Consultant - Fundraising 003 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1604.78 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 112 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Stephanie N. Norris | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 | |
| Mailing Address 12216 Preservation Drive | | | Amount of Each Disbursement this Period 1021.38 | |
| City Gulfport | State MS | Zip Code 39503 | Transaction ID : SB17.16744 | |
| Purpose of Disbursement Consultant - Fundraising | | 003 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Stephanie N. Norris | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 | |
| Mailing Address 12216 Preservation Drive | | | Amount of Each Disbursement this Period 1000.00 | |
| City Gulfport | State MS | Zip Code 39503 | Transaction ID : SB17.16781 | |
| Purpose of Disbursement Consultant - Fundraising | | 003 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Office Depot | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | |
| Mailing Address 15212 Crossroads Pkwy | | | Amount of Each Disbursement this Period 212.13 | |
| City Gulfport | State MS | Zip Code 39503 | Transaction ID : SB17.16877 | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | | 001 Category/ Type | | |
| Candidate Name | | | [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2021.38 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 113 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot -D'Iberville | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address Promenade Parkway | | Amount of Each Disbursement this Period 740.24 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | | Transaction ID : SB17.16860 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | Category/Type 001 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Office Depot -D'Iberville | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address Promenade Parkway | | Amount of Each Disbursement this Period 213.96 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | | Transaction ID : SB17.16876 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | Category/Type 001 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Office Depot -D'Iberville | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address Promenade Parkway | | Amount of Each Disbursement this Period -200.59 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Office supplies refund - credit card payment 4/1/14 | | Transaction ID : SB17.16878 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | Category/Type 001 | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Palazzo & Company, LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address 13155 Highway 67, Ste B | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.16719 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Accounting fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Palazzo & Company, LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address 13155 Highway 67, Ste B | | Amount of Each Disbursement this Period 502.25 Transaction ID : SB17.16720 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Reimburse for MS Power - utilities | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Palazzo & Company, LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 13155 Highway 67, Ste B | | Amount of Each Disbursement this Period 2275.00 Transaction ID : SB17.16743 |
| City Biloxi | State MS | |
| Zip Code 39532 | Purpose of Disbursement Accounting, computer, and furniture | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3777.25 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 115 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Palazzo & Company, LLC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 13155 Highway 67, Ste B | | Amount of Each Disbursement this Period 1071.23 Transaction ID : SB17.16798 |
| City Biloxi | State MS Zip Code 39532 | |
| Purpose of Disbursement Reimbursement | Category/Type 004 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Pinnacle Promotions | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 4855 Peachtree Industrial Blvd Suite 235 | | Amount of Each Disbursement this Period 1071.23 Transaction ID : SB17.16798.0 [MEMO ITEM] |
| City Norcross | State GA Zip Code 30092 | |
| Purpose of Disbursement T-shirts | Category/Type 004 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Kyle Palazzo | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.16727 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Salary | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1521.23 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 116 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. Kyle Palazzo | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 4,567,890.12 135.97 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Travel expense reimbursement | Candidate Name | Transaction ID : SB17.16729 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type 002 | |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. Pure Country | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 10166 Lorraine Road | | Amount of Each Disbursement this Period 4,567,890.12 75.13 |
| City Gulfport | State MS Zip Code 39503 | |
| Purpose of Disbursement Travel expense | Candidate Name | Transaction ID : SB17.16729.0 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Kyle Palazzo | | Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 4,567,890.12 333.99 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Travel expense reimbursement | Candidate Name | Transaction ID : SB17.16751 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type 002 | |

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| SUBTOTAL of Disbursements This Page (optional) | 469.96 |
| TOTAL This Period (last page this line number only) | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Kyle Palazzo | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.16765 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Salary | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kyle Palazzo | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 264.78 Transaction ID : SB17.16779 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Travel expense reimbursement | Category/Type 002 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kyle Palazzo | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 124.05 Transaction ID : SB17.16797 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Reimbursement | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 888.83 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Pure Country | | Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 |
| Mailing Address 10166 Lorraine Road | | Amount of Each Disbursement this Period 48.27 |
| City Gulfport | State MS Zip Code 39503 | |
| Purpose of Disbursement Travel expense | Category/Type 002 | Transaction ID : SB17.16797.1 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kyle Palazzo | | Date of Disbursement MM / DD / YYYY 05 / 09 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 500.00 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Salary | Category/Type 001 | Transaction ID : SB17.16804 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Kyle Palazzo | | Date of Disbursement MM / DD / YYYY 05 / 12 / 2014 |
| Mailing Address 11072 Old Hwy 67 | | Amount of Each Disbursement this Period 85.01 |
| City D'Iberville | State MS Zip Code 39540 | |
| Purpose of Disbursement Travel expense reimbursement | Category/Type 002 | Transaction ID : SB17.16809 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 585.01 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. The Home Depot - Gulfport | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 |
| Mailing Address 15220 Cresosote Rd. | | | Amount of Each Disbursement this Period 331.12 Transaction ID : SB17.16809.0 |
| City Gulfport | State MS | Zip Code 39503 | |
| Purpose of Disbursement Yard sign supplies | | Category/ Type 004 | [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. STEVEN MCCARTY PALAZZO | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address P.O. BOX 4634 | | | Amount of Each Disbursement this Period 331.12 Transaction ID : SB17.16721 |
| City BILOXI | State MS | Zip Code 39535 | |
| Purpose of Disbursement Reimbursement | | Category/ Type 001 | [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: MS | District: 04 | | |

| | | | |
|---|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) c. Sam's Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address PO Box 530942 | | | Amount of Each Disbursement this Period 331.12 Transaction ID : SB17.16721.0 |
| City Atlanta | State GA | Zip Code 30353 | |
| Purpose of Disbursement Office supplies | | Category/ Type 001 | [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 331.12 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. PJ's Coffee | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 2501 14th St. | | Amount of Each Disbursement this Period 6.30 |
| City Gulfport | State MS | |
| Zip Code 39501 | | |
| Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: | Disbursement For: | |
| <input type="checkbox"/> House | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: | District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. PJ's Coffee | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 2501 14th St. | | Amount of Each Disbursement this Period 5.14 |
| City Gulfport | State MS | |
| Zip Code 39501 | | |
| Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: | Disbursement For: | |
| <input type="checkbox"/> House | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Polks Biloxi Drugs | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1845 Pops Ferry Rd. | | Amount of Each Disbursement this Period 87.06 |
| City Biloxi | State MS | |
| Zip Code 39532 | | |
| Purpose of Disbursement Travel - credit card payment 4/1/14 | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: | Disbursement For: | |
| <input type="checkbox"/> House | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: | District: | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 121 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey Runnels | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014 |
| Mailing Address 2210 Pass Road Unit C | | Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.16732 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Salary | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jeffrey Runnels | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address 2210 Pass Road Unit C | | Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.16782 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Salary | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Rustico Restaurant | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 827 Slaters Lane | | Amount of Each Disbursement this Period 219.12 Transaction ID : SB17.16840 [MEMO ITEM] |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|------------------|---|
| Full Name (Last, First, Middle Initial) A. Shell Oil | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 540 Bayview Avenue | | Amount of Each Disbursement this Period 99.00 |
| City Biloxi | State MS | |
| Purpose of Disbursement Travel - credit card payment 4/1/14 | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|---|
| Full Name (Last, First, Middle Initial) B. Shell Oil | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 540 Bayview Avenue | | Amount of Each Disbursement this Period 94.33 |
| City Biloxi | State MS | |
| Purpose of Disbursement Travel expense - credit card payment 4/1/14 | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|---|
| Full Name (Last, First, Middle Initial) c. Shell Oil | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 540 Bayview Avenue | | Amount of Each Disbursement this Period 51.39 |
| City Biloxi | State MS | |
| Purpose of Disbursement Travel expense - credit card payment 4/1/14 | | Category/ Type 002 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 123 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Shell Oil-Long Beach | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 9075 County Farm Rd. | | Amount of Each Disbursement this Period 8146.85 |
| City Long Beach | State MS Zip Code 39560 | |
| Purpose of Disbursement Travel expense - credit card payment 4/1/14 | Category/Type 002 | Transaction ID : SB17.16847 [MEMO ITEM] |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Southern Miss Catering | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 118 College Drive Box 5063 | | Amount of Each Disbursement this Period 596.85 |
| City Hattiesburg | State MS Zip Code 39406 | |
| Purpose of Disbursement Catering Costs | Category/Type 003 | Transaction ID : SB17.16771 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. SRCPmedia | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014 |
| Mailing Address 201 North Union Street, Ste 200 | | Amount of Each Disbursement this Period 7550.00 |
| City Alexandria | State VA Zip Code 22314 | |
| Purpose of Disbursement Media | Category/Type 004 | Transaction ID : SB17.16733 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 8146.85 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. SRCPmedia | | Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014 |
| Mailing Address 201 North Union Street, Ste 200 | | Amount of Each Disbursement this Period 13709.00 Transaction ID : SB17.16754 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. SRCPmedia | | Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014 |
| Mailing Address 201 North Union Street, Ste 200 | | Amount of Each Disbursement this Period 7550.00 Transaction ID : SB17.16755 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. SRCPmedia | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 201 North Union Street, Ste 200 | | Amount of Each Disbursement this Period 11350.00 Transaction ID : SB17.16780 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 32609.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 125 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. SRCPmedia | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 201 North Union Street, Ste 200 | | Amount of Each Disbursement this Period 5162.00 Transaction ID : SB17.16800 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SRCPmedia | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014 |
| Mailing Address 201 North Union Street, Ste 200 | | Amount of Each Disbursement this Period 53560.00 Transaction ID : SB17.16805 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Media 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Stor-By-U | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 9221 Woolmarket Road | | Amount of Each Disbursement this Period 76.80 Transaction ID : SB17.16788 |
| City Biloxi State MS Zip Code 39532 | Purpose of Disbursement Storage 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 58798.80 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 126 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Teddy & The Bully Bar DC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1200 19th NW | | Amount of Each Disbursement this Period 40.00 |
| City Washington | State DC | |
| Zip Code 20036 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Transaction ID : SB17.16834 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Tequila's II LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 18369 U.S. Hwy 49 | | Amount of Each Disbursement this Period 61.46 |
| City Saucier | State MS | |
| Zip Code 39574 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | Transaction ID : SB17.16825 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. The Deli LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address Hwy 603 Ste 1 | | Amount of Each Disbursement this Period 379.85 |
| City Kiln | State MS | |
| Zip Code 39556 | Purpose of Disbursement Catering costs | Transaction ID : SB17.16745 |
| Candidate Name | Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 379.85 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 135 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. The Home Depot - Gulfport | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 15220 Cresosote Rd. | | | Amount of Each Disbursement this Period 17.98 |
| City Gulfport | State MS | Zip Code 39503 | |
| Purpose of Disbursement Supplies - credit card payment 4/1/14 | | Category/ Type 001 | Transaction ID : SB17.16867 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. The Plaid Rhino | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 122 Carlisle Street | | | Amount of Each Disbursement this Period 63.08 |
| City Hattiesburg | State MS | Zip Code 39402 | |
| Purpose of Disbursement Dinner expense - credit card payment 4/1/14 | | Category/ Type 001 | Transaction ID : SB17.16852 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) c. The Preserve Golf Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 8901 Mississippi 57 | | | Amount of Each Disbursement this Period 2750.00 |
| City Vanceleave | State MS | Zip Code 39565 | |
| Purpose of Disbursement Fundraising event expense | | Category/ Type 003 | Transaction ID : SB17.16711 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 128 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. The Willard Hotel | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 |
| Mailing Address 1401 Pennsylvania Ave NW | | Amount of Each Disbursement this Period 325.86 Transaction ID : SB17.16772 |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Dinner Expense Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Tortilla Coast | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 400 1st Street SE | | Amount of Each Disbursement this Period 58.74 Transaction ID : SB17.16836 [MEMO ITEM] |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Tortilla Coast | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 400 1st Street SE | | Amount of Each Disbursement this Period 144.39 Transaction ID : SB17.16881 [MEMO ITEM] |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Dinner expense - credit card payment 4/1/14 Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 325.86 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|---|--|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 129 OF 135 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Uber Technologies Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | |
| Mailing Address 182 Howard Street | | | Amount of Each Disbursement this Period 17.00 | |
| City San Francisco | State CA | Zip Code 94105 | Transaction ID : SB17.16841 | |
| Purpose of Disbursement Travel expense - credit card payment 4/1/14 | | Category/ Type 002 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Uber Technologies Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | |
| Mailing Address 182 Howard Street | | | Amount of Each Disbursement this Period 31.00 | |
| City San Francisco | State CA | Zip Code 94105 | Transaction ID : SB17.16842 | |
| Purpose of Disbursement Travel expense - credit card payment 4/1/14 | | Category/ Type 002 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Uhaul Rental | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 | |
| Mailing Address 1132 Pass Rd. | | | Amount of Each Disbursement this Period 75.11 | |
| City Gulfport | State MS | Zip Code 39501 | Transaction ID : SB17.16858 | |
| Purpose of Disbursement Rental - credit card payment 4/1/14 | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 130 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Uhaul Rental | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 1132 Pass Rd. | | Amount of Each Disbursement this Period 4.62 |
| City Gulfport | State MS | |
| Zip Code 39501 | Purpose of Disbursement Rental - credit card payment 4/1/14 | Transaction ID : SB17.16863 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 2600 Beach Blvd | | Amount of Each Disbursement this Period 66.15 |
| City Biloxi | State MS | |
| Zip Code 39531 | Purpose of Disbursement Telephone - credit card payment 4/1/14 | Transaction ID : SB17.16839 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Virgin Mobil | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 10 Independence Blvd | | Amount of Each Disbursement this Period 22.40 |
| City Warren | State NJ | |
| Zip Code 07059 | Purpose of Disbursement Telephone - credit card payment 4/1/14 | Transaction ID : SB17.16822 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 131 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Vistaprint | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 447 Advance Blvd Canada | | Amount of Each Disbursement this Period 215.99 |
| City State Zip Code | | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | Category/ Type 001 | Transaction ID : SB17.16853 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Vistaprint | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 447 Advance Blvd Canada | | Amount of Each Disbursement this Period 116.99 |
| City State Zip Code | | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | Category/ Type 001 | Transaction ID : SB17.16866 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Walmart Super Center | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 9350 Highway 49 | | Amount of Each Disbursement this Period 38.74 |
| City State Zip Code Gulfport MS 39503 | | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | Category/ Type 001 | Transaction ID : SB17.16864 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 132 OF 135 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Walmart Super Center | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014 |
| Mailing Address 9350 Highway 49 | | Amount of Each Disbursement this Period 59.61 |
| City Gulfport | State MS | |
| Zip Code 39503 | | |
| Purpose of Disbursement Office supplies - credit card payment 4/1/14 | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Winfrey & Company | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 228 South Washington St Suite B-20 | | Amount of Each Disbursement this Period 2031.20 |
| City Alexandria | State VA | |
| Zip Code 22314 | | |
| Purpose of Disbursement Consultant - Fundraising | | Category/ Type 003 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Winfrey & Company | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 228 South Washington St Suite B-20 | | Amount of Each Disbursement this Period 4250.00 |
| City Alexandria | State VA | |
| Zip Code 22314 | | |
| Purpose of Disbursement Consultant - Fundraising | | Category/ Type 003 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6281.20 |
| TOTAL This Period (last page this line number only)..... | 310049.77 |

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

| | | | | | |
|---|--|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 135 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Joe Sanderson | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address PO Box 988 | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.16507 |
| City Laurel | State MS | |
| Zip Code 39441 | Purpose of Disbursement Refund of excess contribution | Category/ Type 010 |
| Candidate Name STEVEN MCCARTY PALAZZO | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: MS District: 04 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | 400.00 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 134 OF 135 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

PALAZZO FOR CONGRESS

| | | |
|---|----------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AGJ Systems & Networks | | Nature of Debt (Purpose): Site Maintenance |
| Mailing Address 14257 Dedeaux Rd Suite A | | |
| City State | Zip Code | |
| Gulfport | MS 39503 | |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.15945 | |
| <input type="text" value="3091.43"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="3091.43"/> | <input type="text" value="0.00"/> |

| | | |
|---|----------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express | | Nature of Debt (Purpose): Credit Card Debt |
| Mailing Address P.O. Box 650448 | | |
| City State | Zip Code | |
| Dallas | TX 75265 | |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.15949 | |
| <input type="text" value="4881.88"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="4881.88"/> | <input type="text" value="0.00"/> |

| | | |
|---|----------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express | | Nature of Debt (Purpose): Credit card debt |
| Mailing Address P.O. Box 650448 | | |
| City State | Zip Code | |
| Dallas | TX 75265 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.17030 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="7362.94"/> | <input type="text" value="0.00"/> | <input type="text" value="7362.94"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="7362.94"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Palazzo & Company, LLC

Mailing Address 13155 Highway 67, Ste B

City State Zip Code
 Biloxi MS 39532

Nature of Debt (Purpose):
 Accounting Fees and Utility Reimbursement

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.15948 | |
| 1502.25 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 1502.25 | 0.00 |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Winfrey & Company

Mailing Address 228 South Washington St
 Suite B-20

City State Zip Code
 Alexandria VA 22314

Nature of Debt (Purpose):
 Consultant-Fundraising

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.15947 | |
| 2031.20 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 2031.20 | 0.00 |

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTALS This Period (last page this line number only) | 7362.94 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 7362.94 |