

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

REMEMBER MISSISSIPPI

ADDRESS (number and street)

PO BOX 4142

Check if different than previously reported. (ACC)

BILOXI

MS

39535

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00641423

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)

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

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

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

5. Covering Period

[MM] / [DD] / [YYYY] 01 / 01 / 2018 through [MM] / [DD] / [YYYY] 03 / 31 / 2018

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

BARNETT, TOMMY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BARNETT, TOMMY, , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 04 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REMEMBER MISSISSIPPI

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		852087.67
(b) Cash on Hand at Beginning of Reporting Period.....	852087.67	
(c) Total Receipts (from Line 19)	253699.90	253699.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1105787.57	1105787.57
7. Total Disbursements (from Line 31).....	580819.51	580819.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	524968.06	524968.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

REMEMBER MISSISSIPPI

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250000.00	250000.00
(ii) Unitemized	3699.90	3699.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	253699.90	253699.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	253699.90	253699.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	253699.90	253699.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	253699.90	253699.90

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	327847.76	327847.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	327847.76	327847.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	252971.75	252971.75
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	580819.51	580819.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	580819.51	580819.51

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	253699.90	253699.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	253699.90	253699.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	327847.76	327847.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	327847.76	327847.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UIHLEIN, RICHARD, , ,

Mailing Address 1396 N WAUKEGAN RD

City LAKE FOREST	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2018

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
TOTAL This Period (last page this line number only).....▶	250000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. 365 STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 20 / 2018
Mailing Address PO BOX 3109 #51996		FEC Identification Number C [] Transaction ID : SB21B.4282
City HOUSTON	State TX	Zip Code 77253
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 20000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

Full Name (Last, First, Middle Initial) B. 365 STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address PO BOX 3109 #51996		FEC Identification Number C [] Transaction ID : SB21B.4283
City HOUSTON	State TX	Zip Code 77253
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

Full Name (Last, First, Middle Initial) C. A COMPLETE FLAG SOURCE INC		Date of Disbursement MM / DD / YYYY 03 / 06 / 2018
Mailing Address 5295 I55 N STE A		FEC Identification Number C [] Transaction ID : SB21B.4285
City JACKSON	State MS	Zip Code 39206
Purpose of Disbursement EQUIPMENT PURCHASE		Amount of Each Disbursement this Period [] 4493.62
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

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

34493.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. ALEXANDER'S

Full Name (Last, First, Middle Initial)

Mailing Address 803 HILL ST

City ELLISVILLE State MS Zip Code 39437

Purpose of Disbursement EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period: 334.38

Memo Item

B. AMERICAN LEGION POST #49

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 313

City TUPELO State MS Zip Code 38802

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4289

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. ASCAP

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 331608

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4301

Amount of Each Disbursement this Period: 763.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3097.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. BARNETT, TOMMY, , ,		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018	
Mailing Address PO BOX 4142		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4274 Amount of Each Disbursement this Period [REDACTED] 1769.63	
City BILOXI	State MS	Zip Code 39535	Category/ Type [REDACTED]
Purpose of Disbursement INSURANCE PREMIUM		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. SOUTHGROUP LAUREL		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018	
Mailing Address PO BOX 567		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4274.c Amount of Each Disbursement this Period [REDACTED] 1769.63	
City LAUREL	State MS	Zip Code 39441	Category/ Type [REDACTED]
Purpose of Disbursement INSURANCE PREMIUM		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4272 Amount of Each Disbursement this Period [REDACTED] 2000.00	
City FLORENCE	State MS	Zip Code 39073	Category/ Type [REDACTED]
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3769.63
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 03 / 08 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [] Transaction ID : SB21B.4278 Amount of Each Disbursement this Period [] 3650.00	
City FLORENCE	State MS	Zip Code 39073	Category/ Type []
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BOWE PHOTOGRAPHY		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018	
Mailing Address 105 AUSTIN RD		FEC Identification Number C [] Transaction ID : SB21B.4303 Amount of Each Disbursement this Period [] 500.00	
City MOSELLE	State MS	Zip Code 39459	Category/ Type []
Purpose of Disbursement PHOTOGRAPHY SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BUSYLAD INC		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018	
Mailing Address 1818 MCCULLOUGH BLVD		FEC Identification Number C [] Transaction ID : SB21B.4305 Amount of Each Disbursement this Period [] 1286.66	
City TUPELO	State MS	Zip Code 38801	Category/ Type []
Purpose of Disbursement EQUIPMENT RENTAL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5436.66
TOTAL This Period (last page this line number only).....▶	[]

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

Form/Schedule: SB21B

Transaction ID : SB21B.4278

NO ADDITIONAL ITEMIZATION NECESSARY

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4317 Amount of Each Disbursement this Period [] 60.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4318 Amount of Each Disbursement this Period [] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4319 Amount of Each Disbursement this Period [] 30.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 105.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C Transaction ID : SB21B.4320 Amount of Each Disbursement this Period 15.00
City FOREST	State MS	
Zip Code 39074	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	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. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C Transaction ID : SB21B.4321 Amount of Each Disbursement this Period 15.00
City FOREST	State MS	
Zip Code 39074	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	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. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018
Mailing Address PO BOX 365		FEC Identification Number C Transaction ID : SB21B.4322 Amount of Each Disbursement this Period 787.50
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....▶	817.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. COMPLIANCE CONSULTING OF VIRGINIA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period: 964.66

Memo Item

B. COMPLIANCE CONSULTING OF VIRGINIA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period: 1925.00

Memo Item

C. EVENTBRITE

Full Name (Last, First, Middle Initial)

Mailing Address 155 5TH ST 7TH FL

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period: 117.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3007.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. EVENTBRITE

Mailing Address 155 5TH ST 7TH FL

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4328

Amount of Each Disbursement this Period

28.50

Memo Item

Full Name (Last, First, Middle Initial)

B. GOIN' POSTAL

Mailing Address 941 4TH ST

City ZEPHYRHILLS State FL Zip Code 33542

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4332

Amount of Each Disbursement this Period

96.10

Memo Item

Full Name (Last, First, Middle Initial)

C. GOIN' POSTAL

Mailing Address 941 4TH ST

City ZEPHYRHILLS State FL Zip Code 33542

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4333

Amount of Each Disbursement this Period

96.10

Memo Item

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

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

220.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4334 Amount of Each Disbursement this Period [] 1020.00	
City NEW YORK	State NY	Zip Code 10166	Category/ Type []
Purpose of Disbursement LEGAL CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018	
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4335 Amount of Each Disbursement this Period [] 1615.00	
City NEW YORK	State NY	Zip Code 10166	Category/ Type []
Purpose of Disbursement LEGAL CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 03 / 21 / 2018	
Mailing Address 200 PARK AVE		FEC Identification Number C [] Transaction ID : SB21B.4336 Amount of Each Disbursement this Period [] 9215.00	
City NEW YORK	State NY	Zip Code 10166	Category/ Type []
Purpose of Disbursement LEGAL CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 11850.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. GULF SOUTH PRODUCTIONS		Date of Disbursement MM / DD / YYYY 03 / 06 / 2018
Mailing Address 537 KNIGHT RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4338 Amount of Each Disbursement this Period 5830.00
City SUMRALL	State MS	Zip Code 39482
Purpose of Disbursement A/V SERVICES/EQUIPMENT RENTAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GULF SOUTH PRODUCTIONS		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 537 KNIGHT RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4339 Amount of Each Disbursement this Period 1075.00
City SUMRALL	State MS	Zip Code 39482
Purpose of Disbursement A/V SERVICES/EQUIPMENT RENTAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4266 Amount of Each Disbursement this Period 3000.00
City SIMPSONVILLE	State SC	Zip Code 29681
Purpose of Disbursement MEDIA CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

9905.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4281 Amount of Each Disbursement this Period 3000.00	
City SIMPSONVILLE	State SC	Zip Code 29681	Category/ Type [REDACTED]
Purpose of Disbursement MEDIA CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018	
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4276 Amount of Each Disbursement this Period 3000.00	
City SIMPSONVILLE	State SC	Zip Code 29681	Category/ Type [REDACTED]
Purpose of Disbursement MEDIA CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. JAMESDESIGN		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018	
Mailing Address 3332 W SARATOGA AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4344 Amount of Each Disbursement this Period 510.00	
City ENGLEWOOD	State CO	Zip Code 80110	Category/ Type [REDACTED]
Purpose of Disbursement PRINTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	6510.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. JONES COUNTY JUNIOR COLLEGE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

Mailing Address 900 S COURT ST

FEC Identification Number

C []
Transaction ID : SB21B.4346
 Amount of Each Disbursement this Period
 [] 1580.00

City ELLISVILLE State MS Zip Code 39437

Purpose of Disbursement
FACILITY RENTAL

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. KIMMONS INVESTIGATIVE SERVICES

Date of Disbursement

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

Mailing Address 3033 CHIMNEY ROCK RD STE 200

FEC Identification Number

C []
Transaction ID : SB21B.4347
 Amount of Each Disbursement this Period
 [] 2340.97

City HOUSTON State TX Zip Code 77056

Purpose of Disbursement
RESEARCH CONSULTING

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. KIMMONS INVESTIGATIVE SERVICES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

Mailing Address 3033 CHIMNEY ROCK RD STE 200

FEC Identification Number

C []
Transaction ID : SB21B.4348
 Amount of Each Disbursement this Period
 [] 7282.48

City HOUSTON State TX Zip Code 77056

Purpose of Disbursement
RESEARCH CONSULTING

[]
Category/
Type

Candidate Name

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

Memo Item

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

[] 11203.45

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. LACKEY, JODY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1215 E MAIN ST

City TUPELO State MS Zip Code 38804

Purpose of Disbursement EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4280

Amount of Each Disbursement this Period: 305.66

Memo Item

B. COMPUTER UNIVERSE

Full Name (Last, First, Middle Initial)

Mailing Address 1139 W MAIN

City TUPELO State MS Zip Code 38801

Purpose of Disbursement EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4280.c

Amount of Each Disbursement this Period: 305.66

Memo Item

C. MCCLUSKEY, RIC, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 453

City MCLAIN State MS Zip Code 39456

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4268

Amount of Each Disbursement this Period: 2000.00

Memo Item

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

2305.66

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. MCCLUSKEY, RIC, , ,		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address PO BOX 453		FEC Identification Number C Transaction ID : SB21B.4275 Amount of Each Disbursement this Period 3500.00
City MCLAIN	State MS	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018
Mailing Address 10332 MAIN ST #298		FEC Identification Number C Transaction ID : SB21B.4350 Amount of Each Disbursement this Period 15629.50
City FAIRFAX	State VA	
Purpose of Disbursement LIST PURCHASE		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 03 / 06 / 2018
Mailing Address 10332 MAIN ST #298		FEC Identification Number C Transaction ID : SB21B.4351 Amount of Each Disbursement this Period 1500.00
City FAIRFAX	State VA	
Purpose of Disbursement SUBSCRIPTION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	20629.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. NORMAN ANALYTICS AND RESEARCH

Full Name (Last, First, Middle Initial)
Mailing Address 11006 KILKEEL CT

City OAKTON State VA Zip Code 22124

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4353

Amount of Each Disbursement this Period: 4800.00

Memo Item

B. NORMAN ANALYTICS AND RESEARCH

Full Name (Last, First, Middle Initial)
Mailing Address 11006 KILKEEL CT

City OAKTON State VA Zip Code 22124

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4354

Amount of Each Disbursement this Period: 48140.00

Memo Item

C. ON MESSAGE

Full Name (Last, First, Middle Initial)
Mailing Address 1025 1ST ST SE UNIT 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4355

Amount of Each Disbursement this Period: 2835.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 55775.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. ON MESSAGE

Mailing Address 1025 1ST ST SE UNIT 310

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMMUNICATIONS CONSULTIING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	1	8		

FEC Identification Number

C []
Transaction ID : SB21B.4356
Amount of Each Disbursement this Period
[] 4635.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGEL STRATEGIES

Mailing Address 3948 LEGACY DR STE 106-282

City
PLANO

State
TX

Zip Code
75023

Purpose of Disbursement
MEDIA - NOT IN CONNECTION WITH A FEDERAL CANDIDATE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.4357
Amount of Each Disbursement this Period
[] 39925.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGEL STRATEGIES

Mailing Address 3948 LEGACY DR STE 106-282

City
PLANO

State
TX

Zip Code
75023

Purpose of Disbursement
MEDIA - NOT IN CONNECTION WITH A FEDERAL CANDIDATE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.4358
Amount of Each Disbursement this Period
[] 22553.00

Memo Item

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

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

6	7	1	1	3	.	0	0
---	---	---	---	---	---	---	---

6	7	1	1	3	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. SOUTHERN HOSPITALITY CATERING LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2018

Mailing Address 351 OLD HIGHWAY 15 S

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4360
Amount of Each Disbursement this Period

[REDACTED] 17745.09

Memo Item

City ELLISVILLE State MS Zip Code 39437

Purpose of Disbursement
CATERING

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SOWELL, GRANT, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

Mailing Address 213 N THOMAS ST

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4270
Amount of Each Disbursement this Period

[REDACTED] 2050.00

Memo Item

City TUPELO State MS Zip Code 38801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SOWELL, GRANT, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2018

Mailing Address 213 N THOMAS ST

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4277
Amount of Each Disbursement this Period

[REDACTED] 2709.00

Memo Item

City TUPELO State MS Zip Code 38801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/EQUIPMENT PRUCHASE

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[REDACTED] 22504.09

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

[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.4277

NO ADDITIONAL ITEMIZATION NECESSARY

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. STONE CREEK CONSULTING

Mailing Address 1420 S MONTEBELLO ST

City OLATHE State KS Zip Code 66062

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4362

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE DATA GROUP LLC

Mailing Address 3208 E COLONIAL DR #118

City ORLANDO State FL Zip Code 32803

Purpose of Disbursement
LIST PURCHASE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4364

Amount of Each Disbursement this Period

1263.47

Memo Item

Full Name (Last, First, Middle Initial)

C. THE DATA GROUP LLC

Mailing Address 3208 E COLONIAL DR #118

City ORLANDO State FL Zip Code 32803

Purpose of Disbursement
LIST PURCHASE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4365

Amount of Each Disbursement this Period

3137.35

Memo Item

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

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

4900.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. THE RAINMAKERS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018	
Mailing Address PO BOX 1082		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4368 Amount of Each Disbursement this Period 25261.00	
City SPRINGFIELD	State VA	Zip Code 22151	Category/ Type [REDACTED]
Purpose of Disbursement FINANCE CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. THOMAS GRAPHICS INC		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018	
Mailing Address PO BOX 142226		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4370 Amount of Each Disbursement this Period 456.99	
City AUSTIN	State TX	Zip Code 78714	Category/ Type [REDACTED]
Purpose of Disbursement PRINTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. TUPELO CONSIGNMENT MUSIC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018	
Mailing Address 1215 E MAIN		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4372 Amount of Each Disbursement this Period 643.00	
City TUPELO	State MS	Zip Code 38804	Category/ Type [REDACTED]
Purpose of Disbursement A/V SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	26360.99
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)
A. U-HAUL

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4374

Amount of Each Disbursement this Period: 341.20

Memo Item

Full Name (Last, First, Middle Initial)
B. VOTER CONTACT SOLUTIONS

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4379

Amount of Each Disbursement this Period: 12836.77

Memo Item

Full Name (Last, First, Middle Initial)
C. VOTER CONTACT SOLUTIONS

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4380

Amount of Each Disbursement this Period: 11280.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24458.25

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. VOTER CONTACT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4381

Amount of Each Disbursement this Period: 12005.95

Memo Item

B. VOTER CONTACT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement TRANSPORTATION SERVICES/SECURITY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4382

Amount of Each Disbursement this Period: 700.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12705.95
TOTAL This Period (last page this line number only).....▶	327169.76

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: BIGLOOK PRODUCTIONS
Mailing Address: 1700 APRICOT GLEN DR
City: AUSTIN, State: TX, Zip Code: 78746
Purpose of Expenditure: VIDEO PRODUCTION
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought: 231585.16
Disbursement For: Primary

Full Name of Payee: DANWAL INC
Mailing Address: 12404 STATE HIGHWAY 155 S
City: TYLER, State: TX, Zip Code: 75703
Purpose of Expenditure: PRINTING - SIGNS
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought: 51193.17
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 90143.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BARNETT, TOMMY, ,

[Electronically Filed]

Date 04 / 15 / 2018

Signature

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

NAME OF COMMITTEE (In Full) REMEMBER MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00641423 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item DIAMOND PRODUCTIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2018			
Mailing Address PO BOX 1601	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> Transaction ID : SE.4244 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2018			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City PICAYUNE</td> <td style="width:17%;">State MS</td> <td style="width:50%;">Zip Code 39466</td> </tr> </table>		City PICAYUNE	State MS	Zip Code 39466
City PICAYUNE		State MS	Zip Code 39466	
Purpose of Expenditure VIDEO PRODUCTION				
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">246085.16</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item FIELDING CREATIVE LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2018			
Mailing Address 21291 SOUTHOLME WAY	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17500.00</div> Transaction ID : SE.4230 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2018			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City ASHBURN</td> <td style="width:17%;">State VA</td> <td style="width:50%;">Zip Code 20147</td> </tr> </table>		City ASHBURN	State VA	Zip Code 20147
City ASHBURN		State VA	Zip Code 20147	
Purpose of Expenditure GRAPHIC DESIGN				
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">191585.16</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">18000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

BARNETT, TOMMY, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2018

Signature

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

NAME OF COMMITTEE (In Full) REMEMBER MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼ C C00641423
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee JAMESDESIGN <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3332 W SARATOGA AVE	Amount <input type="text"/> 300.00 Transaction ID : SE.4240 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ENGLEWOOD State CO Zip Code 80110	
Purpose of Expenditure GRAPHIC DESIGN Category/Type <input type="text"/>	
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 300.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee JAMESDESIGN <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3332 W SARATOGA AVE	Amount <input type="text"/> 360.00 Transaction ID : SE.4242 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ENGLEWOOD State CO Zip Code 80110	
Purpose of Expenditure GRAPHIC DESIGN Category/Type <input type="text"/>	
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 660.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 660.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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BARNETT, TOMMY, , ,

[Electronically Filed]

Date / /

Signature

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

NAME OF COMMITTEE (In Full) REMEMBER MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼ C C00641423
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee JAMESDESIGN <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3332 W SARATOGA AVE	Amount <input type="text"/> 390.00 Transaction ID : SE.4243 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ENGLEWOOD State CO Zip Code 80110	
Purpose of Expenditure GRAPHIC DESIGN Category/Type <input type="text"/>	
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1050.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee LEFT HAND DESIGN <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7233 MANCHACA RD #37	Amount <input type="text"/> 10118.71 Transaction ID : SE.4232 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City AUSTIN State TX Zip Code 78745	
Purpose of Expenditure GRAPHIC DESIGN/PRINTING Category/Type <input type="text"/>	
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 65366.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 10508.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

BARNETT, TOMMY, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee PINPOINT IMPACT LLC
Mailing Address 1501 S CLINTON ST #12009
City FORT WAYNE State IN Zip Code 46862
Purpose of Expenditure MEDIA
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , ,
Calendar Year-To-Date Per Election for Office Sought 164085.16
Date of Public Distribution/Dissemination 03 / 01 / 2018
Amount 15000.00
Transaction ID : SE.4222
Date of Disbursement or Obligation 03 / 01 / 2018
Office Sought: House District: 00
Senate State: MS
Disbursement For: Primary General
Other (specify)

Full Name of Payee PINPOINT IMPACT LLC
Mailing Address 1501 S CLINTON ST #12009
City FORT WAYNE State IN Zip Code 46862
Purpose of Expenditure MEDIA
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , ,
Calendar Year-To-Date Per Election for Office Sought 174085.16
Date of Public Distribution/Dissemination 03 / 01 / 2018
Amount 10000.00
Transaction ID : SE.4223
Date of Disbursement or Obligation 03 / 01 / 2018
Office Sought: House District: 00
Senate State: MS
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BARNETT, TOMMY, , , [Electronically Filed] Date 04 / 15 / 2018
Signature

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

NAME OF COMMITTEE (In Full) REMEMBER MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼ C C00641423
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee PPI <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 5280 CLIFF GOOKIN BLVD	Amount <input type="text"/>
City TUPELO State MS Zip Code 38801	Transaction ID : SE.4238
Purpose of Expenditure PRINTING - T-SHIRTS Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 68359.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3948 LEGACY DR STE 106-282	Amount <input type="text"/>
City PLANO State TX Zip Code 75023	Transaction ID : SE.4213
Purpose of Expenditure MEDIA Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 116085.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 50718.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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BARNETT, TOMMY, , ,

[Electronically Filed]

Date / /

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item RIGEL STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2018		
Mailing Address 3948 LEGACY DR STE 106-282			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 30000.00 </div>		
City PLANO	State TX	Zip Code 75023			
Purpose of Expenditure MEDIA		Category/Type 	Transaction ID : SE.4217 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2018		
Name of Federal Candidate: <input type="checkbox"/> Support WICKER, ROGER F, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 146085.16			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item RIGEL STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2018		
Mailing Address 3948 LEGACY DR STE 106-282			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 3000.00 </div>		
City PLANO	State TX	Zip Code 75023			
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 	Transaction ID : SE.4221 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2018		
Name of Federal Candidate: <input type="checkbox"/> Support WICKER, ROGER F, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 149085.16			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 33000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 33000.00 </div>

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BARNETT, TOMMY, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
 04 / 15 / 2018

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item RIGEL STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2018						
Mailing Address 3948 LEGACY DR STE 106-282	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 1500.00 </div> Transaction ID : SE.4264 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2018						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>PLANO</td> <td>TX</td> <td>75023</td> </tr> </table>		City	State	Zip Code	PLANO	TX	75023
City		State	Zip Code				
PLANO	TX	75023					
Purpose of Expenditure MEDIA PRODUCTION							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MCDANIEL, CHRISTOPHER BRIAN, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 252971.75 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item SMPS CONSULTING LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2018						
Mailing Address 2214 GLENRIDGE LN	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 14000.00 </div> Transaction ID : SE.4236 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2018						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>CUMMING</td> <td>GA</td> <td>30041</td> </tr> </table>		City	State	Zip Code	CUMMING	GA	30041
City		State	Zip Code				
CUMMING	GA	30041					
Purpose of Expenditure MEDIA							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MCDANIEL, CHRISTOPHER BRIAN, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 245585.16 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 15500.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 00.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 15500.00 </div>

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Signature BARNETT, TOMMY, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 15 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI
FEC IDENTIFICATION NUMBER
C C00641423

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee THOMAS GRAPHICS
Mailing Address PO BOX 142226
City AUSTIN State TX Zip Code 78714
Purpose of Expenditure PRINTING - SIGNS
Category/Type
Date of Public Distribution/Dissemination 03 / 01 / 2018
Amount 4055.00
Transaction ID : SE.4228
Date of Disbursement or Obligation 02 / 27 / 2018

Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Support Oppose
Office Sought: House District: 00
President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 55248.17
Disbursement For: Primary General
Other (specify)

Full Name of Payee THOMAS GRAPHICS
Mailing Address PO BOX 142226
City AUSTIN State TX Zip Code 78714
Purpose of Expenditure PRINTING - SIGNS
Category/Type
Date of Public Distribution/Dissemination 03 / 01 / 2018
Amount 386.59
Transaction ID : SE.4246
Date of Disbursement or Obligation 03 / 01 / 2018

Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Support Oppose
Office Sought: House District: 00
President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 246471.75
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4441.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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BARNETT, TOMMY, , [Electronically Filed] Date 04 / 15 / 2018
Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item VOTER CONTACT SOLUTIONS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 01 / 2018</div>	
Mailing Address 300 HICKORY LN		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City MAULDIN	State SC	Zip Code 29662	Transaction ID : SE.4247 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 01 / 2018</div>
Purpose of Expenditure MEDIA		Category/Type 	
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">251471.75</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type 	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">252971.75</div>

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BARNETT, TOMMY, , ,

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

04 / 15 / 2018

Signature