

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

REMEMBER MISSISSIPPI

ADDRESS (number and street)

PO BOX 4142

Check if different than previously reported. (ACC)

BILOXI

MS

39535

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00641423

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

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

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

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

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y 04 / 01 / 2018

through

M M / D D / Y Y Y Y Y Y 06 / 30 / 2018

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

BARNETT, TOMMY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BARNETT, TOMMY, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 07 / 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

FEC FORM 3X Rev. 05/2016

**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"/>	<input type="text" value="852112.67"/>	<input type="text" value="852112.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="524993.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45345.00"/>	<input type="text" value="299044.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="570338.06"/>	<input type="text" value="1151157.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="229430.27"/>	<input type="text" value="810249.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="340907.79"/>	<input type="text" value="340907.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REMEMBER MISSISSIPPI

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44200.00	294200.00
(ii) Unitemized	1145.00	4844.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45345.00	299044.90
(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)	45345.00	299044.90
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)).....▶	45345.00	299044.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45345.00	299044.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	217370.27	545218.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	217370.27	545218.03
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)	12060.00	265031.75
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)) ..	229430.27	810249.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	229430.27	810249.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45345.00	299044.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45345.00	299044.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	217370.27	545218.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	217370.27	545218.03

**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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. BROWN, ROBINSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 WOODSIDE ROAD
 City LOUISVILLE State KY Zip Code 40222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2018
Transaction ID : SA11AI.4640
 Amount of Each Receipt this Period 250.00
 Memo Item

B. BUSCH, AUGUST, A, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MID RIVERS MALL DR STE 210
 City ST PETERS State MO Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11AI.4645
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

C. CASEY, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CANYON CREST DR
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SOFTWARE SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2018
Transaction ID : SA11AI.4657
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	26250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. CURREY, BROWLEE, O, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1115 SNEED RD W

City FRANKLIN	State TN	Zip Code 37069
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2018

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 504 WEST BLEEKER STREET

City ASPEN	State CO	Zip Code 81611
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 8200 DOUGLAS AVE.
SUITE 300

City DALLAS	State TX	Zip Code 75225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HUFFINES COMMUNITIES	Occupation (for Individual) FOUNDER/OWNER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. KORPAN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31483 MORNING STAR DRIVE
 City EVERGREEN State CO Zip Code 80439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 28 / 2018**
Transaction ID : SA11AI.4642
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MUMFORD, JOHN, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 RAMOSO RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 29 / 2018**
Transaction ID : SA11AI.4658
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. PUSTA, LENORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 WEST SUNFLOWER DRIVE
 City PAYSON State AZ Zip Code 85541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 02 / 2018**
Transaction ID : SA11AI.4608
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. PUSTA, LENORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 WEST SUNFLOWER DRIVE
 City PAYSON State AZ Zip Code 85541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2018
Transaction ID : SA11AI.4622
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. PUSTA, LENORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 WEST SUNFLOWER DRIVE
 City PAYSON State AZ Zip Code 85541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2018
Transaction ID : SA11AI.4638
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. ROUSH, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12445 LEVAN RD
 City LIVONIA State MI Zip Code 48150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROUSH INDUSTRIES Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2018
Transaction ID : SA11AI.4653
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	44200.00

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

Mailing Address PO BOX 3109 #51996

City
HOUSTON

State
TX

Zip Code
77253

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/EVENT SUPPLIES

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
0	4		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4588

Amount of Each Disbursement this Period

[REDACTED]	12329.30
------------	----------

Memo Item

Full Name (Last, First, Middle Initial)

B. 365 STRATEGIES

Mailing Address PO BOX 3109 #51996

City
HOUSTON

State
TX

Zip Code
77253

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/EVENT SUPPLIES

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
0	5		1	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4589

Amount of Each Disbursement this Period

[REDACTED]	10000.00
------------	----------

Memo Item

Full Name (Last, First, Middle Initial)

C. 365 STRATEGIES

Mailing Address PO BOX 3109 #51996

City
HOUSTON

State
TX

Zip Code
77253

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4584

Amount of Each Disbursement this Period

[REDACTED]	10000.00
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Memo Item

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

[REDACTED]	32329.30
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 5555 HILTON AVE STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4569

Amount of Each Disbursement this Period: 121.90

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 5555 HILTON AVE STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4570

Amount of Each Disbursement this Period: 204.60

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 5555 HILTON AVE STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4571

Amount of Each Disbursement this Period: 6.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 424.40

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City **BATON ROUGE** State **LA** Zip Code **70808**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4572
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City **BATON ROUGE** State **LA** Zip Code **70808**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4573
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVE STE 106

City **BATON ROUGE** State **LA** Zip Code **70808**

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4574
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. BAYVIEW CONSULTING INC		Date of Disbursement MM / DD / YYYY 04 / 24 / 2018
Mailing Address PO BOX 4162		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4586 Amount of Each Disbursement this Period 15000.00
City BILOXI	State MS	Zip Code 39535
Purpose of Disbursement POLITICAL STRATEGY 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	

Full Name (Last, First, Middle Initial) B. BAYVIEW CONSULTING INC		Date of Disbursement MM / DD / YYYY 05 / 02 / 2018
Mailing Address PO BOX 4162		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4587 Amount of Each Disbursement this Period 10000.00
City BILOXI	State MS	Zip Code 39535
Purpose of Disbursement POLITICAL STRATEGY 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	

Full Name (Last, First, Middle Initial) C. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018
Mailing Address PO BOX 1636		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4538 Amount of Each Disbursement this Period 3802.10
City FLORENCE	State MS	Zip Code 39073
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL		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)..... ▶

28802.10

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.4538

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4539 Amount of Each Disbursement this Period 3906.36	
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. BILLS, CHERAMIE, , ,		Date of Disbursement MM / DD / YYYY 06 / 05 / 2018	
Mailing Address PO BOX 1636		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4535 Amount of Each Disbursement this Period 3722.00	
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) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4545 Amount of Each Disbursement this Period 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type
Purpose of Disbursement BANK FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	7643.36
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.4539

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB21B

Transaction ID: SB21B.4535

NO ADDITIONAL ITEMIZATION REQUIRED

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4546 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4547 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
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. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4548 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
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).....▶	[] 45.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 24 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4549 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4550 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4551 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 45.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4552 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) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4553 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 05 / 14 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4554 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	

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

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

[] 45.00
[]

**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. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4555 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: []	District: []		

Full Name (Last, First, Middle Initial) B. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4556 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: []	District: []		

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 05 / 2018	
Mailing Address 323 E 3RD ST		FEC Identification Number C [] Transaction ID : SB21B.4557 Amount of Each Disbursement this Period [] 15.00	
City FOREST	State MS	Zip Code 39074	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 45.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 05 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4558 Amount of Each Disbursement this Period [REDACTED] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		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. COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address 323 E 3RD ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4559 Amount of Each Disbursement this Period [REDACTED] 15.00
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement BANK FEE		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. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018
Mailing Address PO BOX 365		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4563 Amount of Each Disbursement this Period [REDACTED] 3193.75
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE 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)..... ▶

[REDACTED] 3223.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018
Mailing Address PO BOX 365		FEC Identification Number C [] Transaction ID : SB21B.4564 Amount of Each Disbursement this Period [] 1531.25
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING OF VIRGINIA		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address PO BOX 365		FEC Identification Number C [] Transaction ID : SB21B.4562 Amount of Each Disbursement this Period [] 1312.50
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ELITE FULFILLMENT SOLUTIONS		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018
Mailing Address 5200 E GRAND AVE BLDG 3 STE 300A		FEC Identification Number C [] Transaction ID : SB21B.4576 Amount of Each Disbursement this Period [] 6066.92
City DALLAS	State TX	Zip Code 75223
Purpose of Disbursement DELIVERY		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8910.67
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 04 / 18 / 2018
Mailing Address 200 PARK AVE		FEC Identification Number C Transaction ID : SB21B.4582 Amount of Each Disbursement this Period 9025.00
City NEW YORK	State NY	
Zip Code 10166	Purpose of Disbursement LEGAL 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:		

Full Name (Last, First, Middle Initial) B. GREENBURG TRAURIG		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018
Mailing Address 200 PARK AVE		FEC Identification Number C Transaction ID : SB21B.4579 Amount of Each Disbursement this Period 29645.00
City NEW YORK	State NY	
Zip Code 10166	Purpose of Disbursement LEGAL 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:		

Full Name (Last, First, Middle Initial) C. HERNANDEZ, KRISTINA, , ,		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018
Mailing Address 332 CRESTHAVEN PL		FEC Identification Number C Transaction ID : SB21B.4529 Amount of Each Disbursement this Period 3000.00
City SIMPSONVILLE	State SC	
Zip Code 29681	Purpose of Disbursement MEDIA 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).....▶	41670.00
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

A. HERNANDEZ, KRISTINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 332 CRESTHAVEN PL

City SIMPSONVILLE State SC Zip Code 29681

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4530

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. HERNANDEZ, KRISTINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 332 CRESTHAVEN PL

City SIMPSONVILLE State SC Zip Code 29681

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4528

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 22 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4595

Amount of Each Disbursement this Period: 119.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6119.83

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2018			

FEC Identification Number

C

Transaction ID : SB21B.4604

Amount of Each Disbursement this Period

24.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAW OFFICES OF KEVIN C STEWART

Mailing Address 1837MONTANA SKY DR

City
AUSTIN

State
TX

Zip Code
78727

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			04			2018			

FEC Identification Number

C

Transaction ID : SB21B.4581

Amount of Each Disbursement this Period

2630.83

Memo Item

Full Name (Last, First, Middle Initial)

C. LAW OFFICES OF KEVIN C STEWART

Mailing Address 1837MONTANA SKY DR

City
AUSTIN

State
TX

Zip Code
78727

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2018			

FEC Identification Number

C

Transaction ID : SB21B.4580

Amount of Each Disbursement this Period

572.92

Memo Item

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

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

3227.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. LEFT HAND DESIGN		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 7233 MANCHACA RD #37		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4577 Amount of Each Disbursement this Period 840.00
City AUSTIN	State TX	Zip Code 78745
Purpose of Disbursement GRAPHIC DESIGN		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. LEFT HAND DESIGN		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address 7233 MANCHACA RD #37		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4606 Amount of Each Disbursement this Period 4920.00
City AUSTIN	State TX	Zip Code 78745
Purpose of Disbursement GRAPHIC DESIGN		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. LOFTON, CASEY, , ,		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018
Mailing Address 104 MEADOWBROOK DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4532 Amount of Each Disbursement this Period 300.00
City HATTIESBURG	State MS	Zip Code 39402
Purpose of Disbursement PHOTOGRAPHY SERVICE		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).....▶	6060.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Form/Schedule: SB21B

Transaction ID : SB21B.4533

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB21B

Transaction ID: SB21B.4534

NO ADDITIONAL ITEMIZATION REQUIRED

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

Form/Schedule: SB21B

Transaction ID : SB21B.4536

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial) A. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018
Mailing Address 10332 MAIN ST #298		FEC Identification Number C [] Transaction ID : SB21B.4600 Amount of Each Disbursement this Period [] 1500.00
City FAIRFAX	State VA	Zip Code 22030
Purpose of Disbursement SUBSCRIPTION		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. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 10332 MAIN ST #298		FEC Identification Number C [] Transaction ID : SB21B.4602 Amount of Each Disbursement this Period [] 1500.00
City FAIRFAX	State VA	Zip Code 22030
Purpose of Disbursement SUBSCRIPTION		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. MOULTRIE ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address 10332 MAIN ST #298		FEC Identification Number C [] Transaction ID : SB21B.4544 Amount of Each Disbursement this Period [] 1500.00
City FAIRFAX	State VA	Zip Code 22030
Purpose of Disbursement SUBSCRIPTION		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)..... ▶

4500.00

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. NORMAN ANALYTICS AND RESEARCH		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address 11006 KILKEEL CT		FEC Identification Number C [] Transaction ID : SB21B.4605 Amount of Each Disbursement this Period [] 2875.00
City OAKTON	State VA	Zip Code 22124
Purpose of Disbursement SURVEY RESEARCH		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. ON MESSAGE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018
Mailing Address 1025 1ST ST SE UNIT 310		FEC Identification Number C [] Transaction ID : SB21B.4560 Amount of Each Disbursement this Period [] 5040.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ON MESSAGE		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 1025 1ST ST SE UNIT 310		FEC Identification Number C [] Transaction ID : SB21B.4561 Amount of Each Disbursement this Period [] 4725.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 12640.00
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 CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	8		

FEC Identification Number

C []
Transaction ID : SB21B.4583
Amount of Each Disbursement this Period
[] 4950.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B. SHOTWELL, MICHAEL, , ,

Mailing Address PO BOX 553

City
ELLISVILLE

State
MS

Zip Code
39437

Purpose of Disbursement
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.4543
Amount of Each Disbursement this Period
[] 300.00 []

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHGROUP LAUREL

Mailing Address PO BOX 567

City
LAUREL

State
MS

Zip Code
39441

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	8		

FEC Identification Number

C []
Transaction ID : SB21B.4578
Amount of Each Disbursement this Period
[] 160.87 []

Memo Item

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

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

5	4	1	0	.	8	7
---	---	---	---	---	---	---

5	4	1	0	.	8	7
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4540

Amount of Each Disbursement this Period: 2839.31

Memo Item

B. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4541

Amount of Each Disbursement this Period: 3241.74

Memo Item

C. KINGS GATE WORSHIP CENTER

Full Name (Last, First, Middle Initial)

Mailing Address 2018 W JACKSON ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4541.

Amount of Each Disbursement this Period: 300.00

Memo Item

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

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

6081.05

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

Form/Schedule: SB21B

Transaction ID : SB21B.4540

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

A. SOWELL, GRANT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 213 N THOMAS ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4537

Amount of Each Disbursement this Period: 3172.91

Memo Item

B. KINGS GATE WORSHIP CENTER

Full Name (Last, First, Middle Initial)

Mailing Address 2018 W JACKSON ST

City TUPELO State MS Zip Code 38801

Purpose of Disbursement CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4537.c

Amount of Each Disbursement this Period: 225.00

Memo Item

C. U-HAUL

Full Name (Last, First, Middle Initial)

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period: 184.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3357.85

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. U-HAUL

Full Name (Last, First, Middle Initial)

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4598

Amount of Each Disbursement this Period: 184.95

Memo Item

B. U-HAUL

Full Name (Last, First, Middle Initial)

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4599

Amount of Each Disbursement this Period: 184.95

Memo Item

C. 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: 04 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4591

Amount of Each Disbursement this Period: 11924.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12294.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
REMEMBER MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : SB21B.4592

Amount of Each Disbursement this Period

[] 11308.53

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/OFFICE SUPPLIES/WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.4590

Amount of Each Disbursement this Period

[] 10683.41

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 21991.94

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

[] 217008.54

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee LEFT HAND DESIGN
Mailing Address 7233 MANCHACA RD #37
City AUSTIN State TX Zip Code 78745
Purpose of Expenditure GRAPHIC DESIGN
Name of Federal Candidate: MCDANIEL, CHRISTOPHER BRIAN, ,
Calendar Year-To-Date Per Election for Office Sought 6240.00
Date of Public Distribution/Dissemination 05/11/2018
Amount 6240.00
Transaction ID : SE.4516
Date of Disbursement or Obligation 04/20/2018
Office Sought: Senate State: MS

Full Name of Payee LEFT HAND DESIGN
Mailing Address 7233 MANCHACA RD #37
City AUSTIN State TX Zip Code 78745
Purpose of Expenditure GRAPHIC DESIGN
Name of Federal Candidate: HYDE-SMITH, CINDY, ,
Calendar Year-To-Date Per Election for Office Sought 6600.00
Date of Public Distribution/Dissemination 07/01/2018
Amount 360.00
Transaction ID : SE.4520
Date of Disbursement or Obligation 04/20/2018
Office Sought: Senate State: MS

(a) SUBTOTAL of Itemized Independent Expenditures 6600.00
(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

07/15/2018

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 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"/>
City AUSTIN State TX Zip Code 78745	2940.00
Purpose of Expenditure GRAPHIC DESIGN Category/Type <input type="text"/>	Transaction ID : SE.4515 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 <input checked="" type="checkbox"/> Senate District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9540.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Special-General

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"/>
City AUSTIN State TX Zip Code 78745	2520.00
Purpose of Expenditure GRAPHIC DESIGN Category/Type <input type="text"/>	Transaction ID : SE.4522 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HYDE-SMITH, CINDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12060.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Special-General

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 5460.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 12060.00

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