

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 438 EAST MAIN ST PO BOX 7092 TUPELO MS 38802 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00464487 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MS 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2013 through M M / D D / Y Y Y Y 09 / 30 / 2013

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

Type or Print Name of Treasurer Paul V Breazeale

Signature of Treasurer Paul V Breazeale [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2013

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**NUNNELEE FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	189851.63	306041.46
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	189851.63	305541.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	72130.29	279696.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	1.00	625.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	72129.29	279071.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	351977.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**NUNNELEE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107650.00	139550.00
(ii) Unitemized.....	2601.63	3585.63
(iii) TOTAL of contributions from individuals ▶	110251.63	143135.63
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	79600.00	162905.83
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	189851.63	306041.46
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	15600.00	164300.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1.00	625.75
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	205452.63	470967.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72130.29	279696.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	68125.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(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 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	72130.29	348321.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	218655.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	205452.63
25. SUBTOTAL (add Line 23 and Line 24).....	424107.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72130.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	351977.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald H Aldridge**

Mailing Address 3000 N State Street

City Jackson State MS Zip Code 39216

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

Name of Employer MS Beverage Association Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17152**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William L Ball, III**

Mailing Address 604 Janneys Lane

City Alexandria State VA Zip Code 22302

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

Name of Employer Ball & Associates Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.17039**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 648 Dogwood Drive

City Yazoo City State MS Zip Code 39194

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

Name of Employer Butler Snow Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.17074**

Amount of Each Receipt this Period  
1500.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BGR Government Affairs, LLC**

Mailing Address Post Office Box 14416

City State Zip Code  
Washington DC 20044

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11Al.17042**

Amount of Each Receipt this Period  
1500.00

Partnership contribution to be split

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

Mailing Address Post Office Box 14416

City State Zip Code  
Washington DC 20044

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

Name of Employer Occupation  
BGR Government Affairs, LLC Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11Al.17042.0**

Amount of Each Receipt this Period  
500.00

Partnership  
**[MEMO ITEM]**

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

Mailing Address Post Office Box 14416

City State Zip Code  
Washington DC 20044

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

Name of Employer Occupation  
BGR Government Affairs, LLC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11Al.17042.1**

Amount of Each Receipt this Period  
500.00

Partnership  
**[MEMO ITEM]**

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

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

Mailing Address Post Office Box 14416

City State Zip Code  
Washington DC 20044

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

Name of Employer Occupation  
BGR Government Affairs, LLC Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.17042.2**

Amount of Each Receipt this Period  
500.00

Partnership

**[MEMO ITEM]**

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

Mailing Address Post Office Box 307

City State Zip Code  
Belden MS 38826

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

Name of Employer Occupation  
Vision Engineering electrical engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17258**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address Post Office Box 307

City State Zip Code  
Belden MS 38826

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17259**

Amount of Each Receipt this Period  
2600.00

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mark S Bounds**

Mailing Address Post Office Box 1753

City Madison State MS Zip Code 39130

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11A1.17134**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 101 Oakhurst Trail

City Ridgeland State MS Zip Code 39157

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

Name of Employer CEO of Tenax, LLC Occupation self

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11A1.17131**

Amount of Each Receipt this Period  
 1300.00

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

Mailing Address 2649 Neil Collins Road

City Raymond State MS Zip Code 39154

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

Name of Employer APAC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11A1.17028**

Amount of Each Receipt this Period  
 1000.00

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

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

3300.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Paul V Breazeale**

Mailing Address Post Office Box 80

City Jackson State MS Zip Code 39205

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

Name of Employer Breazeale Saunders & O'Neil, L Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11Al.17141**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 805 Oak Grove Rd

City Tupelo State MS Zip Code 38804

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

Name of Employer B & B Concrete Co., Inc. Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11Al.17221**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 124 One Madisons Plaza Suite 1100

City Madison State MS Zip Code 39110

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11Al.17027**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Richard Brown</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2013
Mailing Address Post Office Box 1132		<b>Transaction ID : SA11AI.17145</b>
City Jackson	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MS Malt Beverage Association	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Bill D Buffington</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2013
Mailing Address #12 Ashton Garden		<b>Transaction ID : SA11AI.17113</b>
City Jackson	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Wireless Communications Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Bill D Buffington</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2013
Mailing Address #12 Ashton Garden		<b>Transaction ID : SA11AI.17114</b>
City Jackson	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Wireless Communications Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lee R Bush**

Mailing Address 432 Beuna Vista Avenue

City Jackson State MS Zip Code 39209

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

Name of Employer National Collection Services Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17142**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3337 Franklin Avenue

City Laurel State MS Zip Code 39440

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

Name of Employer Sanderson Farms Occupation President COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11AI.17031**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 154 Garden Park Drive

City Saltillo State MS Zip Code 38866

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

Name of Employer Hyperion Technology Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17252**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel A Cash**

Mailing Address Post Office Box 663

City State Zip Code  
Tupelo MS 38802

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

Name of Employer Occupation  
Cash Distributing Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17183**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 5400 Macomb Street, NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Fierce Isakowitz & Blalock Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.17037**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Post Office Box 966

City State Zip Code  
Starkville MS 39760

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

Name of Employer Occupation  
C C Clark, Inc President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11AI.17022**

Amount of Each Receipt this Period  
2000.00

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

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

5100.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 84

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Beth Clay**

Mailing Address 625 North State Street

City Jackson State MS Zip Code 39202

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

Name of Employer The Clay Firm Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11A1.17133**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2 Sheffield Court

City Jackson State MS Zip Code 39211

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

Name of Employer The Clay Firm Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11A1.17132**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1604 Briar Ridge Road

City Tupelo State MS Zip Code 38801

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

Name of Employer Parkgate Pregnancy Clinic Occupation RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11A1.17225**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Dr. James Cooper</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2013
Mailing Address 535 Nita Drive		<b>Transaction ID : SA11AI.17180</b>
City Fulton	State MS	Zip Code 38843
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Tupelo Anesthesia Group	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Dianne Y Craig</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2013
Mailing Address 1616 Pecan Grove		<b>Transaction ID : SA11AI.17194</b>
City Tupelo	State MS	Zip Code 38801
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Accent Plastic Surgery	Occupation Office Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>CRC Properties, LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2013
Mailing Address Post Office Box 54246		<b>Transaction ID : SA11AI.17166</b>
City Jackson	State MS	Zip Code 39288
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 Partnership contributon	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph Barnes**

Mailing Address 22 Smith Vaniz Ct.

City Canton State MS Zip Code 39046

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

Name of Employer Adcamp Inc Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17166.0**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

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

Mailing Address 1028 Filgo Rd

City Tupelo State MS Zip Code 38801

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

Name of Employer Imaging Assoc of N MS Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 16 / 2013

**Transaction ID : SA11AI.17201**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1028 Filgo Rd

City Tupelo State MS Zip Code 38801

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

Name of Employer Imaging Assoc of N MS Occupation nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 16 / 2013

**Transaction ID : SA11AI.17202**

Amount of Each Receipt this Period  
2500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Danny H Dickey**

Mailing Address 1807 N Parc Cir

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
North MS Orthodontic Associate orthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11AI.17174**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Danny H Dickey**

Mailing Address 1807 N Parc Cir

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
North MS Orthodontic Associate orthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.17038**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation  
Strategem President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17192**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rudy Dossett**

Mailing Address 818 Sunnyside Dr

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Dossett Big 4 owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.17065**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2653 Timber Creek Lane

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Tupelo Anesthesia Group, PA Anesthesiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11AI.17171**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 302 Tuscany Court

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
CApital City Beverages President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17116**

Amount of Each Receipt this Period  
2600.00

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dax M Eckard**

Mailing Address 984 Charleston Boulevard

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Occupation  
Wesson /Mothershed Eye Clinic Optometrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17242**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7020 Jackson-Raymond Road

City State Zip Code  
Raymond MS 39154

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

Name of Employer Occupation  
State of MS Legislature

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17151**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1749 N Green Street

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Enis Motors Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17241**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Paul Farabaugh**

Mailing Address 707 Clift Rd

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
North MS Medical Center Urologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17228**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1673 Columbine Drive

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17246**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**R E Farr, II**

Mailing Address 1211 St Ann

City State Zip Code  
Jackson MS 39202

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

Name of Employer Occupation  
Cooke Douglas Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17120**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Jan Farrington</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013
Mailing Address 122 Woodmart Way		<b>Transaction ID : SA11AI.17140</b>
City Ridgeland	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer homemaker	Occupation homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Spence Flatgard</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013
Mailing Address 214 Silas Trace		<b>Transaction ID : SA11AI.17125</b>
City Ridgeland	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spence Flatgard, Legal Counsel	Occupation attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Tone S Garrett</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2013
Mailing Address 102 GRreenridge Drive		<b>Transaction ID : SA11AI.17199</b>
City Madison	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MS Asphalt Pavement Assoc	Occupation Executive Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Audrey Ghatas**

Mailing Address Post Office Box 669

City State Zip Code  
Mount Olive MS 39119

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

Name of Employer Occupation  
Magee General Hospital CRNA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17143**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2730 North Place Drive

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17233**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2306 Twin Lakes Circle

City State Zip Code  
Jackson MS 39211

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

Name of Employer Occupation  
Jackson Oncology Associates Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17163**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Hardy P Graham Sr**

Mailing Address Post Office Box 5207

City Meridian State MS Zip Code 39302

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

Name of Employer Meridian Coca Cola Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2013

**Transaction ID : SA11AI.17213**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**G O Griffith Jr.**

Mailing Address 625 Oakland Terrace

City Alexandria State VA Zip Code 22302

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

Name of Employer BGR Holdings Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.17048**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 2532 Parc Monceau E

City Tupelo State MS Zip Code 38804

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

Name of Employer Harris Properties Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17234**

Amount of Each Receipt this Period  
 1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brenda Hawkins**

Mailing Address 2689 Lakeshire Extended

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Hawkeye Industries Finance Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17248**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2604 North Nelson Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Alpine Group Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.17076**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 232 East Semmes Street

City State Zip Code  
Canton MS 39046

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

Name of Employer Occupation  
Herring Long & Crews Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17146**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Richard Herring</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2013	
Mailing Address 144 Herring Hill Drive		<b>Transaction ID : SA11AI.17196</b>	
City State Zip Code Saltillo MS 38866	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1000.00		
Name of Employer Occupation Herring Environmental Owner	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Clare L Hester</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013	
Mailing Address 575 Johnstone Drive		<b>Transaction ID : SA11AI.17126</b>	
City State Zip Code Madison MS 39110	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation Capitol Resources Consultant	Election Cycle-to-Date _____ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. J L Holloway</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013	
Mailing Address 600 Crescent Boulevard, Suite B		<b>Transaction ID : SA11AI.17115</b>	
City State Zip Code Ridgeland MS 39157	Amount of Each Receipt this Period _____ 2600.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 2600.00		
Name of Employer Occupation Tenax CEO	Election Cycle-to-Date _____ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4100.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robbie W Hughes**

Mailing Address 4050 Crane Boulevard

City Jackson State MS Zip Code 39216

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17164**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 616 West Jackson Street

City Parker City State IN Zip Code 47368

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

Name of Employer North American Midway Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11AI.17034**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 2435 Greenwich Park Circle

City Tupelo State MS Zip Code 38804

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

Name of Employer Truck Center, Inc. Occupation owner/operator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11AI.17170**

Amount of Each Receipt this Period  
 500.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

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

Mailing Address 709 N Madison St

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Hydro Hose Corp sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11Al.17178**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2317 Parc Monceau North

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Bancorp South banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11Al.17185**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 20 Kings River Court

City State Zip Code  
Humble TX 77346

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

Name of Employer Occupation  
Quantum Utility Generation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : SA11Al.17087**

Amount of Each Receipt this Period  
500.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**J Wilson La Foe**

Mailing Address 599 Highland Colony Parkway  
Suite 120

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer self Occupation  
self investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17162**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Post Office Box 2401

City State Zip Code  
Jackson MS 39225

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

Name of Employer Ergon Occupation  
Ergon President of Operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11AI.17019**

Amount of Each Receipt this Period  
1200.00

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

Mailing Address Post Office Box 2401

City State Zip Code  
Jackson MS 39225

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

Name of Employer Ergon Occupation  
Ergon President of Asphalt Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11AI.17020**

Amount of Each Receipt this Period  
1200.00

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

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

2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Craig N Landrum</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013	
Mailing Address 1517 Ivy Street		<b>Transaction ID : SA11Al.17148</b>	
City Jackson	State MS	Zip Code 39202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Brunini	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. John Alan Lange</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013	
Mailing Address 124 Glenway Drive		<b>Transaction ID : SA11Al.17150</b>	
City Jackson	State MS	Zip Code 39216	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Kinetic Staffing	Occupation staffing		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Eason Leake</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2013	
Mailing Address 2469 Meadowbrook Road		<b>Transaction ID : SA11Al.17030</b>	
City Jackson	State MS	Zip Code 39211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Ross and Yerger	Occupation Insurance Sales		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

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

Mailing Address 458 Greenwood Ln

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
Capitol Resources Government Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11AI.17128**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Post Office Box 1506

City State Zip Code  
Tupelo MS 38802

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

Name of Employer Occupation  
Self Employed Orthopedic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2013

**Transaction ID : SA11AI.17222**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2404 Parkway Dr.

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2013

**Transaction ID : SA11AI.17173**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Angel M McNamara**

Mailing Address 207 Lattimore Ridge

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11AI.17032**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 829

City State Zip Code  
Tupelo MS 38802

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

Name of Employer Occupation  
Urology PA physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17249**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 513 Pine Hill Place

City State Zip Code  
Flowood MS 39232

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

Name of Employer Occupation  
Miskelly Furniture Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17139**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Guy Mitchell**

Mailing Address PO Box 7120

City State Zip Code  
Tupelo MS 38802

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

Name of Employer Occupation  
Michael McNutt attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17177**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1761 North Parc Circle

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17256**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1733 Fairview Avenue

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
BGR Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.17044**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Fred Mothershed**

Mailing Address 3353 N Gloster St

City State Zip Code  
Tupelo MS 38804

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

Name of Employer self Occupation optometrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17184**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 9911 Shady Cove Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer BGR Group Occupation General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : SA11AI.17096**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sean O'Donnell**

Mailing Address 404 North Maple Avenue

City State Zip Code  
Ridgewood NJ 07450

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

Name of Employer Quantum Utility Generation Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : SA11AI.17089**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Larry Otis**

Mailing Address 403 Canterbury Road

City Starkville State MS Zip Code 39759

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17238**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**C P Owen Jr.**

Mailing Address Post Office Box 98

City Robinsonville State MS Zip Code 38664

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17195**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1800 Old Meadow Drive #1119

City McLean State VA Zip Code 22102

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17129**

Amount of Each Receipt this Period  
 1300.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brandy Patterson**

Mailing Address 4611 Pine Cone Lane

City Belden State MS Zip Code 38826

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17243**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address Post Office Box 137

City Jackson State MS Zip Code 39205

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

Name of Employer Pickett Bradford & Associates Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17155**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1981 Columbine Drive

City Tupelo State MS Zip Code 38801

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

Name of Employer Urology Associates Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17254**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Powell**

Mailing Address 136 Swan Sea Lane

City Madison State MS Zip Code 39110

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.17064**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 725 Magnolia Dr

City Tupelo State MS Zip Code 38804

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

Name of Employer North MS Medical Center Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17239**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 6973 Father John Court

City McLean State VA Zip Code 22101

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

Name of Employer The Rhoads Group Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : SA11AI.17086**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Linda W. Rice**

Mailing Address 2340 Oak Leigh Dr.

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Occupation  
homemaker homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17189**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John W Robbins, Jr**

Mailing Address 1937 Carolyn Drive

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Robbins Oil CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17237**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**James D Rollins, III**

Mailing Address 1762 North Parc Circle

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Bancorp South CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17181**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Ross**

Mailing Address PO Box 651

City Jackson State MS Zip Code 39205

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

Name of Employer Wise Carter Child & Caraway Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17169**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 104 Summer Lake Drive

City Ridgeland State MS Zip Code 39157

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17154**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2365 Quail Creek

City Tupelo State MS Zip Code 38801

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

Name of Employer TRI, Inc Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17250**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Sliman**

Mailing Address 2002 Stonybrook Cove

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17191**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1915 Forrest Park

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Occupation  
Ob Gyn Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11AI.17244**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 424 Argyle Dr.

City State Zip Code  
Alexandria VA 22305

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

Name of Employer Occupation  
Alpine Group Government Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.17078**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**J H Thames, Jr**

Mailing Address 124 One Madison Plaza, Ste 1500

City Madison State MS Zip Code 39110

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

Name of Employer The Park Companies Occupation Construction

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11A1.17122**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 814 N President Street

City Jackson State MS Zip Code 39201

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

Name of Employer self Occupation attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11A1.17123**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 972 Debeau Drive

City Tupelo State MS Zip Code 38804

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

Name of Employer North MS Pain Mgmt Occupation physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11A1.17245**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Karyn Thornhill**

Mailing Address 463 Ridge Cr

City State Zip Code  
Brandon MS 39047

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

Name of Employer Occupation  
Inzinna Consulting Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11AI.17136**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1913 Pheasant Run

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Occupation  
New Beginnings Family Services Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2013

**Transaction ID : SA11AI.17240**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25723 Meadowhouse Court

City State Zip Code  
Chantilly VA 20152

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

Name of Employer Occupation  
BGR Group Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2013

**Transaction ID : SA11AI.17046**

Amount of Each Receipt this Period  
500.00

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joe A Waggoner**

Mailing Address 143 A LeFleurs Square

City Jackson State MS Zip Code 39211

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11AI.17135**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Erskine W Wells, III**

Mailing Address 8229 Stacey Road

City Alexandria State VA Zip Code 22308

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

Name of Employer BGR Group Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : SA11AI.17093**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1818 Northwood Dr

City Tupelo State MS Zip Code 38804

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

Name of Employer self Occupation ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.17179**

Amount of Each Receipt this Period  
 2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Charles Wikle</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2013	
Mailing Address 1043 S Madison		<b>Transaction ID : SA11AI.17190</b>	
City Tupelo	State MS	Zip Code 38801	Amount of Each Receipt this Period _____ _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer self	Occupation oral surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. H L Williams</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2013	
Mailing Address PO Box 239		<b>Transaction ID : SA11AI.17209</b>	
City Corinth	State MS	Zip Code 38835	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Corinth Coca Cola Bottling Co	Occupation chairman		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. J. Kelley Williams</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2013	
Mailing Address 2030 Eastover Drive		<b>Transaction ID : SA11AI.17165</b>	
City Jackson	State MS	Zip Code 39211	Amount of Each Receipt this Period _____ _____ 2600.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ _____ 3350.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 84
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Williams**

Mailing Address **PO Box 239**

City **Corinth** State **MS** Zip Code **38835**

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

Name of Employer **Refreshments Inc.** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 16 / 2013**

**Transaction ID : SA11Al.17210**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **1760 Seaton Road**

City **Raymond** State **MS** Zip Code **39154**

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

Name of Employer **Workers Comp Board of MS** Occupation **Chairman**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 08 / 2013**

**Transaction ID : SA11Al.17147**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**750.00**

**107650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**A.** Mailing Address 4301 WILSON BOULEVARD

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		26		2013

**Transaction ID : SA11C.17016**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**B.** Mailing Address 4301 WILSON BOULEVARD

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 6000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2013

**Transaction ID : SA11C.17053**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Full Name (Last, First, Middle Initial)  
**ALLERGAN INC POLITICAL ACTION COMM FOR EMPLOYEES (APACE)**

**C.** Mailing Address 2148 E ORANGEVIEW LN

City	State	Zip Code
ORANGE	CA	92867

FEC ID number of contributing federal political committee. **C** C00292102

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		23		2013

**Transaction ID : SA11C.17062**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

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

\_\_\_\_\_ 7500.00

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

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

**A.** Mailing Address 222 SOUTH PROSPECT AVE  
C/O FINANCE DEPARTMENT

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2013

**Transaction ID : SA11C.17197**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

**B.** Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11C.17101**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

**C.** Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2013

**Transaction ID : SA11C.17055**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN DENTAL ASSOCIATION PAC INDEPENDENT EXPENDITURES COMMITTEE

Mailing Address 1111 14TH STREET NW SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00488338

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11C.17106**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN FOREST & PAPER ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 19TH STREET , NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11C.17100**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2013

**Transaction ID : SA11C.17217**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 47 OF 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1910 SUNDERLAND PLACE, NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00114132**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013  
**Transaction ID : SA11C.17098**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : SA11C.17051**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**ARPAC**

Mailing Address 401 9th Street NW  
Suite 610 South

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00226472**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013  
**Transaction ID : SA11C.17109**

Amount of Each Receipt this Period  
 1000.00

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

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

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

Mailing Address 401 9th Street NW  
Suite 610 South

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00226472**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11C.17067**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address 208 S. Akard Street  
Suite 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2013

**Transaction ID : SA11C.17215**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5430 LBJ FREEWAY  
SUITE 160

City DALLAS State TX Zip Code 75240

FEC ID number of contributing federal political committee. **C C00381954**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11C.17103**

Amount of Each Receipt this Period  
2600.00

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

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

4600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE**

Mailing Address 1710 SIXTH AVENUE NORTH

City State Zip Code  
BIRMINGHAM AL 35203

FEC ID number of contributing federal political committee. **C** C00358440

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11C.17102**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2013

**Transaction ID : SA11C.17029**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BRUNINI PAC; THE**

Mailing Address 190 EAST CAPITOL STREET SUITE 100

City State Zip Code  
JACKSON MS 39201

FEC ID number of contributing federal political committee. **C** C00527283

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11C.17118**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A. Bully Bloc**

Full Name (Last, First, Middle Initial)  
Bully Bloc

Mailing Address Post Office Box 1591

City Jackson State MS Zip Code 39215

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11C.17073**

Amount of Each Receipt this Period  
 500.00

Federal Permissible Funds

**B. BUTLER SNOW POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
BUTLER SNOW POLITICAL ACTION COMMITTEE

Mailing Address P. O. Box 22567  
17th Floor Regions Plaza

City Jackson State MS Zip Code 39225

FEC ID number of contributing federal political committee. C C00382275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11C.17108**

Amount of Each Receipt this Period  
 1000.00

**C. CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATION**

Full Name (Last, First, Middle Initial)  
CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATION

Mailing Address 6101 BOLLINGER CANYON ROAD  
ROOM 3400

City SAN RAMON State CA Zip Code 94583

FEC ID number of contributing federal political committee. C C00035006

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11C.17069**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLARK PAC**

Mailing Address 300 OAKLAND-FLATROCK ROAD

City OAKLAND State KY Zip Code 42159

FEC ID number of contributing federal political committee. **C C00528349**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11C.17023**

Amount of Each Receipt this Period  
 3000.00

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT  
STE. 110

City DAWSONVILLE State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11C.17068**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11C.17175**

Amount of Each Receipt this Period  
 1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

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

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11C.17075**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ENTRUST INC POLITICAL ACTION COMMITTEE**

Mailing Address 16633 DALLAS PARKWAY  
SUITE 800

City State Zip Code  
ADDISON TX 75001

FEC ID number of contributing federal political committee. **C** C00373787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11C.17060**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address PO Box 20503

City State Zip Code  
Indianapolis IN 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11C.17026**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11C.17110**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL ATOMICS POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 85608

City SAN DIEGO State CA Zip Code 92186

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11C.17057**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1375 ENCLAVE PARKWAY

City HOUSTON State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C** C00349373

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11C.17041**

Amount of Each Receipt this Period  
3000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HARDWOOD FEDERATION PAC, INC**

Mailing Address 1111 NINETEENTH STREET, NW;  
SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11C.17005**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTE (SHIPPAC)**

Mailing Address 300 M STREET S.E.  
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11C.17012**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTE (SHIPPAC)**

Mailing Address 300 M STREET S.E.  
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11C.17013**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JONES WALKER L.L.P.**

Mailing Address 201 ST. CHARLES AVENUE  
49TH FLOOR

City State Zip Code  
NEW ORLEANS LA 70170

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11C.17111**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**KANSAS CITY SOUTHERN EMPLOYEE PAC**

Mailing Address 427 W 12TH STREET

City State Zip Code  
KANSAS CITY MO 64105

FEC ID number of contributing federal political committee. **C** C00139451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11C.17105**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2451 Crystal Drive  
Suite 372

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00431114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2013

**Transaction ID : SA11C.17220**

Amount of Each Receipt this Period  
5000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11C.17014**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**NAMMO TALLEY INC EMPLOYEES SECURING THE FUTURE PAC**

Mailing Address PO BOX 34299

City MESA State AZ Zip Code 85277

FEC ID number of contributing federal political committee. **C C00502625**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : SA11C.17218**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM**

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11C.17050**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11C.17056**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C70002563

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2013

**Transaction ID : SA11C.17124**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City State Zip Code  
CORDOVA TN 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : SA11C.17018**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA) POLITICAL ACTIO**

Mailing Address **1120 G STREET NW  
SUITE 900**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 30 2013**

**Transaction ID : SA11C.17058**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **701 Pennsylvania Ave. NW Suite 725  
Suite 725**

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing federal political committee. **C C00033969**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 30 2013**

**Transaction ID : SA11C.17049**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**PETROLEUM MARKETERS ASSOCIATION OF AMERICAN\SMALL BUSINESS COMMITTEE**

Mailing Address **1901 North Fort Myer Drive  
Suite 500**

City State Zip Code  
**Arlington VA 22209**

FEC ID number of contributing federal political committee. **C C00035204**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 08 2013**

**Transaction ID : SA11C.17107**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PICKERING FOR CONGRESS**

Mailing Address c/o Danna S. Lane  
8580 Beaverwood Drive

City State Zip Code  
Germantown TN 38138

FEC ID number of contributing federal political committee. **C** C00308577

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2013

**Transaction ID : SA11C.17104**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PLUM CREEK TIMBER CO GOOD GOVT FUND**

Mailing Address 999 THIRD AVENUE SUITE 4300

City State Zip Code  
SEATTLE WA 98104

FEC ID number of contributing federal political committee. **C** C00255224

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2013

**Transaction ID : SA11C.17021**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
PRUDENTIAL FINANCIAL INC. FEDERAL POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL FEDERAL PAC)

Mailing Address 751 BROAD STREET  
14TH FLOOR

City State Zip Code  
NEWARK NJ 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2013

**Transaction ID : SA11C.17008**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 84
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2013

**Transaction ID : SA11C.17036**

Amount of Each Receipt this Period  
2500.00

3500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROCKTENN POLITICAL ACTION COMMITTEE**

Mailing Address 504 THRASHER STREET

City NORCROSS State GA Zip Code 30071

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2013

**Transaction ID : SA11C.17066**

Amount of Each Receipt this Period  
1000.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL ACTION COMMITTEE**

Mailing Address 200 GREENCASTLE ROAD

City TYRONE State GA Zip Code 30290

FEC ID number of contributing federal political committee. **C** C00128678

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2013

**Transaction ID : SA11C.17006**

Amount of Each Receipt this Period  
1000.00

1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
THE BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W PAC)

Mailing Address 2016 MT. ATHOS ROAD

City State Zip Code  
LYNCHBURG VA 24504

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 26 2013

Transaction ID : SA11C.17017

Amount of Each Receipt this Period  
 1000.00

B. Full Name (Last, First, Middle Initial)  
THE BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W PAC)

Mailing Address 2016 MT. ATHOS ROAD

City State Zip Code  
LYNCHBURG VA 24504

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : SA11C.17054

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 26 2013

Transaction ID : SA11C.17010

Amount of Each Receipt this Period  
 1000.00

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

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11C.17025**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

79600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 84
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NUNNELEE JOINT FUNDRAISING COMMITTEE**

Mailing Address 438 EAST MAIN STREET  
POST OFFICE BOX 7092

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing federal political committee. **C** C00536623

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
164300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA12.17079**

Amount of Each Receipt this Period  
15600.00

Joint Fundraising proceeds

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

Mailing Address 145 Brasher Road

City State Zip Code  
Batesville MS 38606

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

Name of Employer Occupation  
Treasurer Loans of Batesville Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA12.17079.0**

Amount of Each Receipt this Period  
2600.00

Joint Fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 145 Brasher Road

City State Zip Code  
Batesville MS 38606

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

Name of Employer Occupation  
Treasurer Loans of Batesville Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA12.17079.1**

Amount of Each Receipt this Period  
2600.00

Joint Fundraising proceeds

**[MEMO ITEM]**

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

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

15600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 84
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. J. Martin Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2013	
Mailing Address 2130 Shoreline Dr		<b>Transaction ID : SA12.17079.2</b>	
City Tupelo	State MS	Zip Code 38804	Amount of Each Receipt this Period 2600.00 Joint Fundraising proceeds <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer Nephrology/Hypertension Assoc	Occupation nephrologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. J. Martin Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2013	
Mailing Address 2130 Shoreline Dr		<b>Transaction ID : SA12.17079.3</b>	
City Tupelo	State MS	Zip Code 38804	Amount of Each Receipt this Period 2600.00 Joint Fundraising proceeds <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer Nephrology/Hypertension Assoc	Occupation nephrologist		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. Reeann Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2013	
Mailing Address 2130 Shoreline Dr		<b>Transaction ID : SA12.17079.4</b>	
City Tupelo	State MS	Zip Code 38804	Amount of Each Receipt this Period 2600.00 Joint Fundraising proceeds <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 84
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Reeann Lee**

Mailing Address 2130 Shoreline Dr

City State Zip Code  
Tupelo MS 38804

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

**Transaction ID : SA12.17079.5**

Amount of Each Receipt this Period  
2600.00

Joint Fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

15600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 84			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Active Datacomm</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 1508 Leighton Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.17270</b>
City Tupelo	State MS	
Purpose of Disbursement Website Hosting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AmeriMail Digital Direct, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address Post Office Box 2174		Amount of Each Disbursement this Period 1111.71 <b>Transaction ID : SB17.17275</b>
City Jackson	State MS	
Purpose of Disbursement Printing and Postage		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AmeriMail Digital Direct, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address Post Office Box 2174		Amount of Each Disbursement this Period 591.63 <b>Transaction ID : SB17.17277</b>
City Jackson	State MS	
Purpose of Disbursement Printing and postage		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1723.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 84	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Baldwin &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address Post Office Box 905		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.17279</b>
City Tupelo	State MS	
Zip Code 38802	Purpose of Disbursement Consulting - campaign strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Baldwin &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address Post Office Box 905		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.17281</b>
City Tupelo	State MS	
Zip Code 38802	Purpose of Disbursement Consulting - campaign strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Baldwin &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address Post Office Box 905		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.17283</b>
City Tupelo	State MS	
Zip Code 38802	Purpose of Disbursement Consulting - campaign strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 84	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Breazeale Saunders &amp; O'Neil, Ltd.</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2013
Mailing Address Post Office Box 80		Amount of Each Disbursement this Period 3705.95 <b>Transaction ID : SB17.17285</b>
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Accounting and FEC reporting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Breazeale Saunders &amp; O'Neil, Ltd.</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address Post Office Box 80		Amount of Each Disbursement this Period 384.38 <b>Transaction ID : SB17.17287</b>
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Accounting and FEC reporting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Breazeale Saunders &amp; O'Neil, Ltd.</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013
Mailing Address Post Office Box 80		Amount of Each Disbursement this Period 3193.44 <b>Transaction ID : SB17.17289</b>
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Accounting and FEC reporting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3705.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address Post Office Box 2818		Amount of Each Disbursement this Period 4907.74
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Credit Card to be split	Category/Type 001	<b>Transaction ID : SB17.17299</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 301 1st Street SE		Amount of Each Disbursement this Period 597.01
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Campaign Dinner Expense	Category/Type 002	<b>Transaction ID : SB17.17299.0</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address Post Office Box 20706		Amount of Each Disbursement this Period 809.30
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Travel - Airfare	Category/Type 002	<b>Transaction ID : SB17.17299.1</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4907.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 84			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Federal City Caterers</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address 4088 Howard Avenue		Amount of Each Disbursement this Period 927.58
City Kensington	State MD	Zip Code 20895
Purpose of Disbursement Catering for event	Category/Type 007	
Candidate Name	Transaction ID : SB17.17299.4	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Hilton Hotels</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address 1001 E County Line Rd		Amount of Each Disbursement this Period 819.25
City Jackson	State MS	Zip Code 39211
Purpose of Disbursement Travel - hotel	Category/Type 002	
Candidate Name	Transaction ID : SB17.17299.5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address Tupelo Downtown		Amount of Each Disbursement this Period 184.00
City Tupelo	State MS	Zip Code 38804
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name	Transaction ID : SB17.17299.6	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 84			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Quality Seafood Market</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address 895 Division Street		Amount of Each Disbursement this Period 231.85
City Biloxi	State MS	
Zip Code 39533	Purpose of Disbursement Campaign dinner expense	Transaction ID : SB17.17299.7
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RA Rayburn</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address Longworth House Building		Amount of Each Disbursement this Period 247.70
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Travel - taxi	Transaction ID : SB17.17299.8
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Remote Tech Group. LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address Post Office Box 77963		Amount of Each Disbursement this Period 45.00
City Baton Rouge	State LA	
Zip Code 70879	Purpose of Disbursement Website hosting	Transaction ID : SB17.17299.9
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 84			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RT's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 3804 Mount Vernon Avenue		Amount of Each Disbursement this Period 644.10
City Alexandria	State VA	
Purpose of Disbursement Catering for event		Category/ Type 007
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address Tupelo Downtown		Amount of Each Disbursement this Period 1.92
City Tupelo	State MS	
Purpose of Disbursement Postage		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 70.29
City San Francisco	State CA	
Purpose of Disbursement Travel - taxi		Category/ Type 002
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 84	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address Post Office Box 2818		Amount of Each Disbursement this Period 105.77
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Credit card fees	Category/Type 001	Transaction ID : SB17.17299.13 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Bankcard</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2013
Mailing Address Post Office Box 2818		Amount of Each Disbursement this Period 5554.39
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Credit card to be split	Category/Type 001	Transaction ID : SB17.17301
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2013
Mailing Address 301 1st Street SE		Amount of Each Disbursement this Period 1055.05
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Catering and Campaign Dinner Expense	Category/Type 001	Transaction ID : SB17.17301.4 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5554.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Crown Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 1700 Smith Street		Amount of Each Disbursement this Period 209.88
City Houston	State TX Zip Code 77002	
Purpose of Disbursement Travel - Hotel	Category/Type 002	<b>Transaction ID : SB17.17301.5</b>  <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address Post Office Box 20706		Amount of Each Disbursement this Period 2789.80
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Travel - airfare	Category/Type 002	<b>Transaction ID : SB17.17301.6</b>  <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 551 Daybrite Drive		Amount of Each Disbursement this Period 150.62
City Tupelo	State MS Zip Code 38801	
Purpose of Disbursement Travel - car rental	Category/Type 002	<b>Transaction ID : SB17.17301.7</b>  <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inns</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 320 Greymont Street		Amount of Each Disbursement this Period 224.28
City Jackson	State MS	
Zip Code 39202	Purpose of Disbursement Travel - hotel	Transaction ID : <b>SB17.17301.9</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harvey's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 424 South Gloster Street		Amount of Each Disbursement this Period 28.91
City Tupelo	State MS	
Zip Code 38801	Purpose of Disbursement Campaign dinner expense	Transaction ID : <b>SB17.17301.10</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Huck's Place</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 121 5th Street S		Amount of Each Disbursement this Period 264.27
City Columbus	State MS	
Zip Code 39701	Purpose of Disbursement Campaign dinner expense	Transaction ID : <b>SB17.17301.11</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 84			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hunan Dynasty Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 215 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 15.57
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign dinner expense	
Candidate Name	Category/Type 001	Transaction ID : SB17.17301.12 <b>[MEMO ITEM]</b>
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Papa V's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 438 East Main Street		Amount of Each Disbursement this Period 72.32
City Tupelo State MS Zip Code 38801	Purpose of Disbursement Campaign Dinner Expense	
Candidate Name	Category/Type 001	Transaction ID : SB17.17301.19 <b>[MEMO ITEM]</b>
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Remote Tech Group. LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address Post Office Box 77963		Amount of Each Disbursement this Period 45.00
City Baton Rouge State LA Zip Code 70879	Purpose of Disbursement Website hosting	
Candidate Name	Category/Type 001	Transaction ID : SB17.17301.21 <b>[MEMO ITEM]</b>
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 84	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address Post Office Box 2818		Amount of Each Disbursement this Period 7.98
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Credit card fees	Category/Type 001	Transaction ID : SB17.17301.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lee County Courier</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 303 West Main Street		Amount of Each Disbursement this Period 22.00
City Tupelo	State MS Zip Code 38804	
Purpose of Disbursement Subscription	Category/Type 001	Transaction ID : SB17.17309
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Katherine W Maness</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 1536 Brookhaven Drive		Amount of Each Disbursement this Period 4000.00
City McLean	State VA Zip Code 22101	
Purpose of Disbursement Consulting - Fundraiser Fee	Category/Type 001	Transaction ID : SB17.17311
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4022.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 84			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Katherine W Maness</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013	
Mailing Address 1536 Brookhaven Drive			Amount of Each Disbursement this Period 4000.00	
City McLean	State VA	Zip Code 22101	Transaction ID : SB17.17314	
Purpose of Disbursement Consulting - fundraising fee		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Katherine W Maness</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013	
Mailing Address 1536 Brookhaven Drive			Amount of Each Disbursement this Period 365.40	
City McLean	State VA	Zip Code 22101	Transaction ID : SB17.17316	
Purpose of Disbursement Fundraising costs		Category/ Type 007		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Katherine W Maness</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013	
Mailing Address 1536 Brookhaven Drive			Amount of Each Disbursement this Period 4000.00	
City McLean	State VA	Zip Code 22101	Transaction ID : SB17.17318	
Purpose of Disbursement Consulting - fundraising fee		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8365.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Bee McNamara</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013		
Mailing Address 2419 Culleywood Road			Amount of Each Disbursement this Period 2000.00		
City Jackson	State MS	Zip Code 39211	Transaction ID : SB17.17321		
Purpose of Disbursement Consulting - fundraiser fee		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. John Bee McNamara</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013		
Mailing Address 2419 Culleywood Road			Amount of Each Disbursement this Period 2000.00		
City Jackson	State MS	Zip Code 39211	Transaction ID : SB17.17323		
Purpose of Disbursement Consulting - fundraiser fee		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Menus</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013		
Mailing Address 655 Taylor Street NE			Amount of Each Disbursement this Period 358.14		
City Washington	State DC	Zip Code 20017	Transaction ID : SB17.17325		
Purpose of Disbursement Catering for event		Category/ Type 007			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4358.14
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 84	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PATRICK ALAN NUNNELEE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013
Mailing Address 1816 WOODSIDE CIRCLE		Amount of Each Disbursement this Period 1320.00 <b>Transaction ID : SB17.17273</b>
City TUPELO State MS Zip Code 38801	Purpose of Disbursement Reimbursement of dues and travel 001 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 01		

Full Name (Last, First, Middle Initial) <b>B. Papa V's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 438 East Main Street		Amount of Each Disbursement this Period 480.70 <b>Transaction ID : SB17.17328</b>
City Tupelo State MS Zip Code 38801	Purpose of Disbursement Catering for event 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PIP Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 420 Christine Drive		Amount of Each Disbursement this Period 97.91 <b>Transaction ID : SB17.17333</b>
City Ridgeland State MS Zip Code 39157	Purpose of Disbursement Poster 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1898.61
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Politicap, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 110 Providence Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.17335</b>
City Madison State MS Zip Code 39110	Purpose of Disbursement Consulting - fundraiser fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Politicap, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 110 Providence Drive		Amount of Each Disbursement this Period 1834.48 <b>Transaction ID : SB17.17337</b>
City Madison State MS Zip Code 39110	Purpose of Disbursement Fundraising costs 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Politicap, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 110 Providence Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.17339</b>
City Madison State MS Zip Code 39110	Purpose of Disbursement Consulting - fundraiser fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7834.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Politicap, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 110 Providence Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.17341</b>
City Madison	State MS	
Zip Code 39110	Purpose of Disbursement Consulting - fundraiser fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Refreshments of Corinth</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address Post Office Box 240		Amount of Each Disbursement this Period 87.03 <b>Transaction ID : SB17.17345</b>
City Corinth	State MS	
Zip Code 38835	Purpose of Disbursement Catering for event	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. River Hills Club of Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 3600 Ridgewood Road		Amount of Each Disbursement this Period 1316.11 <b>Transaction ID : SB17.17347</b>
City Jackson	State MS	
Zip Code 39211	Purpose of Disbursement Catering for event	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4403.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 84			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paul Tate</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 438 East Main Street		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.17330</b>
City Tupelo	State MS	
Zip Code 38804	Purpose of Disbursement Band for fundraiser event	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Transfirst LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address 371 Centennial Parkway		Amount of Each Disbursement this Period 35.90 <b>Transaction ID : SB17.17352</b>
City Louisville	State CO	
Zip Code 80207	Purpose of Disbursement Credit card processing fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Transfirst LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 371 Centennial Parkway		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.17354</b>
City Louisville	State CO	
Zip Code 80207	Purpose of Disbursement Credit card processing fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	455.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 84	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NUNNELEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Transfirst LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 371 Centennial Parkway		Amount of Each Disbursement this Period 20.00
City Louisville	State CO Zip Code 80207	
Purpose of Disbursement Credit card processing fees	Category/Type 001	<b>Transaction ID : SB17.17357</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	71249.09