

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

PALAZZO FOR CONGRESS

ADDRESS (number and street) 13155 HIGHWAY 67 SUITE B

Check if different than previously reported. (ACC)

BILOXI

MS

39532

2. FEC IDENTIFICATION NUMBER ▼

C C00477323

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MS

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Paul V Breazeale

Signature of Treasurer Paul V Breazeale

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2014

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	169228.96	486799.96
(b) Total Contribution Refunds (from Line 20(d)) .....	4700.00	4950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	164528.96	481849.96
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	109316.91	374893.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	472.95	1823.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	108843.96	373070.88
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	402597.76	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	11506.76	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**PALAZZO FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	78700.00	157275.00
(ii) Unitemized.....	1127.14	2373.14
(iii) TOTAL of contributions from individuals ▶	79827.14	159648.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	89401.82	327151.82
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	169228.96	486799.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	4868.86	4868.86
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	472.95	1823.08
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	174570.77	493491.90

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	109316.91	374893.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	2000.00	2000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1700.00	1950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4700.00	4950.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	116016.91	381843.96

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	344043.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	174570.77
25. SUBTOTAL (add Line 23 and Line 24).....	518614.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116016.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	402597.76

**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 126
	<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)  
**PALAZZO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Hans W Adams**

Mailing Address 2 Rue Domains

City State Zip Code  
Long Beach MS 39560

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

Name of Employer Occupation  
Gastroenterology Center Gastroenterologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.15707**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 43 Brookline Dr.

City State Zip Code  
Hattiesburg MS 39402

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

Name of Employer Occupation  
Home LLP CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15740**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2354 N. Fillmore St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Navigators Global LLC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15837**

Amount of Each Receipt this Period  
2500.00  
\$900 refunded on 3/31/14

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

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

3250.00

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Krishna V. Annambhotla**

Mailing Address 11212 Marwood Hill Dr.

City Potomac	State MD	Zip Code 20854-1241
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FEC ID number of contributing federal political committee. **C**

Name of Employer Saitech	Occupation 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  
 03 / 20 / 2014

**Transaction ID : SA11AI.15714**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4830 Northampton Dr.

City Jackson	State MS	Zip Code 39211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Strategic Partners & Media	Occupation 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  
 03 / 26 / 2014

**Transaction ID : SA11AI.15734**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 685 Woodland Drive

City Yazoo City	State MS	Zip Code 39194
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FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Resources LLC	Occupation Partner
---	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15760**

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 7 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 1400 Walnut Street

City: Waynesboro State: MS Zip Code: 39367

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

Name of Employer: Board of Alderman Occupation: Appraiser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 03 / 2014

**Transaction ID : SA11AI.15617**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 900 Turner St.

City: Waynesboro State: MS Zip Code: 39367

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

Name of Employer: Cunsure Title Occupation: Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 03 / 2014

**Transaction ID : SA11AI.15619**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 12251 Bernard Pkwy #200

City: Gulfport State: MS Zip Code: 39503

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

Name of Employer: Blacklidge Emulsions, Inc. Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 6000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.15791**

Amount of Each Receipt this Period: 3000.00  
 \$800 was refunded on 3/31/14

**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 8 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 1099 New York Ave NE  
Suite 530

City Washington State DC Zip Code 20001

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

Name of Employer Occupation  
Tauzin Consultants 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  
01 / 13 / 2014

**Transaction ID : SA11AI.15776**

Amount of Each Receipt this Period  
500.00

In-kind - Lodging

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

Mailing Address 1105 Quincy St.

City Alexandria State VA Zip Code 22302

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

Name of Employer Occupation  
Tauzin Consultants 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  
02 / 20 / 2014

**Transaction ID : SA11AI.16159**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4630 Calnita Place

City Jackson State MS Zip Code 39211

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

Name of Employer Occupation  
Horne CPA Group 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  
03 / 26 / 2014

**Transaction ID : SA11AI.15767**

Amount of Each Receipt this Period  
500.00

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Frank W. Bordeaux**

Mailing Address 1444 Tally Ho Circle

City State Zip Code  
Gulfport MS 39507

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

Name of Employer Occupation  
New Outlooks Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11AI.15680**

Amount of Each Receipt this Period  
250.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Ollie Dee Boykin Jr.**

Mailing Address 3221 Ward Pineview Dr.

City State Zip Code  
Lucedale MS 39452

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

Name of Employer Occupation  
Horne CPA Group Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11AI.15765**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1719 North Glebe Rd.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Navigators Global Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.16301**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. Box 4451

City State Zip Code  
Laurel MS 39441

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  
 02 / 20 / 2014

**Transaction ID : SA11AI.15655**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 108 Shoreline Dr.

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation  
Home LLP CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15752**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 108 Harvard St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Capitol Resources 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  
 03 / 31 / 2014

**Transaction ID : SA11AI.15828**

Amount of Each Receipt this Period  
500.00

**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 11 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Tommy E. Butler**

Mailing Address 102 Farrington Place

City Madison State MS Zip Code 39110

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

Name of Employer Home CPA Group Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15764**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8 Laurawood Court

City Laurel State MS Zip Code 39443

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 Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.15620**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4211 Eastover Place

City Jackson State MS Zip Code 39211

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

Name of Employer Pruett Oil Co. Occupation Oil and Gas

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15802**

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 12 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 4406 Audubon Trail

City State Zip Code  
Biloxi MS 39532

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

Name of Employer Occupation  
Self Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11AI.15673**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 2205 Windsor Road

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Occupation  
Navigator Global Senior 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  
03 / 31 / 2014

**Transaction ID : SA11AI.15834**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 105 Surgeres Place

City State Zip Code  
Ocean Springs MS 39564

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

Name of Employer Occupation  
First Premier Corp. Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.15813**

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 13 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 2858 Briarfield Ln.

City State Zip Code  
Mobile AL 36693

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

Name of Employer Occupation  
Huntington Ingalls VP Program Mgt.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.15656**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11638 Bluff Ln

City State Zip Code  
Gulfport MS 39503

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

Name of Employer Occupation  
Trinity Yachts 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  
 12 / 16 / 2013

**Transaction ID : SA11AI.15683**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds  
**[MEMO ITEM]**

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

Mailing Address 600 Travis Ste 6800

City State Zip Code  
Houston TX 77002

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

Name of Employer Occupation  
Crest Investment Co Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15798**

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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address P.O. Box 6181

City State Zip Code  
Gulfport MS 39506

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

Name of Employer Occupation  
Specialty Contractors Commercial Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15809**

Amount of Each Receipt this Period  
1500.00

**B.** 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  
Stratagem 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  
 02 / 20 / 2014

**Transaction ID : SA11AI.15650**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 506 Lincoln Cv.

City State Zip Code  
Madison MS 39110-7337

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

Name of Employer Occupation  
Self Athletic Trainer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15744**

Amount of Each Receipt this Period  
250.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Randall R. Doyle**

Mailing Address 6505 Shore Drive

City State Zip Code  
Ocean Springs MS 39564

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

Name of Employer Occupation  
Blossman Propane Gas CFO

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.15816**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1200 Post Oak Blvd, Apt. 3207

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation  
Plains All American Pipeline VP, General Counsel

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  
 03 / 30 / 2014

**Transaction ID : SA11AI.15845**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10673 Oakcrest Dr. North

City State Zip Code  
Biloxi MS 39532

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.15681**

Amount of Each Receipt this Period  
250.00

Cassidy Palazzo transfer of joint fundraising proceeds  
**[MEMO ITEM]**

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Wayne Allen Fletcher**

Mailing Address 112 Rue Acadian

City Slidell State LA Zip Code 70461

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

Name of Employer Self Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.15613**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 112 Laird Ave.

City Madison State MS Zip Code 39110

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

Name of Employer Home LLP Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15729**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 145 Saint Jude Street

City Biloxi State MS Zip Code 39530

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

Name of Employer Self Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11AI.15689**

Amount of Each Receipt this Period  
 500.00

Cassidy Palazzo transfer of joint fundraising proceeds  
**[MEMO ITEM]**

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

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

3500.00



**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Edmund Peter Giambastiani**

Mailing Address 6421 Wainfleet Court

City Springfield State VA Zip Code 22152

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

Name of Employer Blank Rome LLC Occupation Govt Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11AI.15630**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 5000 Montrose Blvd Unit 15F

City Houston State TX Zip Code 77006

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

Name of Employer Plains All American Pipeline Occupation Senior VP, Operations & Business Dev.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.15851**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 434 Laurel Ct.

City Madison State MS Zip Code 39110-7095

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

Name of Employer Horne LLP Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15746**

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 18 OF 126	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. Riley Hagan III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 18951 Santa Maria Dr.		<b>Transaction ID : SA11AI.15727</b>
City Baton Rouge	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Best Efforts	Occupation Best Efforts	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. John M Hairston</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 9114 Victoria Circle		<b>Transaction ID : SA11AI.15815</b>
City Gulfport	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hancock Bank	Occupation CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Todd Hairston</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2200 25th Ave., Ste. A		<b>Transaction ID : SA11AI.15832</b>
City Gulfport	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Covington Civil & Environment	Occupation Member	Election Cycle-to-Date 750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<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 19 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 2330 Beau Chene

City State Zip Code  
Biloxi MS 39532

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

Name of Employer Occupation  
Aladdin Construction Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11AI.15675**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 1285 East Deer Ridge

City State Zip Code  
Brandon MS 39042

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11AI.15738**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 130 North Shore Point

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation  
Horne CPAs CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11AI.15769**

Amount of Each Receipt this Period  
1500.00

**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 20 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 2240 Bellingrath Road

City Jackson State MS Zip Code 39211

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

Name of Employer Clear Water Group Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15733**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2646 South Kenmore Court

City Arlington State VA Zip Code 22202

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

Name of Employer USN Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.15637**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2219 Heritage Hill Dr.

City Jackson State MS Zip Code 39211

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

Name of Employer State of MS Occupation Secretary of State

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15759**

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 21 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>J. W. Howard</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 21 Madewood		<b>Transaction ID : SA11AI.15624</b>
City Hattiesburg	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Howard Agency	Occupation Owner	
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>Taylor Johnson</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 148 Russell Dr.		<b>Transaction ID : SA11AI.15626</b>
City Waynesboro	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Johnson Oil	Occupation Member	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Arthur Jones III</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 837 Heron Cove		<b>Transaction ID : SA11AI.15814</b>
City Biloxi	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer AGJ Systems & Networks Inc.	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<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 22 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 2109 Woodmont Road

City Alexandria State VA Zip Code 22307

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

Name of Employer Cornerstone Government Affairs Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.15941**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address P.O. Box 2401

City Jackson State MS Zip Code 39225-2401

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

Name of Employer Ergon Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15754**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. Box 13816

City New Iberia State LA Zip Code 70563

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.15796**

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 23 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 402 Daniel Drive

City: Brandon State: MS Zip Code: 39047

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: 500.00

Date of Receipt: 12 / 16 / 2013

**Transaction ID : SA11AI.15672**

Amount of Each Receipt this Period: 500.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 402 Daniel Drive

City: Brandon State: MS Zip Code: 39047

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: 1500.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : SA11AI.15756**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 7122 Morrland Dr.

City: Clarksville State: MD Zip Code: 21029

FEC ID number of contributing federal political committee: C

Name of Employer: Saitech Inc. Occupation: Exec.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 20 / 2014

**Transaction ID : SA11AI.15785**

Amount of Each Receipt this Period: 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 5316 Longmont Drive

City Houston	State TX	Zip Code 77056
-----------------	-------------	-------------------

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

Name of Employer PAA Natural Gas Storage	Occupation President and 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  
 03 / 30 / 2014

**Transaction ID : SA11AI.15844**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 458 Greenwood Lane

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

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

Name of Employer Capitol Resources LLC	Occupation 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  
 03 / 26 / 2014

**Transaction ID : SA11AI.15761**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7000 Falls Reach Dr. Apt 211

City Falls Church	State VA	Zip Code 22043
----------------------	-------------	-------------------

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

Name of Employer Cassidy & Associates	Occupation Senior Vice President
--	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15943**

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 25 OF 126
	<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)  
**PALAZZO FOR CONGRESS**

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

Mailing Address 4021 Dunsinane Street

City State Zip Code  
Ocean Springs MS 39564

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

Name of Employer Occupation  
Homemaker Homemaker

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  
12 / 16 / 2013

**Transaction ID : SA11AI.15677**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 4021 Dunsinane Street

City State Zip Code  
Ocean Springs MS 39564

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11AI.15676**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 4050 Copeland Island Rd

City State Zip Code  
Mobile AL 36895

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

Name of Employer Occupation  
US Joiner V.P.

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  
02 / 20 / 2014

**Transaction ID : SA11AI.15664**

Amount of Each Receipt this Period  
1000.00

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

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

1000.00

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard H. Mills**

Mailing Address 602 Crescent Pl, Ste 100

City: Ridgeland State: MS Zip Code: 39157

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

Name of Employer: Tellus Operating Group, LLC Occupation: Petroleum Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : SA11AI.15762**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 140 Oak Cove

City: Magee State: MS Zip Code: 39111

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

Name of Employer: Home CPA Group Occupation: Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : SA11AI.15768**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 200 East Capitol Street, Ste 1601

City: Jackson State: MS Zip Code: 39201

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

Name of Employer: Self Occupation: Oil & Gas Production

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.15803**

Amount of Each Receipt this Period: 2600.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 126	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. Hibbett Neel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. Box 22625		<b>Transaction ID : SA11AI.15818</b>
City Jackson	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Neel Schaffer	Occupation CEO	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. James Newsome</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 5 Byram Court		<b>Transaction ID : SA11AI.15648</b>
City Mendham	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Delta Strategy Group	Occupation Executive	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Kevin M. O'Donovan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 6110 Woodmont Rd.		<b>Transaction ID : SA11AI.15705</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Gov. Affairs	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<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 28 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 67 Shoreline Ln

City State Zip Code  
Gulfport MS 39508

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

Name of Employer Occupation  
Coastal Electric Power Assn. President/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  
12 / 12 / 2013

**Transaction ID : SA11AI.15670**

Amount of Each Receipt this Period  
250.00

Cassidy Palazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**A.J.M. Oustalet III**

Mailing Address 9274 Hwy 49

City State Zip Code  
Gulfport MS 39503

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

Name of Employer Occupation  
Butch Oustalet Mazda Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.15789**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1510 23rd Street

City State Zip Code  
South Arlington VA 22202

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

Name of Employer Occupation  
Parsons Strategies 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  
02 / 24 / 2014

**Transaction ID : SA11AI.15633**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Harry N. Pefanis**

Mailing Address 4103 University Blvd

City State Zip Code  
Houston TX 77005

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

Name of Employer Occupation  
Plains All American President & COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.16154**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 106 Langdon Drive

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation  
Home LLP CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15736**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 901 7th Street NW  
Suite 200

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Navigators Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.16299**

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 30 OF 126	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 6793 Father John Ct

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Cassidy & Associates President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11AI.15836**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 14158 Longwood Circle

City State Zip Code  
Biloxi MS 39532

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

Name of Employer Occupation  
Gulf Island Credit Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SA11AI.15685**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds  
**[MEMO ITEM]**

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

Mailing Address PO Box 988

City State Zip Code  
Laurel MS 39441

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 03 / 2014

**Transaction ID : SA11AI.15628**

Amount of Each Receipt this Period  
1000.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 1601 K St. NW

City Washington State DC Zip Code 20006

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

Name of Employer K & L Gates Occupation Government Affairs Counselor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.16303**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3812 Chaumont Cir.

City Ocean Springs State MS Zip Code 39564

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

Name of Employer United Way Occupation VP Planning

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.15659**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 135 Hillcrest Rd

City Pass Christian State MS Zip Code 39571

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

Name of Employer Seemann Composites Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.15679**

Amount of Each Receipt this Period  
 500.00

Cassidy Palazzo transfer of joint fundraising proceeds  
**[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 32 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 222 Somerset Dr.

City Hattiesburg State MS Zip Code 39402

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

Name of Employer Pioneer Aerospace Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15819**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 141 Bayou Circle

City Gulfport State MS Zip Code 39507

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

Name of Employer Stewart Sneed Hewes Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.15686**

Amount of Each Receipt this Period  
500.00

Cassidy Palazzo transfer of joint fundraising proceeds  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Southern Benefits Solutions, LLC**

Mailing Address 2218 24th Ave.

City Gulfport State MS Zip Code 39501

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15794**

Amount of Each Receipt this Period  
750.00

LLC attributed to owner

**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 33 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Gerald E. Oberlies**

Mailing Address 14306 Carriage Cr.

City State Zip Code  
Gulfport MS 39503

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

Name of Employer Occupation  
Southern Benefits Solutions Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1125.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.15794.0**

Amount of Each Receipt this Period  
750.00

LLC member attribution

**[MEMO ITEM]**

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

Mailing Address 7546 Willow Circle

City State Zip Code  
Mobile AL 36695

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

Name of Employer Occupation  
Kangal Gallery Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SA11AI.15661**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Gerald St. Pe'**

Mailing Address 806 Powells Point Dr.

City State Zip Code  
Gautier MS 39553

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

Name of Employer Occupation  
Ingalls Shipbuilders Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SA11AI.15667**

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 34 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 581 Nightingale Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer: Huntington Ingalls Occupation: VP Contracts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 02 / 20 / 2014

**Transaction ID : SA11AI.15665**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 6819 Washington Ave., Ste D

City Ocean Springs State MS Zip Code 39564

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

Name of Employer: Cheyenne Properties LLC Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 12 / 16 / 2013

**Transaction ID : SA11AI.15688**

Amount of Each Receipt this Period: 500.00

Cassidy Palaazzo transfer of joint fundraising proceeds

**[MEMO ITEM]**

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

Mailing Address 46 Priest Point

City Hattiesburg State MS Zip Code 39401

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

Name of Employer: Loresco Occupation: Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.15800**

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 35 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Christopher McKinley Thomas**

Mailing Address 725 Danforth Dr.

City Madison State MS Zip Code 39110

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  
 03 / 26 / 2014

**Transaction ID : SA11AI.15766**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 16097

City Jackson State MS Zip Code 39236

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

Name of Employer BPT Strategies LLC Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.15625**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7414 Dorothy Court

City Springfield State VA Zip Code 22153

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

Name of Employer Huntington Ingalls Industries Occupation VP Govt Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.15703**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Stuart E. Weidie**

Mailing Address 20 Country Club Trail

City Asheville State NC Zip Code 28804

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

Name of Employer Blossman Gas Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15810**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 690 Spring Lake Dr.

City Pearl State MS Zip Code 39208

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

Name of Employer Home LLP Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15742**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 30 Bellewood Dr.

City Clinton State MS Zip Code 39056

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

Name of Employer Home LLP Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.15750**

Amount of Each Receipt this Period  
 250.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 24 Griffin Dirve

City State Zip Code  
Ellisville MS 39437

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.15622**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**William G. Yates, Jr.**

Mailing Address P.O. Box 456

City State Zip Code  
Philadelphia MS 39350

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

Name of Employer Occupation  
Yates Construction CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15822**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2104 Ward Lane

City State Zip Code  
Biloxi MS 39531

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

Name of Employer Occupation  
Yates Construction Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.15821**

Amount of Each Receipt this Period  
100.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2104 Ward Lane

City State Zip Code  
Biloxi MS 39531

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

Name of Employer Occupation  
Yates Construction Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11Al.15841**

Amount of Each Receipt this Period  
2400.00

**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).....

2400.00

78700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial)  
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  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2014

Transaction ID : SA11C.15702

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. BOX 13222

City State Zip Code  
SACRAMENTO CA 95813

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

Transaction ID : SA11C.15711

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
C. AIRBUS GROUP, INC. PAC

Mailing Address 2550 WASSER TERRACE  
SUITE 9000

City State Zip Code  
HERNDON VA 20171

FEC ID number of contributing federal political committee. **C** C00421230

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  
 02 / 20 / 2014

Transaction ID : SA11C.15641

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 40 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AIRBUS GROUP, INC. PAC**

Mailing Address 2550 WASSER TERRACE  
SUITE 9000

City HERNDON State VA Zip Code 20171

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15792**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11C.15652**

Amount of Each Receipt this Period  
5000.00

**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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : SA11C.15610**

Amount of Each Receipt this Period  
2000.00

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

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

10000.00



**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ATMOS ENERGY CORPORATION PAC**

Mailing Address 5430 LBJ FREEWAY, SUITE 160

City	State	Zip Code
DALLAS	TX	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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11C.15849**

Amount of Each Receipt this Period

2000.00

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

Mailing Address 10 LONGS PEAK DRIVE

City	State	Zip Code
BROOMFIELD	CO	80021

FEC ID number of contributing federal political committee. **C** C00039461

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  
 02 / 20 / 2014

**Transaction ID : SA11C.15647**

Amount of Each Receipt this Period

1000.00

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

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20037

FEC ID number of contributing federal political committee. **C** C00150797

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  
 02 / 24 / 2014

**Transaction ID : SA11C.15634**

Amount of Each Receipt this Period

1000.00

**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 42 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**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 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11C.15757**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 6001 BOLLINGER CANYON ROAD  
BUILDING L4062

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 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15831**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL**

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

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  
 02 / 24 / 2014

**Transaction ID : SA11C.15636**

Amount of Each Receipt this Period  
 1000.00

**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 43 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Jeffrey Guice**

Mailing Address P.O. Box 549

City State Zip Code  
Ocean Springs MS 39566

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

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  
 03 / 26 / 2014

**Transaction ID : SA11C.15782**

Amount of Each Receipt this Period  
1000.00

Refunded 3.28.14

**B.** Full Name (Last, First, Middle Initial)  
**COMPUTER SCIENCES CORPORATION PAC**

Mailing Address 3170 FAIRVIEW PARK DR.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00101410

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.15712**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**COMPUTER SCIENCES CORPORATION PAC**

Mailing Address 3170 FAIRVIEW PARK DR.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00101410

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.15713**

Amount of Each Receipt this Period  
4000.00

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

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

8000.00

**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : SA11C.15668**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
DENBURY RESOURCES INC POLITICAL COMMITTEE

Mailing Address 5320 LEGACY DRIVE

City PLANO State TX Zip Code 75024

FEC ID number of contributing federal political committee. **C** C00440651

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  
 03 / 31 / 2014

**Transaction ID : SA11C.15808**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
DIGITALGLOBE PAC INC. (DG-PAC)

Mailing Address 1601 DRY CREEK DRIVE STE 260

City LONGMONT State CO Zip Code 80503

FEC ID number of contributing federal political committee. **C** C00370585

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 Y Y  
 03 / 13 / 2014

**Transaction ID : SA11C.15699**

Amount of Each Receipt this Period  
 500.00

**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 45 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial)  
ELECTRIC POWER ASSOCIATIONS OF MISSISSIPPI ACTION COMMITTEE FOR RURAL ELECTRIFICATION

A. Mailing Address POST OFFICE BOX 3300

City State Zip Code  
Ridgeland MS 39158

FEC ID number of contributing federal political committee. **C** C00004952

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2014

Transaction ID : SA11C.15697

Amount of Each Receipt this Period  
 5000.00

B. Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 3699 WILSHIRE BLVD., #1290

City State Zip Code  
LOS ANGELES CA 90010

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 12000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

Transaction ID : SA11C.15704

Amount of Each Receipt this Period  
 2000.00

Refunded \$2,000 3.31.14

C. Full Name (Last, First, Middle Initial)  
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City State Zip Code  
Richmond VA 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

Transaction ID : SA11C.15709

Amount of Each Receipt this Period  
 5000.00

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

12000.00

**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00467431**

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  
**03 / 31 / 2014**

**Transaction ID : SA11C.16305**

Amount of Each Receipt this Period  
 1000.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11C.15763**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 3435**

City **ALEXANDRIA** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00410068**

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  
**03 / 31 / 2014**

**Transaction ID : SA11C.16307**

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 47 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900W

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15827**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3400 INTERNATIONAL DRIVE, NW

City WASHINGTON State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C** C00412403

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  
 03 / 13 / 2014

**Transaction ID : SA11C.15698**

Amount of Each Receipt this Period  
2500.00

**C.** 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  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11C.15690**

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 48 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. LEIDOS INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 301 LABORATORY ROAD		<b>Transaction ID : SA11C.15691</b>
City State Zip Code OAK RIDGE TN 37830	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00546234	Name of Employer Occupation	Amount of Each Receipt this Period 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>B. MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address P.O. BOX 75000 MC2250		<b>Transaction ID : SA11C.15645</b>
City State Zip Code DETROIT MI 48275	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00496307	Name of Employer Occupation	Amount of Each Receipt this Period 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. MAV6 EDGEFIGHTER PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 16059		<b>Transaction ID : SA11C.15817</b>
City State Zip Code ALEXANDRIA VA 22302	Amount of Each Receipt this Period 1850.00	
FEC ID number of contributing federal political committee. C C00507764	Name of Employer Occupation	Amount of Each Receipt this Period 1850.00
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).....	4850.00
<b>TOTAL</b> This Period (last page this line number only).....	4850.00



**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MAV6 EDGEFIGHTER PAC**

Mailing Address **PO BOX 16059**

City **ALEXANDRIA** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00507764**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.15842**

Amount of Each Receipt this Period  
**1150.00**

**B.** Full Name (Last, First, Middle Initial)  
**MISSISSIPPI POWER COMPANY FEDERAL PAC A/K/A/ MS PWR CO EMP COMM FOR RESP FED GOV**

Mailing Address **2992 WEST BEACH BLVD**

City **GULFPORT,** State **MS** Zip Code **39502**

FEC ID number of contributing federal political committee. **C C00144147**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11C.15758**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address **11250 WAPLES MILL ROAD**

City **FAIRFAX** State **VA** Zip Code **22030**

FEC ID number of contributing federal political committee. **C C00053553**

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  
**03 / 26 / 2014**

**Transaction ID : SA11C.15770**

Amount of Each Receipt this Period  
**1500.00**

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

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

**5150.00**

**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
ORBITAL SCIENCES CORPORATION POLITICAL ACTION COMMITTEE (ORB PAC)

Mailing Address 21839 ATLANTIC BLVD.  
4TH FLOOR

City DULLES State VA Zip Code 20166

FEC ID number of contributing federal political committee. **C** C00195263

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15829**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
ORBITAL SCIENCES CORPORATION POLITICAL ACTION COMMITTEE (ORB PAC)

Mailing Address 21839 ATLANTIC BLVD.  
4TH FLOOR

City DULLES State VA Zip Code 20166

FEC ID number of contributing federal political committee. **C** C00195263

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15830**

Amount of Each Receipt this Period  
1000.00

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

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

City Germantown State TN Zip Code 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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15801**

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: PAGE 51 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address 1301 K Street, NW  
Suite 800W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.15790**

Amount of Each Receipt this Period  
3000.00

**B.** 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  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SA11C.15639**

Amount of Each Receipt this Period  
1000.00

**C.** 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  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2014

**Transaction ID : SA11C.15853**

Amount of Each Receipt this Period  
1500.00

**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 52 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**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  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.15806**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. PAC (ROLLS-ROYCE NORTH AMERICA PAC)**

Mailing Address 1875 EXPLORER STREET, SUITE 200

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00296822**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11C.15640**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Mailing Address 4800 W. GATES PASS ROAD

City TUCSON State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1801.82

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11C.15787**

Amount of Each Receipt this Period  
801.82  
In-kind - Lodging \$729.12 and meals \$72.70

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

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

2801.82

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

Form/Schedule: SA11C

Transaction ID : SA11C.15787

We received notification that the amount of the inkind contribution given to us was incorrect. Amended the 1st Quarter report to reflect the new amount of the inkind contribution.

Form/Schedule:

Transaction ID:

**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2014
Mailing Address 4800 W. GATES PASS ROAD		<b>Transaction ID : SA11C.15708</b>
City TUCSON	State AZ	
FEC ID number of contributing federal political committee. C C00122101		Amount of Each Receipt this Period 2000.00
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 3801.82	

Full Name (Last, First, Middle Initial) <b>SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2014
Mailing Address 4800 W. GATES PASS ROAD		<b>Transaction ID : SA11C.15848</b>
City TUCSON	State AZ	
FEC ID number of contributing federal political committee. C C00122101		Amount of Each Receipt this Period 100.00
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 3901.82	

Full Name (Last, First, Middle Initial) <b>SHIPBUILDERS COUNCIL OF AMERICA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 655 FIFTEENTH STREET NW SUITE 225		<b>Transaction ID : SA11C.16304</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00374355		Amount of Each Receipt this Period 1000.00
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).....	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: PAGE 55 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC**

Mailing Address 1030 15TH STREET NW  
SUITE 450 W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11C.15635**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**STEVE FINCHER FOR CONGRESS**

Mailing Address PO BOX 11153

City JACKSON State TN Zip Code 38308

FEC ID number of contributing federal political committee. **C** C00466854

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  
 03 / 31 / 2014

**Transaction ID : SA11C.15825**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.15710**

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 56 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11C.15852**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1627 EYE STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

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  
 03 / 31 / 2014

**Transaction ID : SA11C.15799**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 PENNSYLVANIA AVE, NW  
10TH FLOOR

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

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  
 02 / 24 / 2014

**Transaction ID : SA11C.15632**

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 57 OF 126
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**VT HALTER MARINE INC POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 1328**

City **PASCAGOULA** State **MS** Zip Code **39568**

FEC ID number of contributing federal political committee. **C C00321802**

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  
**03 / 13 / 2014**

**Transaction ID : SA11C.15701**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **P.O. Box 75000**  
**MC: 2250**

City **Detroit** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00007948**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.15793**

Amount of Each Receipt this Period  
**3000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ZACHRY CORPORATION POLITICAL ACTION COMMITTEE (ZACOPAC)**

Mailing Address **P. O. BOX 33240**

City **SAN ANTONIO** State **TX** Zip Code **78265**

FEC ID number of contributing federal political committee. **C C00048165**

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  
**03 / 31 / 2014**

**Transaction ID : SA11C.15807**

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**

**89401.82**

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

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

FOR LINE NUMBER: PAGE 58 OF 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**CASSIDY PALAZZO VICTORY FUND**

Mailing Address 901 N WASHINGTON ST SUITE 700

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00552703

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4531.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : SA12.15669**

Amount of Each Receipt this Period  
4531.04

Transfer from Affiliated Committee

**B.** Full Name (Last, First, Middle Initial)  
**CASSIDY PALAZZO VICTORY FUND**

Mailing Address 901 N WASHINGTON ST SUITE 700

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00552703

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4868.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA12.15693**

Amount of Each Receipt this Period  
337.82

Transfer from Affiliated Committee

**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).....

4868.86

4868.86

**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 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN MCCARTY PALAZZO**

Mailing Address P.O. BOX 4634

City: BILOXI      State: MS      Zip Code: 39535

FEC ID number of contributing federal political committee: **C** H0MS04120

Name of Employer: House of Representatives      Occupation: Representative

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1823.08

Date of Receipt: 01 / 16 / 2014

**Transaction ID : SA14.16309**

Amount of Each Receipt this Period: 472.95

Reimburse for House Gift Shop

**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

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

Amount of Each Receipt this Period

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

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

472.95

472.95

**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 60 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. 1st Place</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 19485 MS 67		Amount of Each Disbursement this Period 95.83
City Biloxi	State MS	Zip Code 39532
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Transaction ID : SB17.15996  
[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. 1st Place</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 19485 MS 67		Amount of Each Disbursement this Period 85.06
City Biloxi	State MS	Zip Code 39532
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Transaction ID : SB17.15999  
[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. 1st Place</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 19485 MS 67		Amount of Each Disbursement this Period 81.86
City Biloxi	State MS	Zip Code 39532
Purpose of Disbursement Travel - Credit Card Payment 1/3/14		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Transaction ID : SB17.16163  
[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 61 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. 1st Place</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 19485 MS 67		Amount of Each Disbursement this Period 88.19
City Biloxi	State MS	
Zip Code 39532	Purpose of Disbursement Travel Expense - Credit Card Payment 1/23/14	Transaction ID : SB17.16055
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clifton Addison</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 18 Theodore Blackburn Rd.		Amount of Each Disbursement this Period 875.00
City Purvis	State MS	
Zip Code 39475	Purpose of Disbursement Salary	Transaction ID : SB17.15916
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Clifton Addison</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 18 Theodore Blackburn Rd.		Amount of Each Disbursement this Period 214.01
City Purvis	State MS	
Zip Code 39475	Purpose of Disbursement Travel Expense Reimbursement	Transaction ID : SB17.15931
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1089.01
<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 62 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Clifton Addison</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2014
Mailing Address 18 Theodore Blackburn Rd.		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : SB17.15932</b>
City Purvis State MS Zip Code 39475	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AGJ Systems &amp; Networks</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2014
Mailing Address 14257 Dedeaux Rd Suite A		Amount of Each Disbursement this Period 1875.71 <b>Transaction ID : SB17.15871</b>
City Gulfport State MS Zip Code 39503	Purpose of Disbursement Site Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. AGJ Systems &amp; Networks</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 14257 Dedeaux Rd Suite A		Amount of Each Disbursement this Period 666.01 <b>Transaction ID : SB17.15896</b>
City Gulfport State MS Zip Code 39503	Purpose of Disbursement Site Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2616.72
<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 63 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. AGJ Systems &amp; Networks</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 14257 Dedeaux Rd Suite A			Amount of Each Disbursement this Period 112.35		
City Gulfport	State MS	Zip Code 39503	Transaction ID : <b>SB17.15918</b>		
Purpose of Disbursement Site Maintenance		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>B. Alexandria Taxi Magic</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address 5904 Richmond Hwy, Ste 340			Amount of Each Disbursement this Period 24.29		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17.15987</b>		
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Alexandria Taxi Magic</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address 5904 Richmond Hwy, Ste 340			Amount of Each Disbursement this Period 24.87		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17.16033</b>		
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.35
<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 64 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Alexandria Union Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 3801 Mount Vernon Ave.		Amount of Each Disbursement this Period 17.28
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.15957 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address P.O. Box 619616		Amount of Each Disbursement this Period 1104.60
City DFW Airport State TX Zip Code 75261	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16008 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address P.O. Box 619616		Amount of Each Disbursement this Period 6.99
City DFW Airport State TX Zip Code 75261	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16009 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 65 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address P.O. Box 650448			Amount of Each Disbursement this Period 8847.65		
City Dallas	State TX	Zip Code 75265	Transaction ID : <b>SB17.15867</b>		
Purpose of Disbursement Credit Card Payment		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address P.O. Box 650448			Amount of Each Disbursement this Period 572.01		
City Dallas	State TX	Zip Code 75265	Transaction ID : <b>SB17.16140</b>		
Purpose of Disbursement Credit Card Payment		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Jerrys Ford Sales</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address 6510 Little River Turnpike			Amount of Each Disbursement this Period 572.01		
City Alexandria	State VA	Zip Code 22312	Transaction ID : <b>SB17.16140.0</b>		
Purpose of Disbursement To Be Reimbursed by Candidate		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9419.66
<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 66 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 1209.43 <b>Transaction ID : SB17.16039</b>
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 9140.87 <b>Transaction ID : SB17.16091</b>
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 540 Bayview Avenue		Amount of Each Disbursement this Period 77.02 <b>Transaction ID : SB17.16091.0</b> <b>[MEMO ITEM]</b>
City Biloxi	State MS	
Zip Code 39530	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10350.30
<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 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Kangaroo-Gulfport</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 10010 US 49		Amount of Each Disbursement this Period 28.73
City Gulfport	State MS	
Zip Code 39503	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.3 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 2600 Beach Blvd		Amount of Each Disbursement this Period 983.44
City Biloxi	State MS	
Zip Code 39531	Purpose of Disbursement Wireless Phones	Transaction ID : SB17.16091.4 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil-Alexandria</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 501 S Washington St.		Amount of Each Disbursement this Period 55.94
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.5 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 68 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 792.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel Expense	Transaction ID : <b>SB17.16091.7</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kangaroo-Wiggins</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1801-1895 U.S. 49		Amount of Each Disbursement this Period 44.36
City Wiggins	State MS	
Zip Code 39577	Purpose of Disbursement Travel Expense	Transaction ID : <b>SB17.16091.8</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lowestfare.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 627.00
City	State	
Zip Code	Purpose of Disbursement Travel Expense	Transaction ID : <b>SB17.16091.9</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 69 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. iContact</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 2635 Merician Parkway Ste 200		Amount of Each Disbursement this Period 119.90
City Durham	State NC	
Zip Code 27713	Purpose of Disbursement E-Mail Program	Transaction ID : SB17.16091.11
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.12
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 25.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.13
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 70 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 26.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.14
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 1273.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.18
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.58
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.20
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : SB17.16091.21 <b>[MEMO ITEM]</b>
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>B. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 9.12
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : SB17.16091.22 <b>[MEMO ITEM]</b>
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. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.68
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : SB17.16091.24 <b>[MEMO ITEM]</b>
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).....	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 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 12.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : SB17.16091.25 <b>[MEMO ITEM]</b>
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>B. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 17.80
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : SB17.16091.26 <b>[MEMO ITEM]</b>
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. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 12.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : SB17.16091.27 <b>[MEMO ITEM]</b>
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).....	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 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 64.00
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Travel Expense		Category/ Type 002	<b>Transaction ID : SB17.16091.28</b>  <b>[MEMO ITEM]</b>
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>B. Uber Technologies Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 12.00
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Travel Expense		Category/ Type 002	<b>Transaction ID : SB17.16091.29</b>  <b>[MEMO ITEM]</b>
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. Uber Technologies Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 12.00
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Travel Expense		Category/ Type 002	<b>Transaction ID : SB17.16091.30</b>  <b>[MEMO ITEM]</b>
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).....	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 74 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Capitol</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 550 C Street SW		Amount of Each Disbursement this Period 1045.71
City Washington	State DC	
Zip Code 20024	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.32
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 29.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.33
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 9.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.34
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel Expense	Transaction ID : SB17.16091.35
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Createsend.com Emails</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address Suite 404 3-5 Stapleton Ave. Sutherland		Amount of Each Disbursement this Period 171.57
City New South Wales 2232	State ZZ	
Zip Code 00000	Purpose of Disbursement E-Mail Program	Transaction ID : SB17.16091.37
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ranchland Tractor</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 21277 Highway 49		Amount of Each Disbursement this Period 568.79
City Saucier	State MS	
Zip Code 39574	Purpose of Disbursement Trailer	Transaction ID : SB17.16091.40
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Polks Biloxi Drugs</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014		
Mailing Address 1845 Popp's Ferry Rd.			Amount of Each Disbursement this Period 82.95		
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.16091.41		
Purpose of Disbursement Travel Expense		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Jazzeppis</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014		
Mailing Address 195 Porter Ave			Amount of Each Disbursement this Period 205.46		
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.16091.42		
Purpose of Disbursement Meal		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Kangaroo-Wiggins</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014		
Mailing Address 1801-1895 U.S. 49			Amount of Each Disbursement this Period 48.62		
City Wiggins	State MS	Zip Code 39577	Transaction ID : SB17.16091.43		
Purpose of Disbursement Travel Expense		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<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 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Congressional Institute, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1700 Diagonal Road #730		Amount of Each Disbursement this Period 890.00 <b>Transaction ID : SB17.16091.44</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement House Member Retreat	[MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobil-Alexandria</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 501 S Washington St.		Amount of Each Disbursement this Period 54.56 <b>Transaction ID : SB17.16091.48</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Travel Expense	[MEMO ITEM]
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 540 Bayview Avenue		Amount of Each Disbursement this Period 25.45 <b>Transaction ID : SB17.16091.49</b>
City Biloxi	State MS	
Zip Code 39530	Purpose of Disbursement Travel Expense	[MEMO ITEM]
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 78 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Tortilla Coast**

Full Name (Last, First, Middle Initial)  
Mailing Address 400 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meal  
Candidate Name

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

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 162.68

Transaction ID : SB17.16091.50

[MEMO ITEM]

**B. Shell Oil**

Full Name (Last, First, Middle Initial)  
Mailing Address 540 Bayview Avenue

City Biloxi State MS Zip Code 39530

Purpose of Disbursement Travel Expense  
Candidate Name

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

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 31.79

Transaction ID : SB17.16091.54

[MEMO ITEM]

**C. Newks Express**

Full Name (Last, First, Middle Initial)  
Mailing Address 3883 Promenade Pkwy

City D'Iberville State MS Zip Code 39540

Purpose of Disbursement Meal  
Candidate Name

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

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 36.32

Transaction ID : SB17.16091.56

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 133.31
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meals	Transaction ID : SB17.16091.60
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Createsend.com Emails</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address Suite 404 3-5 Stapleton Ave. Sutherland		Amount of Each Disbursement this Period 171.57
City New South Wales	State ZZ	
Zip Code 00000	Purpose of Disbursement E-Mail Program	Transaction ID : SB17.16091.63
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 1370.05
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Credit Card Payment	Transaction ID : SB17.15897
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1370.05
<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 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. iContact</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 2635 Merician Parkway Ste 200		Amount of Each Disbursement this Period 999,999.99 119.90
City Durham	State NC	
Purpose of Disbursement E-Mail Program	Zip Code 27713	Category/Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) <b>B. Ranchland Tractor</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 21277 Highway 49		Amount of Each Disbursement this Period 999,999.99 1221.71
City Saucier	State MS	
Purpose of Disbursement Trailer	Zip Code 39574	Category/Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) <b>C. Anedot Processing Fees</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 5555 Hilton Avenue, Ste 106		Amount of Each Disbursement this Period 999,999.99 97.80
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fees	Zip Code 70808	Category/Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	97.80
<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 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Anedot Processing Fees</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5555 Hilton Avenue, Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Fees	<b>Transaction ID : SB17.16151</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Areas USA DC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Reagan Washington National Airport		Amount of Each Disbursement this Period 20.40
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	<b>Transaction ID : SB17.15989</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Authnet Gateway Billing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address CyberSource Solution 808 East Utah Valley Dr		Amount of Each Disbursement this Period 30.00
City American Fort	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Fees	<b>Transaction ID : SB17.15855</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.20
<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 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway Billing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address CyberSource Solution 808 East Utah Valley Dr		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.15884</b>
City American Fort	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway Billing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address CyberSource Solution 808 East Utah Valley Dr		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.15907</b>
City American Fort	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bancorp South</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 2909 13th Street		Amount of Each Disbursement this Period 15.90 <b>Transaction ID : SB17.15856</b>
City Gulfport	State MS	
Zip Code 39501	Purpose of Disbursement Bank Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.90
<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 83 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Bancorp South</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014		
Mailing Address 2909 13th Street			Amount of Each Disbursement this Period 15.90		
City Gulfport	State MS	Zip Code 39501	Transaction ID : SB17.15885		
Purpose of Disbursement Bank Fees		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Bancorp South</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014		
Mailing Address 2909 13th Street			Amount of Each Disbursement this Period 15.90		
City Gulfport	State MS	Zip Code 39501	Transaction ID : SB17.15908		
Purpose of Disbursement Bank Fees		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Bancorp South</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014		
Mailing Address 2909 13th Street			Amount of Each Disbursement this Period 18.00		
City Gulfport	State MS	Zip Code 39501	Transaction ID : SB17.15930		
Purpose of Disbursement Bank Fees		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49.80
<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 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Beau Rivage Prime</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 875 Beach Blvd		Amount of Each Disbursement this Period 533.68
City Biloxi	State MS	Zip Code 39530
Purpose of Disbursement Meal - Credit Card Payment 1/23/14	Category/ Type 001	
Candidate Name	Transaction ID : SB17.16044	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. BKST-Miss State</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address MSU		Amount of Each Disbursement this Period 483.45
City Mississippi State	State MS	Zip Code 39762
Purpose of Disbursement Gifts - Credit Card Payment 1/3/14	Category/ Type 001	
Candidate Name	Transaction ID : SB17.15954	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. John Blount</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 1099 New York Ave NE Suite 530		Amount of Each Disbursement this Period 500.00
City Washington	State DC	Zip Code 20001
Purpose of Disbursement In-kind - Lodging	Category/ Type 002	
Candidate Name	Transaction ID : SB17.15778	
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).....	500.00
<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 85 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Blue Jacket</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 300 Tingey St SE		Amount of Each Disbursement this Period 115.70
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal - Credit Card Payment 1/23/14	Transaction ID : SB17.16047
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Breazeale, Saunders &amp; O'Neil, Ltd</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address Post Office Box 80		Amount of Each Disbursement this Period 203.75
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Accounting Fees	Transaction ID : SB17.15872
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Breazeale, Saunders &amp; O'Neil, Ltd</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address Post Office Box 80		Amount of Each Disbursement this Period 735.00
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Accounting Fees	Transaction ID : SB17.15900
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	938.75
<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 86 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Capital C Store</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 300 Massachusetts Ave NE		Amount of Each Disbursement this Period 1.69
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 002	Transaction ID : SB17.15972  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capital Skyline</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 10 I St SW		Amount of Each Disbursement this Period 10.99
City Washington State DC Zip Code 20024	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 002	Transaction ID : SB17.15985  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 1093.56
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals	
Candidate Name	Category/Type 001	Transaction ID : SB17.15858
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) .....	1093.56
<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 87 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 487.05 <b>Transaction ID : SB17.15950</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Meal - Credit Card Payment 1/3/14 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 127.83 <b>Transaction ID : SB17.16042</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals - Credit Card Payment 1/23/14 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 487.05 <b>Transaction ID : SB17.15901</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	487.05
<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 88 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 300 1st Street SE			Amount of Each Disbursement this Period 258.09 <b>Transaction ID : SB17.15924</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meals		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Chevron-Maples</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 100 Hill Street			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.15992</b> <b>[MEMO ITEM]</b>
City Ellisville	State MS	Zip Code 39437	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Chevron-McHenry</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 841 Highway 49			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.15952</b> <b>[MEMO ITEM]</b>
City McHenry	State MS	Zip Code 39561	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	258.09
<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 89 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Chevron-McHenry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 841 Highway 49		Amount of Each Disbursement this Period 95.73
City McHenry	State MS	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/23/14		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chevron-McHenry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 841 Highway 49		Amount of Each Disbursement this Period 92.55
City McHenry	State MS	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/23/14		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. COTTON FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO BOX 379		Amount of Each Disbursement this Period 1000.00
City DARDANELLE	State AR	
Purpose of Disbursement Political Contribution		Category/ Type 011
Candidate Name <b>THOMAS COTTON</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<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 90 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Createsend.com Emails</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Suite 404 3-5 Stapleton Ave. Sutherland		Amount of Each Disbursement this Period 171.57
City State Zip Code New South Wales 2232 ZZ 00000	Purpose of Disbursement E-mail Program - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 001	Transaction ID : SB17.16027  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 169.80
City State Zip Code Atlanta GA 30320-6001	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 002	Transaction ID : SB17.15966  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. DNC Travel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Terminal T		Amount of Each Disbursement this Period 3.02
City State Zip Code College Park GA 30337	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 001	Transaction ID : SB17.16016  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<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 91 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. DNC Travel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Terminal T		Amount of Each Disbursement this Period 10.28
City College Park	State GA	
Zip Code 30337	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Transaction ID : SB17.16017 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DNC Travel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Terminal T		Amount of Each Disbursement this Period 9.73
City College Park	State GA	
Zip Code 30337	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16025 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Elegant Limousine</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5157 Blanco Road		Amount of Each Disbursement this Period 347.15
City San Antonio	State TX	
Zip Code 78216	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16022 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 92 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. E Speedway Grill</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address Douglas National Airport 5501 RC Josh Birmingham Pkwy		Amount of Each Disbursement this Period 8.65
City Charlotte	State NC	
Zip Code 28208	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Transaction ID : SB17.15994
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobil-Alexandria</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 501 S Washington St.		Amount of Each Disbursement this Period 53.33
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16001
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil - Saucier</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 20120 Stiles Road		Amount of Each Disbursement this Period 96.66
City Saucier	State MS	
Zip Code 39574	Purpose of Disbursement Travel Expense - Credit Card Payment 1/23/14	Transaction ID : SB17.16049
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 93 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Filomena</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address 1063 Wisconsin Ave. NW			Amount of Each Disbursement this Period 50.59		
City Washington	State DC	Zip Code 20004	Transaction ID : SB17.16003		
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Goco's</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address 15800 Lemoyne Blvd			Amount of Each Disbursement this Period 25.29		
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.15997		
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Gordon Biersch</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014		
Mailing Address 900 F St. NW			Amount of Each Disbursement this Period 23.78		
City Washington	State DC	Zip Code 20004	Transaction ID : SB17.15983		
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<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 94 OF 126			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. William Gryder IV</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2113 Government St.Ste D-4		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.15911</b>
City Ocean Springs	State MS	
Zip Code 39564	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hill Country Barbecue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 410 7th St. NW		Amount of Each Disbursement this Period 1874.88 <b>Transaction ID : SB17.15967</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Catering Cost - Credit Card Payment 1/3/14	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address National Press Building 529 14th Street NW		Amount of Each Disbursement this Period 697.95 <b>Transaction ID : SB17.16031</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20045	Purpose of Disbursement Gifts - Credit Card Payment 1/3/14	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<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 95 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. iContact</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 2635 Merician Parkway Ste 200		Amount of Each Disbursement this Period 119.90
City Durham State NC Zip Code 27713	Purpose of Disbursement E-Mail Program - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 001	Transaction ID : SB17.16000 <b>[MEMO ITEM]</b>
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>B. Inmotion/Airport Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 6000 N Terminarl Parkway		Amount of Each Disbursement this Period 32.09
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 002	Transaction ID : SB17.16013 <b>[MEMO ITEM]</b>
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. Innovative Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 4250 Highway 22 Suite 7		Amount of Each Disbursement this Period 325.00
City Mandeville State LA Zip Code 70471	Purpose of Disbursement Consultant-Media	
Candidate Name	Category/Type 004	Transaction ID : SB17.15859
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).....	325.00
<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 96 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Innovative Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 4250 Highway 22 Suite 7		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.15902</b>
City Mandeville State LA Zip Code 70471	Purpose of Disbursement Consultant-Media 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Innovative Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 4250 Highway 22 Suite 7		Amount of Each Disbursement this Period 7540.00 <b>Transaction ID : SB17.15919</b>
City Mandeville State LA Zip Code 70471	Purpose of Disbursement Consultant-Media 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. Innovative Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 4250 Highway 22 Suite 7		Amount of Each Disbursement this Period 1651.86 <b>Transaction ID : SB17.15923</b>
City Mandeville State LA Zip Code 70471	Purpose of Disbursement Consultant-Media 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9391.86
<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 97 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Innovative Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 4250 Highway 22 Suite 7		Amount of Each Disbursement this Period 7340.41 <b>Transaction ID : SB17.15929</b>
City Mandeville State LA Zip Code 70471	Purpose of Disbursement Consultant-Media 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kangaroo-Gulfport</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 10010 US 49		Amount of Each Disbursement this Period 88.61 <b>Transaction ID : SB17.16036</b> <b>[MEMO ITEM]</b>
City Gulfport State MS Zip Code 39503	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14 002 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. Knight Abbey Commercial Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 315 Caillavet Areet		Amount of Each Disbursement this Period 1134.20 <b>Transaction ID : SB17.15903</b>
City Biloxi State MS Zip Code 39530	Purpose of Disbursement Printing Costs 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8474.61
<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 98 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Hunter Lipscomb</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 2604 Wanda Place		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.15914</b>
City Gulfport	State MS	
Zip Code 39501	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hunter Lipscomb</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2604 Wanda Place		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.15935</b>
City Gulfport	State MS	
Zip Code 39501	Purpose of Disbursement Salary	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. McDonald's - Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 21 St. SE		Amount of Each Disbursement this Period 4.59 <b>Transaction ID : SB17.15960</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<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 99 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. MISSISSIPPI REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P. O. Box 60 PO BOX 60		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.15879</b>
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Dues	Category/ Type 011
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>B. National MS Society, AL-MS Chapter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 145 Executive Drive Suite 1		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.15875</b>
City Madison	State MS	
Zip Code 39110	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. National MS Society, AL-MS Chapter</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 145 Executive Drive Suite 1		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.15904</b>
City Madison	State MS	
Zip Code 39110	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6700.00
<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 100 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. North Star Campaign Systems Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 11421 Davenport St.			Amount of Each Disbursement this Period 5350.00	
City Omaha	State NE	Zip Code 68154	Transaction ID : SB17.15920	
Purpose of Disbursement Consultant-Fundraising		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. O'Neal's Of McHenry</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 481 Highway 49			Amount of Each Disbursement this Period 31.09	
City McHenry	State MS	Zip Code 39561	Transaction ID : SB17.16040	
Purpose of Disbursement Meal - Credit Card Payment 1/23/14		001 Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 2414 Pass Rd			Amount of Each Disbursement this Period 119.80	
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.16012	
Purpose of Disbursement Office Supplies - Credit Card Payment 1/3/14		001 Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5350.00
<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 101 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Palazzo &amp; Company, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014		
Mailing Address 13155 Highway 67, Ste B			Amount of Each Disbursement this Period 1000.00		
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.15860		
Purpose of Disbursement Accounting Fees		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Palazzo &amp; Company, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 13155 Highway 67, Ste B			Amount of Each Disbursement this Period 1000.00		
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.15882		
Purpose of Disbursement Accounting Fees		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Palazzo &amp; Company, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014		
Mailing Address 13155 Highway 67, Ste B			Amount of Each Disbursement this Period 2100.92		
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.15888		
Purpose of Disbursement Accounting Fees and Gift Reimbursement		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4100.92
<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 102 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Palazzo &amp; Company, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 13155 Highway 67, Ste B		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.15922</b>
City Biloxi	State MS Zip Code 39532	
Purpose of Disbursement Accounting Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEVEN MCCARTY PALAZZO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address P.O. BOX 4634		Amount of Each Disbursement this Period 1211.93 <b>Transaction ID : SB17.15866</b>
City BILOXI	State MS Zip Code 39535	
Purpose of Disbursement Travel Expense Reimbursement	Category/Type 002	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

Full Name (Last, First, Middle Initial) <b>C. STEVEN MCCARTY PALAZZO</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address P.O. BOX 4634		Amount of Each Disbursement this Period 1117.20 <b>Transaction ID : SB17.15895</b>
City BILOXI	State MS Zip Code 39535	
Purpose of Disbursement Travel Expense Reimbursement	Category/Type 002	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3329.13
<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 103 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. STEVEN MCCARTY PALAZZO</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address P.O. BOX 4634			Amount of Each Disbursement this Period 496.66	
City BILOXI	State MS	Zip Code 39535	Transaction ID : SB17.15913	
Purpose of Disbursement Office Supplies Reimbursement		Category/ Type 001		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: MS	District: 04			

Full Name (Last, First, Middle Initial) <b>B. STEVEN MCCARTY PALAZZO</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address P.O. BOX 4634			Amount of Each Disbursement this Period 1489.60	
City BILOXI	State MS	Zip Code 39535	Transaction ID : SB17.15927	
Purpose of Disbursement Travel Expense Reimbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: MS	District: 04			

Full Name (Last, First, Middle Initial) <b>c. Pete's Diner</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 212 2nd St. SE			Amount of Each Disbursement this Period 10.10	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15977	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1986.26
<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 104 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pure Country</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 10166 Lorraine Road		Amount of Each Disbursement this Period 100.00
City Gulfport	State MS	
Zip Code 39503	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.15955
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Qdoba Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 3705 Hardy Street		Amount of Each Disbursement this Period 11.21
City Hattiesburg	State MS	
Zip Code 39402	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Transaction ID : SB17.16024
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. RA Rayburn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Rayburn B-357		Amount of Each Disbursement this Period 4.60
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Transaction ID : SB17.15974
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 105 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. RT's Restaurant</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 3804 Mt. Vernon Ave.		Amount of Each Disbursement this Period 1317.09
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Catering Cost - Credit Card Payment 1/3/14	Transaction ID : SB17.16035
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Runnels</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 2210 Pass Road Unit C		Amount of Each Disbursement this Period 1750.00
City Gulfport	State MS	
Zip Code 39501	Purpose of Disbursement Salary	Transaction ID : SB17.15915
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jeffrey Runnels</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2014
Mailing Address 2210 Pass Road Unit C		Amount of Each Disbursement this Period 1750.00
City Gulfport	State MS	
Zip Code 39501	Purpose of Disbursement Salary	Transaction ID : SB17.15934
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<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 106 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Rustico Restaurant</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 827 Slaters Lane		Amount of Each Disbursement this Period 801.82
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Transaction ID : SB17.15976 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 4800 W. GATES PASS ROAD		Amount of Each Disbursement this Period 801.82
City TUCSON	State AZ	
Zip Code 85745	Purpose of Disbursement In-kind - Lodging \$729.12 and meals \$72.70	Transaction ID : SB17.15788
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shellis News</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 6000 N Terminal Pkwy		Amount of Each Disbursement this Period 46.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16020 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	801.82
<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 107 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 540 Bayview Avenue		Amount of Each Disbursement this Period 70.13
City Biloxi	State MS	
Zip Code 39530	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	<b>Transaction ID : SB17.15962</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheriff's Annual Gospel Sing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address Post Office Box 6935		Amount of Each Disbursement this Period 175.00
City Gulfport	State MS	
Zip Code 39506	Purpose of Disbursement Donation	<b>Transaction ID : SB17.15906</b>
Candidate Name	012 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sigma Chi Derby Days</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 2405 Anderson Rd Apt. 104		Amount of Each Disbursement this Period 500.00
City Oxford	State MS	
Zip Code 38655	Purpose of Disbursement Advertising	<b>Transaction ID : SB17.15877</b>
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	675.00
<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 108 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Starbucks-Washington</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 237 Pennsylvania Ave. SW			Amount of Each Disbursement this Period 7.59	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15969	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Stor-By-U</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014	
Mailing Address 9221 Woolmarket Road			Amount of Each Disbursement this Period 76.80	
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.15861	
Purpose of Disbursement Office Supplies		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Stor-By-U</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 9221 Woolmarket Road			Amount of Each Disbursement this Period 76.80	
City Biloxi	State MS	Zip Code 39532	Transaction ID : SB17.15883	
Purpose of Disbursement Office Supplies		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	153.60
<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 109 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Stor-By-U</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 9221 Woolmarket Road		Amount of Each Disbursement this Period 76.80 <b>Transaction ID : SB17.15905</b>
City Biloxi	State MS	
Zip Code 39532	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Stor-By-U</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 9221 Woolmarket Road		Amount of Each Disbursement this Period 71.80 <b>Transaction ID : SB17.15928</b>
City Biloxi	State MS	
Zip Code 39532	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Target-Alexandria</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 3101 Jefferson Davis Hwy		Amount of Each Disbursement this Period 75.87 <b>Transaction ID : SB17.16014</b> <b>[MEMO ITEM]</b>
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Office Supplies - Credit Card Payment 1/3/14	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	148.60
<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 110 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Terminal A San Antonio</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 9800 Airport Blvd		Amount of Each Disbursement this Period 55.93
City San Antonio	State TX Zip Code 78216	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Category/Type 001	Transaction ID : SB17.16018  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Sweet Lobby</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 404 8th St. SE		Amount of Each Disbursement this Period 31.90
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Category/Type 001	Transaction ID : SB17.16037  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Tarrance Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 201 North Union Street, Suite 410		Amount of Each Disbursement this Period 24163.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Polling	Category/Type 005	Transaction ID : SB17.15926
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).....	24163.00
<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 111 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The University of Southern MS Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 118 College Drive #5210		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.15880</b>
City Hattiesburg	State MS	
Zip Code 39406	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tim Griffin for Arkansas</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address P.O. Box 7547		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.15893</b>
City Little Rock	State AR	
Zip Code 72217	Purpose of Disbursement Political Contribution	Category/ Type 011
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. TJ Stone's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 608 Montgomery Street		Amount of Each Disbursement this Period 82.12 <b>Transaction ID : SB17.16029</b> <b>[MEMO ITEM]</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<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 112 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 400 1st Street SE			Amount of Each Disbursement this Period 35.14	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.16030	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Trattoria Alberto</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 506 8th St SE			Amount of Each Disbursement this Period 92.50	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.16010	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Tune Inn Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 331 Pennsylvania Ave. SE			Amount of Each Disbursement this Period 31.33	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15964	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

<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 113 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 8.79
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Category/Type 002	Transaction ID : SB17.15959 <b>[MEMO ITEM]</b>
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>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 12.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Category/Type 002	Transaction ID : SB17.15971 <b>[MEMO ITEM]</b>
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. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 12.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Category/Type 002	Transaction ID : SB17.15979 <b>[MEMO ITEM]</b>
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).....	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 114 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 22.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Transaction ID : SB17.16002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 34.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Transaction ID : SB17.16005
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14		Transaction ID : SB17.16006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

<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 115 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 21.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : <b>SB17.16007</b>  <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 27.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : <b>SB17.16028</b>  <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 26.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : <b>SB17.16032</b>  <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 116 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 14.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Travel - Credit Card Payment 1/3/14	Category/Type 002	Transaction ID : SB17.16162 <b>[MEMO ITEM]</b>
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>B. US Airways</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 200.00
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Category/Type 002	Transaction ID : SB17.15981 <b>[MEMO ITEM]</b>
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. US Airways</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 25.00
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Category/Type 002	Transaction ID : SB17.15982 <b>[MEMO ITEM]</b>
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).....	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 117 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 122.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	Transaction ID : SB17.16057
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS-Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1200 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 5.60
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Office Supplies - Credit Card Payment 1/3/14	Transaction ID : SB17.16026
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USPS-Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1200 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 5.60
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Office Supplies - Credit Card Payment 1/23/14	Transaction ID : SB17.16052
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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 118 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Virgin Mobil</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 10 Independence Blvd			Amount of Each Disbursement this Period 22.40	
City Warren	State NJ	Zip Code 07059	Transaction ID : SB17.15956	
Purpose of Disbursement Telephone - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Virgin Mobil</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 10 Independence Blvd			Amount of Each Disbursement this Period 22.40	
City Warren	State NJ	Zip Code 07059	Transaction ID : SB17.16046	
Purpose of Disbursement Telephone - Credit Card Payment 1/23/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. We the Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 305 Pennsylvania Ave., SE			Amount of Each Disbursement this Period 22.20	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15951	
Purpose of Disbursement Meal - Credit Card Payment 1/3/14		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

<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 119 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. We the Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 305 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 27.42
City Washington State DC Zip Code 20003	Purpose of Disbursement Meal - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 001	Transaction ID : SB17.15975 <b>[MEMO ITEM]</b>
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>B. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 228 South Washington St Suite B-20		Amount of Each Disbursement this Period 601.50
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Consultant-Fundraising	
Candidate Name	Category/Type 003	Transaction ID : SB17.15864
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. Yellow Cab Company of DC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1636 Bladensburg Road NE		Amount of Each Disbursement this Period 18.29
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense - Credit Card Payment 1/3/14	
Candidate Name	Category/Type 002	Transaction ID : SB17.16034 <b>[MEMO ITEM]</b>
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).....	601.50
<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 120 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Yoste Strategic Partners</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 405 South 11th Street Suite 103		Amount of Each Disbursement this Period 500.00
City Oxford	State MS Zip Code 38655	
Purpose of Disbursement MS National Guard Donation	Category/Type 012	<b>Transaction ID : SB17.15886</b>
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>B.</b>		Date of Disbursement MM / DD / YYYY
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 MM / DD / YYYY
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).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	108694.54



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 126	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR COCHRAN</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO BOX 7183		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB18.15868</b>
City TUPELO State MS Zip Code 38802	Purpose of Disbursement Political Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

**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 122 OF 126	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Philmore Anderson</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2354 N. Fillmore St.		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB20A.15938</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Refund of Excess Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Roy Brittany Blackledge</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 12251 Bernard Pkwy #200		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB20A.15833</b>
City Gulfport	State MS	
Zip Code 39503	Purpose of Disbursement Refund of excess contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

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	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	1700.00

**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 123 OF 126	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Jeffrey Guice</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. Box 549		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20C.15936</b>
City Ocean Springs	State MS	
Zip Code 39566	Purpose of Disbursement Refund Not Federally Permissible Funds	Category/ Type 010
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. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3699 WILSHIRE BLVD., #1290		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB20C.15939</b>
City LOS ANGELES	State CA	
Zip Code 90010	Purpose of Disbursement Refund of Excess Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: 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).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 124 OF 126
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**PALAZZO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**AGJ Systems & Networks**

Mailing Address 14257 Dedeaux Rd  
Suite A

City State Zip Code  
Gulfport MS 39503

Nature of Debt (Purpose):  
Site Maintenance

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15945</b>	
<input type="text" value="0.00"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="3091.43"/>	<input type="text" value="0.00"/>
		Outstanding Balance at Close of This Period
		<input type="text" value="3091.43"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265

Nature of Debt (Purpose):  
Credit card debt

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15595</b>	
<input type="text" value="10057.08"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="0.00"/>	<input type="text" value="10057.08"/>
		Outstanding Balance at Close of This Period
		<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265

Nature of Debt (Purpose):  
Credit Card Debt

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15949</b>	
<input type="text" value="0.00"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="4881.88"/>	<input type="text" value="0.00"/>
		Outstanding Balance at Close of This Period
		<input type="text" value="4881.88"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7973.31"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 125 OF 126
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**PALAZZO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capitol Hill Club</b>		Nature of Debt (Purpose): Dinner Expense
Mailing Address 300 1st Street SE		
City State	Zip Code	
Washington DC	20003	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15604</b>	
<input type="text" value="1093.56"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1093.56"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Palazzo &amp; Company, LLC</b>		Nature of Debt (Purpose): Accounting Fees
Mailing Address 13155 Highway 67, Ste B		
City State	Zip Code	
Biloxi MS	39532	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15603</b>	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Palazzo &amp; Company, LLC</b>		Nature of Debt (Purpose): Accounting Fees and Utility Reimbursement
Mailing Address 13155 Highway 67, Ste B		
City	State	Zip Code
Biloxi	MS	39532

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15948</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1502.25"/>	<input type="text" value="0.00"/>	<input type="text" value="1502.25"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1502.25"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**PALAZZO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Winfrey & Company**

Mailing Address 228 South Washington St  
Suite B-20

City State Zip Code  
Alexandria VA 22314

Nature of Debt (Purpose):  
Consultant-Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10.15605**  
601.50

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 601.50 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Winfrey & Company**

Mailing Address 228 South Washington St  
Suite B-20

City State Zip Code  
Alexandria VA 22314

Nature of Debt (Purpose):  
Consultant-Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10.15947**  
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
2031.20 0.00 2031.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2031.20
2) <b>TOTALS</b> This Period (last page this line number only) .....	11506.76
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	11506.76