

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

Michael Watson
SECRETARY OF STATE



Name of Committee Committee to Elect Missy McGee
Address PO Box 19089 City/Zip Hattiesburg, MS 39404
Telephone _____ Fax _____
Treasurer Sean McGee Email Address mmcgee@house.ms.gov
Office Sought State Rep - Dist. 102 Party Affiliation Republican

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2023 Periodic Report (January 1, 2023 through April 30, 2023) Mandatory
- ____ June 9, 2023 Periodic Report (May 1, 2023 through May 31, 2023) Mandatory
- ____ July 10, 2023 Periodic Report (June 1, 2023 through June 30, 2023) Mandatory
- ____ August 1, 2023 Primary Pre-Election Report (July 1, 2023 through July 29, 2023) Mandatory (If Opposed)
- ____ August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023) Runoff Candidates Only
- ____ October 10, 2023 Periodic Report (July 1, 2023 through September 30, 2023) Mandatory
- ____ October 31, 2023 Pre-Election Report (October 1, 2023 through October 29, 2023) Mandatory (If Opposed)
- ____ November 21, 2023 Pre-Runoff Report (October 30, 2023 through November 19, 2023) Runoff Candidates Only
- X** ____ January 10, 2024 Periodic Report (October 1, 2023 through December 31, 2023) Mandatory
- ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

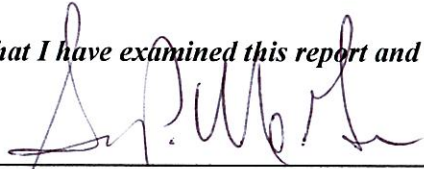
IMPORTANT

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed in the election for which the report is required.
- (3) Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) **Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | | | | |
|-----------------------------------|--------------|------------------|-------------|-----------------------|
| JAN. 1, 2023 CASH ON HAND BALANCE | | | | \$120,622.98 |
| | Itemized (+) | Non-Itemized (=) | This Period | Calendar Year-to-Date |
| TOTAL AMT OF CONTRIBUTIONS | \$11,500.00 | \$ 0 | \$11,500.00 | \$31,062.52 |
| TOTAL AMT OF DISBURSEMENTS | \$5,604.89 | \$2,078.58 | \$7,683.47 | \$8,793.92 |
| CASH ON HAND BALANCE | | | | \$142,891.58 |

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



Signature of Director or Treasurer

1/8/24

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee Committee to Elect Missy McGeew

Reporting period Oct Jan 1, 2023 through Dec 31, 2023

ITEMIZED CONTRIBUTIONS

| A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|-----------------------------------|---------------------------------------|
| Full name Hattiesburg Clinic PAC | <u>10</u> / <u>2</u> / <u>23</u> | \$1000.00 |
| Mailing Address PO Box 17739 | __ / __ / __ | \$ |
| City, State, Zip Code Hattiesburg, MS 39404 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$1000.00 |
| | | |
| B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name MANA PAC | <u>10</u> / <u>3</u> / <u>23</u> | \$500.00 |
| Mailing Address 1022 Highland Colony Pkwy | __ / __ / __ | \$ |
| City, State, Zip Code Ridgeland, MS 39158 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$500.00 |
| | | |
| C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Cornerstone Gment Affairs | <u>10</u> / <u>11</u> / <u>23</u> | \$500.00 |
| Mailing Address 800 Maine Ave SW | __ / __ / __ | \$ |
| City, State, Zip Code Washington DC 20024 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$500.00 |
| | | |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name MS Assn of Health Plans | <u>10</u> / <u>11</u> / <u>23</u> | \$500.00 |
| Mailing Address 200 North Congress St | __ / __ / __ | \$ |
| City, State, Zip Code Jackson MS 39201 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$500.00 |

Name of Candidate or Committee Committee to Elect Missy McGee

Reporting period Jan 1, 2023 through Dec. 31, 2023

ITEMIZED CONTRIBUTIONS

| A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|-----------------------------------|---------------------------------------|
| Full name <u>MS Health Care PAC</u> | <u>10</u> / <u>18</u> / <u>23</u> | \$ <u>500.00</u> |
| Mailing Address <u>303 Brame Road</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Ridgeland, MS 39157</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Asphalt Pavement Assn</u> | <u>10</u> / <u>19</u> / <u>23</u> | \$ <u>500.00</u> |
| Mailing Address <u>711 N. President Street</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Jackson MS 39201</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Ergon State PAC</u> | <u>11</u> / <u>01</u> / <u>23</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 1639</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Jackson MS 39215</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>LKQ Corp</u> | <u>11</u> / <u>18</u> / <u>23</u> | \$ <u>500.00</u> |
| Mailing Address <u>5846 Crossings Blvd</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Antioch, TN 37013</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Committee to Elect Missy McGee

Reporting period Jan 1, 2023 through Dec 31, 2023

ITEMIZED CONTRIBUTIONS

| A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Pharmaceutical Care Mgt Assn.</u> | <u>11 / 23 / 23</u> | \$ <u>500.00</u> |
| Mailing Address <u>325 7th Street NW</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Washington DC 20004</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) _____ | ___ / ___ / ___ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Capitol Advocacy Group</u> | <u>11 / 29 / 23</u> | \$ <u>2500.00</u> |
| Mailing Address <u>PO Box 217</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Jackson MS 39205</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) _____ | ___ / ___ / ___ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>2500.00</u> |
| C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>United Health Group</u> | <u>11 / 29 / 23</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 1459</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Minneapolis, MN</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) _____ | ___ / ___ / ___ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>1000.00</u> |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Swedish Match</u> | <u>12 / 11 / 23</u> | \$ <u>500.00</u> |
| Mailing Address <u>1021 E Cary Street</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Richmond VA 23219</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) _____ | ___ / ___ / ___ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Committee to Elect Missy McGee
 Reporting period Jan 1 2023 through Dec 31 2023

ITEMIZED CONTRIBUTIONS

| A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|-----------------------------------|---------------------------------------|
| Full name <u>Adams and Reese</u> | <u>12</u> / <u>27</u> / <u>23</u> | \$ <u>300.00</u> |
| Mailing Address <u>4500 One Shell Square</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>New Orleans LA 70139</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>300.00</u> |
| | | |
| B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MPC State PAC</u> | <u>12</u> / <u>27</u> / <u>23</u> | \$ <u>200.00</u> |
| Mailing Address <u>2992 W Beach Blvd</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Gulfport, MS</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>200.00</u> |
| | | |
| C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Norfolk Southern Corp</u> | <u>12</u> / <u>27</u> / <u>23</u> | \$ <u>450.00</u> |
| Mailing Address <u>650 W. Peachtree St NW</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Atlanta, GA 30308</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>450.00</u> |
| | | |
| D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Elevance</u> | <u>12</u> / <u>11</u> / <u>23</u> | \$ <u>1000.00</u> |
| Mailing Address <u>3075 Vandercar Way</u> | __ / __ / __ | \$ |
| City, State, Zip Code <u>Cincinnati, OH 45209</u> | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>1000.00</u> |

Name of Candidate or Committee Committee to Elect Missy McGee

Reporting period Jan 1 2023 through Dec 31, 2023

ITEMIZED CONTRIBUTIONS

| A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|---------------------------------------|
| Full name Slats Lucas, LLC | <u>12 / 27 / 23</u> | \$1000.00 |
| Mailing Address 712 Lee Lane | __ / __ / __ | \$ |
| City, State, Zip Code Salem KY 42078 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$1000.00 |
| B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | | |
| Full name Warren Paving, Inc | <u>12 / 27 / 23</u> | \$1000.00 |
| Mailing Address 562 Elks Lake Road | __ / __ / __ | \$ |
| City, State, Zip Code Hattiesburg MS 39401 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$1000.00 |
| C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | | |
| Full name Slats Lucas Sand and Gravel | <u>12 / 27 / 23</u> | \$1000.00 |
| Mailing Address 27660 LA-405 | __ / __ / __ | \$ |
| City, State, Zip Code Plaquemine, LA | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$1000.00 |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | | |
| Full name Slats Lucas Alabama | __ / __ / __ | \$1000.00 |
| Mailing Address 22601 Canal Rd | __ / __ / __ | \$ |
| City, State, Zip Code Orange Beach AL 36561 | __ / __ / __ | \$ |
| Name of Employer (Required) | __ / __ / __ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$1000.00 |

Name of Candidate or Committee Committee to Elect Missy McGee

Reporting period Jan 1, 2023 through Dec 31, 2023

ITEMIZED CONTRIBUTIONS

| A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Slats Lucas Aggregates</u> | <u>12 / 27 / 23</u> | \$ <u>1000.00</u> |
| Mailing Address <u>27660 LA 405</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Plaquemine LA</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Interest Income</u> | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Interest Income</u> | <u>12 / 31 / 23</u> | \$ <u>3612.52</u> |
| Mailing Address | ___ / ___ / ___ | \$ |
| City, State, Zip Code | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>3,612.52</u> |
| C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | ___ / ___ / ___ | \$ |
| Mailing Address | ___ / ___ / ___ | \$ |
| City, State, Zip Code | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | ___ / ___ / ___ | \$ |
| Mailing Address | ___ / ___ / ___ | \$ |
| City, State, Zip Code | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |

Name of Candidate or Committee Committee to Elect Missy McGee

Reporting period Jan 1, 2023 through Dec. 31, 2023

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|--|
| Committee to Elect Jody Steverson | 8 / 3 / 23 | \$ 300.00 |
| Mailing Address | | |
| City, State, Zip Code Ripley, MS | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) campaign contribution | Aggregate Year-to-date | \$ 300.00 |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Committee to Elect Shane Barnett | 8 / 3 / 23 | \$ 300.00 |
| Mailing Address | | |
| City, State, Zip Code Waynesboro, MS | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) campaign contribution | Aggregate Year-to-date | \$ 300.00 |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Samantha McCain Alexander | 10 / 14 / 23 | \$ 890.00 |
| Mailing Address | | |
| City, State, Zip Code Hattiesburg MS 39402 | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) graphic design work for Gandy Leadership Academy | Aggregate Year-to-date | \$ 890.00 |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| JMH Graphics | 10 / 6 / 23 | \$ 414.09 |
| Mailing Address | | |
| City, State, Zip Code Hattiesburg MS 39402 | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) tshirts for Gandy Leadership Academy | Aggregate Year-to-date | \$ 414.09 |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Gallup - Clifton Strengths Assessment | 10 / 4 / 23 | \$ 499.80 |
| Mailing Address | | |
| City, State, Zip Code | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) curriculum for Gandy Leadership Academy | Aggregate Year-to-date | \$ 499.80 |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Nellie's Chicken Fingers | 12 / 19 / 23 | \$ 225.00 |
| Mailing Address | | |
| City, State, Zip Code Hattiesburg MS 39402 | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) catering for end of year event - Leadership Academy | Aggregate Year-to-date | \$ 225.00 |

Name of Candidate or Committee Committee to Elect Missy McGee

Reporting period Jan-1 2023 through Dec 31, 2023

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

| | | |
|------------------------------------|---|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| United States Post Office | 12/ 19/ 23 | \$ 226.00 |
| Mailing Address | | |
| City, State, Zip Code | | |
| Hattiesburg MS 39404 | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 226.00 |
| rental of post office box | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |