

Name of Candidate or Committee Wynn

Reporting period \_\_\_\_\_ through 05/30/17

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pritchard Engineering</u>	<u>4/21/17</u>	\$ <u>250.00</u>
Mailing Address <u>100 Miley Drive</u>	____/____/____	\$ _____
City, State, Zip Code <u>Starkville, MS 39759</u>	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gladney Construction</u>	<u>4/19/17</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 412</u>	____/____/____	\$ _____
City, State, Zip Code <u>Eupora, MS 39744</u>	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MC and J Investment LLC.</u>	<u>5/3/17</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1625</u>	____/____/____	\$ _____
City, State, Zip Code <u>West Point, MS 39773</u>	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LMK Enterprise</u>	<u>3/28/17</u>	\$ <u>1000.00</u>
Mailing Address <u>279 Jamerson Farm CV</u>	____/____/____	\$ _____
City, State, Zip Code <u>Collierville, TN 38017</u>	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____