

2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE
FILED
JUL 28 2015
BARBARA DUNN, CIRCUIT CLERK
D.C.

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Stephanie McKenzie Foster
Address P.O. Box 3244, Jackson MS 39207 County Hinds
Telephone (Work) NA Home (601) 672-1996 (Fax) NA
Contact Name Patricia Howard Email Address fosterstephanie@hotmail.com
Office Sought Chancery Clerk Political Party Democrat
 Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
- July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) Mandatory
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandatory
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
- October 27, 2015 Pre-Election Report Mandatory
*(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)*
All Candidates and Political Committees
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ <u>225.00</u> + \$	\$ <u> </u>	\$ <u>225.00</u>
Total amount of disbursements \$ <u>210.09</u> + \$	\$ <u> </u>	\$ <u> </u>
Total amount of cash on hand <u>130.51</u>	\$ <u> </u>	

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

Stephanie McKenzie Foster
Signature of Candidate

7/28/2015
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Friends to Elect Stephanie McKenzie Foster
 Reporting period 7/1/2015 through 7/25/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Diane Williams</u>		<u>7/1/15</u>	\$ <u>100.00</u>
Mailing Address <u>5516 Rolling Green Road</u>		<u>7/1/15</u>	\$ _____
City, State, Zip Code <u>Arlington TX 76016</u>		<u>7/1/15</u>	\$ _____
Name of Employer (Required) <u>American Airlines</u>		<u>7/1/15</u>	\$ _____
Occupation (Required) <u>Ret. Ticket Agent</u>		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Albert & Esther Cole</u>		<u>7/1/15</u>	\$ <u>100.00</u>
Mailing Address <u>3119 Ernie Martin Road</u>		<u>7/1/15</u>	\$ _____
City, State, Zip Code <u>Nixa MO 64575</u>		<u>7/1/15</u>	\$ _____
Name of Employer (Required) <u>Nucor Steel</u>		<u>7/1/15</u>	\$ _____
Occupation (Required) <u>Supervisor</u>		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Daumond Osborne</u>		<u>7/1/15</u>	\$ <u>25.00</u>
Mailing Address <u>1524 Nasa Valley Court</u>		<u>7/1/15</u>	\$ _____
City, State, Zip Code <u>Brandon MS 39247</u>		<u>7/1/15</u>	\$ _____
Name of Employer (Required) <u>Miskelly Furniture</u>		<u>7/1/15</u>	\$ _____
Occupation (Required) <u>Salesperson</u>		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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<u>7/1/15</u>	\$ _____
Mailing Address		<u>7/1/15</u>	\$ _____
City, State, Zip Code		<u>7/1/15</u>	\$ _____
Name of Employer (Required)		<u>7/1/15</u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Friends to Elect Oklahoma Governor Mckenzie Foster

Page 1 of 2

Reporting period

7/1/2015

through

7/25/2015

ITEMIZED DISBURSEMENTS

A. Full name Verdis Gibbs		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4215 Oak Spring Drive		7/16/15	\$ 37.96
City, State, Zip Code Arlington TX 76016		__/__/__	\$
Purpose of Disbursement (Optional) Reimbursement for Gas		Aggregate Year-to-date	\$
B. Full name Patricia Howard		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2573 Crestleigh Manor		7/9/15	\$ 72.12
City, State, Zip Code Jackson MS 39212		__/__/__	\$
Purpose of Disbursement (Optional) Reimbursement for Breakfast/Gas		Aggregate Year-to-date	\$
C. Full name Patricia Howard		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2573 Crestleigh Manor		7/1/15	\$ 60.00
City, State, Zip Code Jackson MS 39212		__/__/__	\$
Purpose of Disbursement (Optional) Reimbursement for Gas		Aggregate Year-to-date	\$
D. Full name Krooks (Byram)		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6745 S. Sowell Road		7/9/15	\$ 40.01
City, State, Zip Code Byram MS 39212		__/__/__	\$
Purpose of Disbursement (Optional) Gas		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	\$