

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
JUL 27 2015
BARBARA DUNN, CIRCUIT CLERK
BY *[Signature]* D.C.

Name of Candidate Friends to Elect Tyrone Lewis
Address Post Office Box 11551 County Hinds
Telephone (Work) 601-906-4567 (Home) _____ (Fax) _____
Contact Name Rebecca L. Anderson Email Address _____
Office Sought Hinds County Sheriff's Office Political Party Democratic

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) *All Candidates and Political Committees*
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ___ **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, 2016 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	\$	3,540.00	\$ 3,540.00	\$87,976.26
Total amount of disbursements	\$	28,791.34	\$28,791.34	\$63,630.96
Total amount of cash on hand			\$ 80,802.75	

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

Tyrone Lewis
Signature of Candidate

July 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 Tyrone Lewis

Reporting period July 01, 2015 through July 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Zelma S. Carson	07 / 08 / 15	\$ 100.00
Mailing Address 112 Richview Place	/ /	\$
City, State, Zip Code Jackson, MS 39204	/ /	\$
Name of Employer (Required) 	/ /	\$
Occupation (Required) 	Aggregate year-to-date	\$ 100.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bobby D. Sullivan Realty, Inc.	07 / 13 / 15	\$ 200.00
Mailing Address 1611 Countrywood Drive	/ /	\$
City, State, Zip Code Jackson, MS 39213	/ /	\$
Name of Employer (Required) 	/ /	\$
Occupation (Required) 	Aggregate year-to-date	\$ 200.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mrs. Joyce M. Jackson	07 / 18 / 15	\$ 200.00
Mailing Address 3752 Albermarle Road	/ /	\$
City, State, Zip Code Jackson, MS 39213	/ /	\$
Name of Employer (Required) 	/ /	\$
Occupation (Required) 	Aggregate year-to-date	\$ 200.00
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 LaQuinta Inn & Suite	07 / 22 / 15	\$ 1,000.00
Mailing Address 152 Soilder Colony Road	/ /	\$
City, State, Zip Code Canton, MS 39046	/ /	\$
Name of Employer (Required) 	/ /	\$
Occupation (Required) 	Aggregate year-to-date	\$ 1,000.00