

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 CITY OF JACKSON 2014 Election (MAYORAL SPECIAL
 ELECTION)

14 APR 15 PM 5:01
 RECEIVED
 CITY CLERK
 JACKSON, MS.

Name of Committee ENI
 Address P. O. Box 1404, Canton, MS 39046
 Telephone 601-506-4361 (Fax) _____
 Treasurer Fletcher Shaw Email _____

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 27, 2014 Pre-Election Report (January 1, 2014, through May 24, 2014)Mandatory
 X April 15, 2014 March 30, 2014 - April 12, 2014 2014 Pre-Runoff Report (May 25, 2014, through June 11, 2014)Mandatory
 ____ October 28, 2014 Pre-Election Report (June 15, 2014, through October 25, 2014)Mandatory
 ____ November 18, 2014 Pre-Runoff Report (October 26, 2014, through November 15, 2014)Runoff Candidates
 ____ January 30, 2015 Annual Report (January 1, 2014, through December 31, 2014)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	\$	25,000.00	\$
Total amount of disbursements	\$21,800.00 \$85.76	\$ 21,885.76	\$
Total amount of cash on hand	\$	3,114.24	

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

Fletcher Shaw
 Signature of Director or Treasurer

4-15-14
 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. §§ 23-15-801 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 138, 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 ENIReporting period March 30, 2014 through April 12, 2014**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Samuel L. Agnew</u>		<u>03</u> / <u>18</u> / <u>14</u>	\$ <u>7,500.00</u>
Mailing Address <u>242 Granville Ct.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Baton Rouge, LA 70810</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
B. Source: <input checked="" 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>Reynolds Engineering, LLC</u>		<u>03</u> / <u>18</u> / <u>14</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 526</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. 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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee ENIReporting period March 30, 2014 through April 12, 2014**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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			
Samuel L. Agnew		03 / 18 / 14	\$ 7,500.00
Mailing Address			
242 Granville Ct.			\$
City, State, Zip Code			
Baton Rouge, LA 70810			\$
Name of Employer (Required)			\$
Occupation (Required)			
		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name			
Mr. or Mrs. David P. Harrison		03 / 19 / 14	\$ 4,000.00
Mailing Address			
P. O. Box 583			\$
City, State, Zip Code			
Florence, MS 39073			\$
Name of Employer (Required)			\$
Occupation (Required)			
		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name			
Robert B. Collins		03 / 19 / 14	\$ 4,000.00
Mailing Address			
113 Hanover Dr.			\$
City, State, Zip Code			
Brandon, MS 39047			\$
Name of Employer (Required)			\$
Occupation (Required)			
		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name			
Reynolds Engineering, LLC		03 / 18 / 14	\$ 1,000.00
Mailing Address			
P. O. Box 526			\$
City, State, Zip Code			
Jackson, MS 39205			\$
Name of Employer (Required)			\$
Occupation (Required)			
		Aggregate year-to-date	\$

Name of Candidate or Committee ENI
 Reporting period March 30, 2014 through April 12, 2014

ITEMIZED DISBURSEMENTS

A. Full name Montgomery McGraw, PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 1039	04 / 08 / 14	\$ 1,000.00
City, State, Zip Code Canton, MS 39046	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Legal fees - filing Statement of Organization papers & reporting disclosures check no. 1104	Aggregate Year-to-date	\$
B. Full name T N T Shirt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 05 / 14	\$ 900.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donated organization campaign t-shirts check no. 1106	Aggregate Year-to-date	\$
C. Full name T N T Shirts	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 08 / 14	\$ 900.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donated organization campaign t-shirts check no. 1107	Aggregate Year-to-date	\$
D. Full name Melvin Priester Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 07 / 14	\$ 1,000.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign donation check no. 1108	Aggregate Year-to-date	\$
E. Full name Chokwe A. Lumumba Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 08 / 14	\$ 1,000.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign donation check no. 1109	Aggregate Year-to-date	\$
F. Full name B & H Political Consultant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 08 / 14	\$ 7,000.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Political consulting check no. 1112	Aggregate Year-to-date	\$

Name of Candidate or Committee ENIReporting period March 30, 2014through April 12, 2014

ITEMIZED DISBURSEMENTS

A. Full name J & J Consultant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 08 / 14	\$ 7,000.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Political consulting check no. 1101	Aggregate Year-to-date	\$
B. Full name Tony Yarber Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 08 / 14	\$ 3,000.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign donation check no. 1113	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	\$