Name of Committee

APR 15 PM 5: 01

### **Political Committee**

### REPORT OF RECEIPTS AND DISBURSEMENTS

CITY OF JACKSON 2014 Election (MAYORAL SPECIAL ELECTION) **ENI** 

P.O. Box 1404, Canton, MS 39046 Telephone (Fax) Fletcher Shaw Treasurer

**Email** 

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TYPE OF REPORT	
May 27, 2014 Pre-Election Report (January 1, 2014, through May 24, 2014)	Mandatory
X April 15 2014 Pre-Runoff Report (Макужок 2014 — April 12 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 accent contributions or make compaign. Regulard to	terminate reporting

late will no longer accept contributions or make campaign obligations expenditures and has no outstanding campaign debt obligation)

#### **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).
- 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-ite	emized)	This Period	Calendar year-to-date
Total amount of contributions			\$ 25,000,00	\$
Total amount of disbursements	\$21,800.00 \$8	5.76	\$ 21,885.76	\$
Total amount of cash on hand			\$ 3,114.24	

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 atatutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §5.23-16-871 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.

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Name of Candidat	e or Committee ENI		
Reporting period_	March 30, 2014	through	April 12, 2014
	ITEM	IIZED	RECEIPTS

	10	
A. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Samuel L. Agnew	03: / 18 / 14	\$ 7,500.00
Mailing Address		<del></del>
242 Granville Ct.	<u>                                   </u>	\$
City, State, Zip Code		
Baton Rouge, LA 70810		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: V Corporation PAC Individual Loan	7001 00 0000	Amount of each
Per son annual state of the sta	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Reynolds Engineering, LLC	03 / 18 / 14.	\$ 1,000.00
Malling Address		
P. O. Box 526		\$
City, State, Zip Code		
Jackson, MS 39205		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate	\$
	year-to-date	9
C. Source Corporation PAC Individual 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)	F,F,F	\$
		<b>Y</b>
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan	D-1-	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required) 10:5 Hd S18d8 h	Aggregate	•
Occupation (Reduired) 10 12 Hd S1 8dg 71	year-to-date	\$

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Name of Candidate or Committee ENJ			
Reporting period March 30, 2014	through	April 12, 2014	
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## I EMIZED RECEIPTS

A. Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name Samuel L. Agnew	03 / 18 / 14	\$ 7,500.00
Mailing Address	<u> </u>	₹ 17,500.00
242 Granville Ct.		\$
City, State, Zip Code	<u> </u>	Ψ 1
	$\square \square \square$	\$
Baton Rouge, LA 70810	<u> </u>	4 1
Name of Employer (Required)		\$
Ccupation (Reguired)	<u> </u>	Y 1
	Aggregate year-to-date	\$
B. Source: Corporation PAC I Individual Loan	Dete	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	03 / 19 / 14	¢ [
Mr. or Mrs. David P. Harrison	103. 1 114	\$ 4,000.00
Mailing Address		\$
P. O. Box 583	<u> </u>	* 1
City, State, Zip Code	$\Gamma$ , $\Gamma$ , $\Gamma$	\$
Florence, MS 39073	<u>''!</u> '	Ψ
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	¢ [
	year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Carlot (product abouty)		ulia portou
Full name	(a) (b) (d)	
Full name Robert B. Collins	03; / 19 / 14	\$ 4,000,00
Full name Robert B. Collins Walling Address		\$ 4,000.00
Full name Robert B. Collins Malling Address 113 Hanover Dr.	03: / 19 / 14	
Full name Robert B. Collins Malling Address 113 Hanover Dr. City, State, Zip Code		\$ 4,000,00
Full name Robert B. Collins Malling Address 113 Hanover Dr. City, State, Zip Code Brandon, MS 39047		\$ 4,000.00
Full name Robert B. Collins Malling Address 113 Hanover Dr. City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)		\$ 4,000,00
Full name Robert B. Collins Malling Address 113 Hanover Dr. City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)		\$ [4,000,00 \$ [
Full name Robert B. Collins Malling Address 113 Hanover Dr. City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)		\$ 4,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate year-to-date	\$ [4,000.00 \$ [ \$ [ \$ [
Full name  Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate year-to-date  Date (Mo., Day, Year)	\$ 4,000.00  \$
Full name Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Reynolds Engineering, LLC	Aggregate year-to-date	\$ 4,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Reynolds Engineering, LLC  Walling Address P. O. Box 526	Aggregate year-to-date  Date (Mo., Day, Year)	\$ 4,000.00  \$
Full name Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Reynolds Engineering, LLC  Mailing Address P. O. Box 526  City, State, Zip Code	Aggregate year-to-date  Date (Mo., Day, Year)  03 / 18 / 14	\$  4,000.00 \$   \$   \$   \$   Amount of each receipt this period \$  1,000.00 \$
Full name Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  Decupation (Required)  Other (please specify)  Full name  Reynolds Engineering, LLC  Mailing Address  P. O. Box 526  City, State, Zip Code  Jackson, MS 39205	Aggregate year-to-date  Date (Mo., Day, Year)	\$ 4,000.00  \$
Full name Robert B. Collins  Malling Address  113 Hanover Dr.  City, State, Zip Code  Brandon, MS 39047  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Reynolds Engineering, LLC  Wailing Address P. O. Box 526  City, State, Zip Code  Jackson, MS 39205  Name of Employer (Required)  U 3 A 130 3 34	Aggregate year-to-date  Date (Mo., Day, Year)  03 / 18 / 14	\$  4,000.00 \$   \$   \$   \$   Amount of each receipt this period \$  1,000.00 \$
Full name Robert B, Collins Malling Address 113 Hanover Dr. City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC individual Loan	Aggregate year-to-date  Date (Mo., Day, Year)  03 / 18 / 14	\$  4,000.00 \$   \$   \$   \$   Amount of each receipt this period \$  1,000.00 \$   \$

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Name of Candidate or Committee	ENI
Reporting period March 30, 2014	throughthrough

## 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		s
Purpose of Disbursement (Optional) Legal fees - filing Statement of Organization papers & reporting disclosures check no. 1104	Aggregate Year-to-date	s
B. Full name TNT Shirt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04 / 05 / 14	\$ 900.00
City, State, Zip Code		s
Purpose of Disbursement (Optional)  Donated organization campaign t-shirts check no. 1106	Aggregate Year-to-date	s
C. Full name TNT Shirts	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling 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
Malling 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
Walling Address	04 / 08 / 14	\$ 1,000.00
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional) Campaign donation checkno, 1109	Aggregate Year-to-date	\$
F. Full name 3 & H Political Consultant SW 'HOS VO.	Date (Mo., Day, Year)	Amount of each disbursement this period
Walling Address CILL CFEBR	04 / 08 / 14	\$ 7,000.00
City, State, Zip Code  20:5 Nd S1 Nd V 1		\$
Purpose of Disbursement (Optional)  colitical consulting check no. 1112	Aggregate Year-to-date	\$

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

# ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
J & J Consultant	(Mo., Day, Year)	disbursement this period
Malling Address	04 / 08 / 14	\$ 7,000,00
City, State, Zip Code	//_	s
Purpose of Disbursement (Optional)		
Political consulting check no. 1101	Aggregate Year-to-date	\$
B. Full name Tony Yarber Campaign	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Malling Address	04 / 08 / 14	\$ 3,000,00
City, State, Zip Code		s
Purpose of Disbursement (Optional)		
Campaign donation check no. 1113	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name .	Date (Mo., Day, Year)	Amount of each disbursement this period
Walling Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date	Amount of each
G_W A 12	(Mo., Day, Year)	disbursement this period
failing Address	'	S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
TACKSON, MS.	Date (Mo., Day, Year)	Amount of each disbursement this period
CIIX CIEBK seabbA gnillan		\$
Sity, State, Zip Code ZO :S Wd SI 8d 1	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$