

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
City of Jackson – Special Election for
Councilman Ward 1

14 NOV 25 PM 4:13

RECEIVED
CITY CLERK
JACKSON, MS.

Name of Candidate ASHBY M. FOLEY III
 Address 4714 CALNITA PLACE, JACKSON County HINDS
 Telephone 601-366-6275 Fax 601-981-1759
 Office Sought CITY COUNCIL, WARD 1 Email Address ashby@vectormm.com

☐ Check here if above is different from previous report

- ☒ November 25, 2014 Pre-Election Report (January 1, 2014 through November 22, 2014).....Mandatory
 _____ December 9, 2014 Pre-Election Report (January 1, 2014 through December 6, 2014).....Runoff Candidates Only
 _____ 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 receiving authority 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	\$24,575.00 + \$11,250.00	\$ 35,825.00	\$ 35,825.00
Total amount of disbursements	\$23,638.80 + \$23,638.80	\$ 23,638.80	\$ 23,638.80
Total amount of cash on hand		\$	

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

Signature of Candidate

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 of ASHBY FORD

Reporting period through 6/25/14

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 James Spencer Jones		11 / 15 / 14	\$ 250.00
Mailing Address 2 Grove Park Place		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39216		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name R. Mark Fields		11 / 15 / 14	\$ 500.00
Mailing Address 200 Agency Burn		□ / □ / □	\$
City, State, Zip Code Ridgeland, MS, 39157		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name H. Lewis Harker		11 / 16 / 14	\$ 500.00
Mailing Address 101 Woodmont Way		□ / □ / □	\$
City, State, Zip Code Ridgeland, MS, 39157		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Billy Mann (Mid South Energy LLC)		11 / 18 / 14	\$ 500.00
Mailing Address PO Box 5373		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39296		□ / □ / □	\$
Name of Employer (Required) Mid South Energy		□ / □ / □	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS of ASHBY Foote

Reporting period through 9/25/14

ITEMIZED RÉCÉPTS

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 Dr. Robert M. Evans		11 / 17 / 14	\$ 250.00
Mailing Address 23 Highland Meadows Drive		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39211		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Billy Van Derender (Southeastern Timber Products)		11 / 17 / 14	\$ 1,000.00
Mailing Address PO Box 5327		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39296		□ / □ / □	\$
Name of Employer (Required) Southeastern Timber Products LLC		□ / □ / □	\$
Occupation (Required) _____		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 Bradley E. Williams		11 / 18 / 14	\$ 250.00
Mailing Address 2074 Bregon Drive		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39211		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William M. Meunier II		11 / 17 / 14	\$ 250.00
Mailing Address PO Box 321418		□ / □ / □	\$
City, State, Zip Code Flawood, MS, 39232		□ / □ / □	\$
Name of Employer (Required) _____		□ / □ / □	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS of ASHBLY FOLE

Reporting period through 9/25/14

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 _____		11 / 12 / 14	\$ 500.00
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		11 / 17 / 14	\$ 500.00
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		11 / 13 / 14	\$ 300.00
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		11 / 14 / 14	\$ 5,000.00
Mailing Address _____		____ / ____ / ____	\$ _____
City, State, Zip Code _____		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee FRIENDS of ASHBY Foote

Reporting period through 4/25/14

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 Tom Underwood		11 / 19 / 14	\$ 1,000.00
Mailing Address 3949 Dogwood Drive		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39211		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name William Franklin Sneed		11 / 15 / 14	\$ 250.00
Mailing Address 3870 old canton road		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39216		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Bryan W. Estes		11 / 14 / 14	\$ 500.00
Mailing Address PO Box 70		□ / □ / □	\$
City, State, Zip Code Flora, MS, 39071		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James R. House		11 / 12 / 14	\$ 250.00
Mailing Address 4756 East Massena		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39211		□ / □ / □	\$
Name of Employer (Required) _____		□ / □ / □	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS of ASHBY Foote

Reporting period through 4/25/14

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 William R. Freeman		11 / 13 / 14	\$ 250.00
Mailing Address 2216 Meadowbrook Road		/ /	\$
City, State, Zip Code Jackson, MS, 39211		/ /	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas J. Herrin Jr.		11 / 13 / 14	\$ 250.00
Mailing Address P.O. Box 1226		/ /	\$
City, State, Zip Code Ridgeland, MS, 39158		/ /	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Neville H. Boschert		11 / 13 / 14	\$ 225.00
Mailing Address 133 Green Glades		/ /	\$
City, State, Zip Code Ridgeland, MS, 39157		/ /	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name William T. Siler Jr.		11 / 18 / 14	\$ 250.00
Mailing Address 24 Little Creek Road		/ /	\$
City, State, Zip Code Ridgeland, MS, 39157		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS of ASHBURY Falls

Reporting period through 4/25/14

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 J Nolan Cullen III		11 / 17 / 14	\$ 250.00
Mailing Address PO Box 16938		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39236		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Col James R Stanley		10 / 18 / 14	\$ 500.00
Mailing Address 3940 Eastwood drive		□ / □ / □	\$
City, State, Zip Code Jackson, MS, 39211		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Leland R Speed		10 / 21 / 14	\$ 5,000.00
Mailing Address PO Box 22728		□ / □ / □	\$
City, State, Zip Code Jackson MS, 39225		□ / □ / □	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David C Dunbar		11 / 14 / 14	\$ 500.00
Mailing Address 27 Cherry laurel lane S		□ / □ / □	\$
City, State, Zip Code Ridgeland MS, 39157		□ / □ / □	\$
Name of Employer (Required)		□ / □ / □	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS of ASHBURY Falls

Reporting period through 9/25/14

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 Wade H. Creekmore Jr.		11 / 15 / 14	\$ 5,000.00
Mailing Address 1018 Highland colony Parkway Suite 700		/ /	\$
City, State, Zip Code Ridgeland MS 39157		/ /	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rob Love		10 / 11 / 14	\$ 250.00
Mailing Address 2423 Culleywood road		/ /	\$
City, State, Zip Code Jackson, MS, 39211		/ /	\$
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Max E. McDaniel		11 / 12 / 14	\$ 300.00
Mailing Address 4030 Boxwood circle		/ /	\$
City, State, Zip Code Jackson MS 39211		/ /	\$
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 _____		/ /	\$
Mailing Address _____		/ /	\$
City, State, Zip Code _____		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee

Ashby Foote

Reporting period

10-10-14

through

11-24-14

ITEMIZED DISBURSEMENTS

A. Full name	Amerimail	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 East South St	11/11/14	\$ 1,912.80
City, State, Zip Code	Jackson, MS 39201	11/22/14	\$ 7,200.00
Purpose of Disbursement (Optional)	mailers	Aggregate Year-to-date	\$ 9,112.80
B. Full name	JW Web Work	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	416 Brentwood Dr.	11/12/14	\$ 408.24
City, State, Zip Code	Madison, Ms. 39110	1/1/14	\$
Purpose of Disbursement (Optional)	web design	Aggregate Year-to-date	\$
C. Full name	A to Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5468 N State St	10/22/14	\$ 4158.00
City, State, Zip Code	Jackson Ms 39206	1/1/14	\$
Purpose of Disbursement (Optional)	yard signs	Aggregate Year-to-date	\$
D. Full name	Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10/22/14	\$ 395.90
City, State, Zip Code		1/1/14	\$
Purpose of Disbursement (Optional)	push cards	Aggregate Year-to-date	\$
E. Full name	Telesouth WFMN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Beth Ballard b dyess@telesouth	11/24/14	\$ 1,000.00
City, State, Zip Code		1/1/14	\$
Purpose of Disbursement (Optional)	radio ad	Aggregate Year-to-date	\$
F. Full name	Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	155 North	11/18/14	\$ 324.24
City, State, Zip Code	Jackson, MS	1/1/14	\$
Purpose of Disbursement (Optional)	printing	Aggregate Year-to-date	\$

Name of Candidate or Committee

Ashby Foote

Reporting period

10-10-14

through

11-24-14

ITEMIZED DISBURSEMENTS

A. Full name	Freshwater Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	546 W Monticello St.	11/13/14	\$ 480.00
City, State, Zip Code	Brookhaven, Mo 39601	1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name	Jackson Lambalaya	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5106 Old Canton Rd.	10/24/14	\$ 1000.00
City, State, Zip Code	Jackson, Mo 39211	1-1-	\$
Purpose of Disbursement (Optional)	ADVERTISING	Aggregate Year-to-date	\$
C. Full name	Christie McNeal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	735 Clayton Ave	10/16/14	\$ 200.00
City, State, Zip Code	Tupelo, MS 38804	1-1-	\$
Purpose of Disbursement (Optional)	COMPUTER ARTWORK	Aggregate Year-to-date	\$
D. Full name	Northside Sun	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Po Box 16709	11/10/14	\$ 1,015.52
City, State, Zip Code	Jackson, Mo. 39236	1-1-	\$
Purpose of Disbursement (Optional)	ADVERTISING	Aggregate Year-to-date	\$
E. Full name	Jackson Free Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	125 S. Congress St #1324	11/29/14	\$ 575.00
City, State, Zip Code	Jackson, MS. 39211	1-1-	\$
Purpose of Disbursement (Optional)	ADVERTISING	Aggregate Year-to-date	\$
F. Full name	Roosevelt Daniels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	The Daniels Group	10/17/14	\$ 1,200.00
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

Ashby Foote

Reporting period

10-10-14

through

11-24-14

ITEMIZED DISBURSEMENTS

A. Full name	Senator Sally Doty	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/10/14	\$ 3,000.00
City, State, Zip Code	Brookhaven, MS	11/10/14	\$
Purpose of Disbursement (Optional)	CAMPAIGN MANAGEMENT/ADVISOR	Aggregate Year-to-date	\$
B. Full name	Ashby Foote	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4714 Calmity Pl.	11/24/14	\$ 500.00
City, State, Zip Code	Jackson, MS 39211	11/24/14	\$ 300.00
Purpose of Disbursement (Optional)	pay canvassing workers	Aggregate Year-to-date	\$ 800.00
C. Full name	American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/24/14	\$ 1,223.69
City, State, Zip Code		11/24/14	\$
Purpose of Disbursement (Optional)	Printer Computer @ Best Buy	Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/24/14	\$
City, State, Zip Code		11/24/14	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/24/14	\$
City, State, Zip Code		11/24/14	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/24/14	\$
City, State, Zip Code		11/24/14	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$