Delbert Hosemann SECRETARY OF STATE

## Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

City of Jackson - Special Election for

14 NOV 25 PM 4: 13
RECEIVED CITY CLERK JACKSON MS

Name of Candidate SABY M. FOOSE TI

Address 47/4 CAWITA PLACE, JACKS County HINDS

Telephone 601-366-63.75

Office Sought Cary Council, WARD L

Email Address 25hby 60 Vec

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+\$ //, 250 \$35,825, \$35,8

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.

Page		of	7
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Name of Candidate or Committee [	FRIENDS of A	SHBY FOO	le	
Reporting period	through	4//25/1	4	
ITE	MIZED	RÉCE	<b>IPT</b>	S

A. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		this period
James Spencer Jones	皿/恒/四	\$ 250.00
Mailing Address		\$ .
2 brove Park Place City, State, Zip Code		
Jackson, MS, 39316		\$
Name of Employer (Required)		\$
Occupation (Required)		
OSCUPATION (NOGULIOU)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
R. Mark Fields		\$ 500,00
Mailing Address		\$
200 Agency Burn		4
City, State, Zip Code /		
		\$
Ridgeland, MS, 39157		
Name of Employer (Required)	$  \square_I \square_I \square_I \square$	\$
Occupation (Required)	Aggregate	\$
The state of the s	year-to-date	·
C. Source Corporation PAC Individual V Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
H. Lonis Harker		\$ 500,00
		<u></u>
Mailing Address		\$
10) Woodmont Way		<u> </u>
City, State, Zip Code		•
Ridseland, MS. 39157		\$
Name of Employer (Required)		
		\$
Occupation [Required]	Aggregate	\$
	year-to-date	Ψ
D. Source: Corporation PAC Individual V Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Billy Mann (Mid South Energy LLC)		\$ 500.00
Mailing Address		
		\$
PO Bax 5373		·
City, State, Zip Code		\$
Jackson, MS, 39296	<u></u>	¥ L
Name of Employer (Required)		•
Mid South Energy		\$
Occupation (Required)	Aggregate	\$
	year-to-date	`
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Page	a	of	7
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Name of Candidate	or Committee FRIENDS OF AS HBY FOOR
Reporting period	through 71/25/14
	ITEMIZED RÉCEIPTS

A. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	மு.எ.வ	
Dr. Robert M. Evans		\$ 250.00
Mailing Address		
		\$ .
City, State, Zip Code		
		\$
Jackson, MS, 3921)		<u> </u>
Name of Employer (Required)		\$
		4
Occupation (Required)	Aggregate	\$
	year-to-date	<b>4</b>
B. Source: Corporation PAC Individual V Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	क्र जिल्ला	
Billy Var Devender (SouthFastern Timber Products)		\$ 1,000,00
Mailing Address		
		\$
PO BX 5327		
City, State, Zip Code		\$
Jackson, MS, 39296	<del> ' '  </del>	Ψ
Name of Employer (Required)		•
Southeastern Timber Products LLC	<u> </u>	\$
Occupation (Required)	Aggregate	•
		\$
	year-to-date	
C. Source Corporation PAC Individual Loan COther (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full name  2000 E. Williams	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  2 maley E: Williams  Mailing Address/	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Bradley E. Williams  Malling Address/  2074 Brewn Drive	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Bradley E: Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  2 maley E: Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, Ms. 39211	Date (Mo., Day, Year)	receipt this period  \$ 250.00
Other (please specify)  Full name  2 maley E: Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, Ms. 39211	Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name  Bradley E. Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, Ms. 39211  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ 250.00
Other (please specify)  Full name  Bradley E. Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, Ms. 39211  Name of Employer (Required)	Date (Mo., Day, Year)  Aggregate	receipt this period  \$ 250.00  \$ 5
Other (please specify)  Full name  Prodev E: Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, MS, 3921  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$ 5
Other (please specify)  Full name  Bradley E. Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, Ms. 39211  Name of Employer (Required)	Date (Mo., Day, Year)  Aggregate year-to-date	receipt this period  \$ 250.00  \$
Other (please specify)  Full name  Proder E: Williams  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jackson, MS, 3921  Pame of Employer (Required)  Occupation (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  Aggregate year-to-date  Date	receipt this period  \$ 250.00  \$
Other (please specify)  Full name    Prodev E: Williams     Mailing Address/   2074   Brecon Vive     City, State, Zip Code     Jackson, Ms. 392     Vame of Employer (Required)     Occupation (Required)     Other (please specify)	Date (Mo., Day, Year)  Aggregate year-to-date	receipt this period  \$ 250.00  \$
Other (please specify)  Full name    Prodev E: Williams     Mailing Address     Do 74   Brecon Drive     City, State, Zip Code     Jackson, Ms. 392     Pame of Employer (Required)     Decupation (Required)     Other (please specify)     Full name	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name  Full name  Full name  Mailing Address/  2074 Brecon Drive  City, State, Zip Code  Jac Son, MS, 392    Mame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Villiam Manager	Date (Mo., Day, Year)  Aggregate year-to-date  Date	receipt this period  \$ 250.00  \$
Other (please specify)  Full name    Prodev E. WilliamS     Mailing Address     2074 Brecon Drive     City, State, Zip Code     Jackson, MS, 392     Pame of Employer (Required)     Occupation (Required)     Other (please specify)     Full name     William Manager     Calling Address     Cannager     Calling Address     Cannager     Calling Address     Cannager     Ca	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$ Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name    Prodev E: Williams     Mailing Address     Do 74   Brecon Drive     City, State, Zip Code     Jackson, Ms. 392     Pame of Employer (Required)     Decupation (Required)     Other (please specify)     Full name	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name    Dradley E. Williams     Mailing Address     Dradley E. Williams     Mailing Address     Dradley E. Williams     D	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name  Pradley E: Williams  Mailing Address  Diffy, State, Zip Code  Jackson, Ms. 3921  Pame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Villiam Mounger II  Vailing Address  PO BOX 321418	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$ Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name    Dradley E: Williams     Mailing Address     Dradley E: Williams     Mailing Address     Dradley E: Williams     Mailing Address     Dradley E: Williams     Dradl	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name    Dradley E: Williams     Mailing Address     Dradley E: Williams     Mailing Address     Dradley E: Williams     Mailing Address     Dradley E: Williams     Dradl	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name  Prod ey E: Williams  Mailing Address  A074 Brecon Drive  City, State, Zip Code  Jac (Son, Ms. 392)   Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Villiam Mounger    Cailing Address  PO Box 321418  City, State, Zip Code  Fowood, Ms. 29232  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$
Other (please specify)  Full name  Proder E: Williams  Mailing Address  Dong ev E: Williams  Mailing Address  City, State, Zip Code  Jackson, Ms. 392    Pame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  William Memories  Foliam Address  Po box 32   H   8  City, State, Zip Code  Foliamd, Ms., 29232	Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 250.00  \$

Page 🗿	of	7
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Name of Candidate or (	Committee FRIENDS of ASHBY FOOR
Reporting period	through 71/25/14
	ITEMIZED RÉCEIPTS

A. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name  Rehel May Jr		\$ 600.00
Rehel May 3r Mailing Address		C.Coo T Pe
120 Antimo till Drive		\$
City, State, Zip Code		\$
Jackson, 115, 39211		•
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	11 / 17 / 14	\$ 500.00
Dr. Gene R Barrett	100 1 100 1	900,00
Mailing Address		\$
3900 Eastour Vrive City, State, Zip Code		
Jacksen, MS, 39211		\$
Name of Employer (Required)		\$
	<u> </u>	Φ
Occupation (Required)	Aggregate year–to-date	\$
	y cai – to-uate	
C. Source Corporation PAC Individual M Loan		Amount of each
C. Source Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full name  Dr. George W. May Jr.	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  H348 V. Honey Snokle Lane  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 3\omega.ao
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  4348 V. Honey Snckle Lane  City, State, Zip Code  Jackson, 115, 39211	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  4348 V. Honey Snckle Lane  City, State, Zip Code  Jackson, 115, 39211	Date (Mo., Day, Year)	receipt this period  \$ 3\omega.ao
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  4348 V. Honey Snckle Lane  City, State, Zip Code  Jackson, 115, 39211  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ 300.00  \$
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  H348 V. Honey Snokle Lane  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 3\omega. \omega \$ \$ \$ \$
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  H348 V. Honey Snckle Lane  City, State, Zip Code  Jackson, 115, 39211  Name of Employer (Required)  Occupation (Reguired)	Date (Mo., Day, Year)	receipt this period  \$ 3\omega. \omega \$ \$ \$ \$ \$
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  L348 V. Honey Suckle Lane  City, State, Zip Code  Jackson, 15, 39211  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	receipt this period  \$ 3\omega. \omega \$ \$ \$  Amount of each receipt this period
Other (please specify)  Full name  Pr. George W. May Jr.  Mailing Address  H348 V. Honey Snokle Lane  City, State, Zip Code  Jackson, 15, 39211  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Will ism R. James	Date (Mo., Day, Year)	receipt this period  \$ 3\omega. \omega \$ \$ \$  Amount of each receipt
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  H348 N. Honey Snckle Lane  City, State, Zip Code  Jackson, MS, 39211  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  William R. James  Mailing Address  217 W Capite Street, Snite 20	Date (Mo., Day, Year)	receipt this period  \$ 3\omega. \omega \$ \$ \$  Amount of each receipt this period
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  1348 V. InneySnckle Lane  City, State, Zip Code  Jackson, 115, 39211  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  William R. James  Mailing Address  217 W Capite State, Snite 20  City, State, Zip Code	Date (Mo., Day, Year)	s  Amount of each receipt this period  \$ 5,000,00
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  H348 N. Honey Snckle Lane  City, State, Zip Code  Jackson, MS, 39211  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  William R. James  Mailing Address  217 W Capite Street, Snite 20	Date (Mo., Day, Year)	receipt this period  \$ 300.00  \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  Lane  City, State, Zip Code  Jackson, 15, 39211  Name of Employer (Required)  Occupation (Reguired)  Other (please specify)  Full name  William R. James  Mailing Address  217 W Capite Start, Inite 20  City, State, Zip Code  Jackson, 15, 3920  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ 300.00  \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Other (please specify)  Full name  Dr. George W. May Jr.  Mailing Address  1348 V. Inney Suck C. Lane  City, State, Zip Code  Jackson, 15, 39211  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Villiam R. James  Mailing Address  217 W. Capite Stiert, Suite 20  City, State, Zip Code  Jackson, 15, 3920	Date (Mo., Day, Year)	receipt this period  \$ 300.00  \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

Page	4	of	7
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Name of Candidate	e or Committee FRIENDS of AS HBY FOOR	
Reporting period_	through 7//25/14	
	ITEMIZED RÉCEIPTS	3

A. Source: Corporation PAC Individual V Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		this period
Tom Underwood		\$ 1,000,00
Mailing Address		11/2-2-3-2-3
	$  \square_I \square_I \square$	\$ .
3999 Dagwood Drive		<u> </u>
City, State, Zip Code		\$ [
Jackson, MS, 39211	=== ' === ' === -	Ψ
Name of Employer (Required)		
		\$
Occupation (Regulred)	Aggregate	
	year-to-date	\$
B. Source: Corporation PAC Individual M Loan	70 10	Amount of each
b. Sodice: [   Corporation [   FAC [   maintain [ ]   conf [ ]	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
		tilis period
Full name		\$ 250,00
William Franklin Sneed		
Mailing Address		\$
3870 old canton road		<b>4</b>
City, State, Zip Code		
		\$
Name of Employer (Required)	$  \Box I \Box I \Box I \Box I$	\$
		·
Occupation (Required)	Aggregate	
		\$
	year-to-date	\$
C. Source Corporation PAC Individual V Loan	year-to-date  Date	Amount of each
	year-to-date	Amount of each receipt
C. Source Corporation PAC Individual Loan Cother (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date  Date	Amount of each receipt this period
Other (please specify)  Full name  Stygn W: E5tc5	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Bryan W. EStes  Mailing Address  PO Box 70	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Bryan W. E5tc5  Mailing Address  PO Box 70  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00
Other (please specify)  Full name  Bryan W. E5+c5  Mailing Address  PO Box 70  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Bryan W. E5tc5  Mailing Address  PO Box 70  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Pryan W. Estes  Mailing Address  PO Box 70  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Pryan W. Estes  Mailing Address  PO Box 70  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)  I I I I I	Amount of each receipt this period  \$ 500,00 \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Bruan W. EStes  Mailing Address  PO BOX 70  City, State, Zip Code  Fore, MS, 3907  Name of Employer (Required)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Pryan W. EStes  Mailing Address  PO BOX 70  City, State, Zip Code  Fore, MS, 3907  Name of Employer (Required)  Occupation (Required)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$ \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Bruan W. EStes  Mailing Address  PO BOX 70  City, State, Zip Code  Fore, MS, 3907  Name of Employer (Required)	year-to-date  Date (Mo., Day, Year)      /     /         /         /       Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500,00  \$ Amount of each
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Full name  Drygn W. E5tc5  Mailing Address  PO Box 70  City, State, Zip Code  Flora, MS, 3907  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00  \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Page 10 10 10 10 10 10 10 10 10 10 10 10 10	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$  \$ Mount of each receipt this period
Other (please specify)  Full name  PAC Individual Loan  Other (please specify)  Full name  PAC Source: Corporation PAC Individual Loan  Other (please specify)  Other (please specify)  Full name	year-to-date  Date (Mo., Day, Year)      /     /         /         /       Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500,00 \$  Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Paran W. ESTES  Mailing Address  Paran Joy 70  City, State, Zip Code  Flora, 15, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  James R. Howse	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$  \$ Mount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Bryan W EStes  Mailing Address  PO Box 70  City, State, Zip Code  Fore Mane of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  James R. Howse  Viailing Address	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$  Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  PO BOX 70  City, State, Zip Code  Flora, MS, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  James R. Howse  Wailing Address  H756 East Massena	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$  Amount of each receipt this period  \$ 250,00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Pran W. F5+c5  Mailing Address  Po Box 70  City, State, Zip Code  Flora, MS, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  James R. Howse  Vailing Address  H756 Fast Massena	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$ Amount of each receipt this period  \$ 250.00 \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  PO NON 70  City, State, Zip Code  Form, MS, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  JAMES R. Howse  Wailing Address  H756 Fast Massena  City, State, Zip Code  Jack Son, MS, 392	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$  Amount of each receipt this period  \$ 250,00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Pran W. F5+c5  Mailing Address  Po Box 70  City, State, Zip Code  Flora, MS, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  James R. Howse  Vailing Address  H756 Fast Massena	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$ \$  Amount of each receipt this period  \$ 250,00 \$ \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Pryan W. EStes  Mailing Address  PO BOX 70  City, State, Zip Code  Flora, MS, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  James R. Howse  Wailing Address  H756 Fast Massena  City, State, Zip Code  Jackson, MS, 392	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$  Amount of each receipt this period  \$ 250.00 \$ \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  PO NON 70  City, State, Zip Code  Form, MS, 3907  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  JAMES R. Howse  Wailing Address  H756 Fast Massena  City, State, Zip Code  Jack Son, MS, 392	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500,00 \$ \$  Amount of each receipt this period  \$ 250,00 \$ \$
Other (please specify)  Full name  PO BOX 70  City, State, Zip Code  Flore, MS, 3907  Mame of Employer (Required)  Other (please specify)  Full name  Other (please specify)  Full name  JAMES R. Howse  Waiting Address  H756 Fost Massena  City, State, Zip Code  Jack Son, MS, 392	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$  Amount of each receipt this period  \$ 250.00 \$ \$

Page	5	of	7

Name of Candidate or Commi	ttee FRIENDS OF ASHBY FOOLE
Reporting period	through 71/25/14
1	TEMIZED RÉCEIPTS

A. Source: Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
William R. Freeman	111111111111111111111111111111111111111	\$ 250.00
Mailing Address		
		\$ '
City, State, Zip Code		
		\$
Jackson, MS, 39211		·
Name of Employer (Required)		\$
		Ψ
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual V Loan	<b>5</b> (	Amount of each
	Date (Man Day Year)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Thomas J Herrin in	111/13/14	\$ 250,00
Mailing Address		
		\$
Pr Bax 1226		
City, State, Zip Code		\$
Ridscland, MS, 39158		<b>•</b>
Name of Employer (Required)		\$
	<u> </u>	•
Occupation (Required)	Aggregate	\$
,	year-to-date	4
	<b>j</b> +	
C. Source Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)	Date	receipt this period
Other (please specify)  Full name  Verille # Boscher*	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Verille Boscher  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Verille H Boschert  Mailing Address  133 Green Glades	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Verille Boschert  Mailing Address  133 Green Glades  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Verile Boschert  Mailing Address  133 Green Glades  City, State, Zip Code  Ridscland, 15, 39157	Date (Mo., Day, Year)	receipt this period  \$ 227.00
Other (please specify)  Full name  Verille Boschert  Mailing Address  133 Green Glades  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 225.00  \$
Other (please specify)  Full name  Verile Boschert  Mailing Address  133 Green Glades  City, State, Zip Code  Ridscland, 15, 39157	Date (Mo., Day, Year)	receipt this period  \$ 227.00
Other (please specify)  Full name  Verile Boschert  Mailing Address  133 Green Glades  City, State, Zip Code  Ridscland, 15, 39157	Date (Mo., Day, Year)	receipt this period  \$ 225.00  \$
Other (please specify)  Full name  Verile Boscher  Mailing Address  City, State, Zip Code  Ridscand, S. 39157  Name of Employer (Required)  Occupation (Regulred)	Date (Mo., Day, Year)      /     /	receipt this period  \$ 227.00  \$
Other (please specify)  Full name  Verile Boschert  Mailing Address  City, State, Zip Code  Ridscand S 39157  Name of Employer (Required)  Occupation (Regulred)	Date (Mo., Day, Year)      /     /	receipt this period  \$ 227.00  \$
Other (please specify)  Full name  Verile Boscher  Mailing Address  City, State, Zip Code  Ridscand, S. 39157  Name of Employer (Required)  Occupation (Regulred)	Date (Mo., Day, Year)      /     /	receipt this period  \$ \( \frac{2}{2} \) \( \frac{7}{2} \) \( \sigma \)  \$ \( \text{S} \)  \$ \( \text{S} \)  Amount of each
Other (please specify)  Full name  Verile Boscher  Mailing Address  City, State, Zip Code  Ridscand, S. 39157  Name of Employer (Required)  Occupation (Regulred)  Other (please specify)  Other (please specify)	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ 227.00  \$
Other (please specify)  Full name  Verile Boscher  Mailing Address  City, State, Zip Code  Ridscand, MS, 39157  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)      /     /	receipt this period  \$ \( \frac{227.00}{} \)  \$ \( \frac{1}{227.00} \)  \$ \( \frac{1}{227.00} \)  Amount of each receipt
Other (please specify)  Full name    Verille   Boscher     Mailing Address     133   Green Glades     City, State, Zip Code     Ridscand   S. 39157     Name of Employer (Required)     Occupation (Required)     Other (please specify)     Full name     William   Siler Jr.	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ \( \frac{2}{2}\) \( \frac{7}{0}\) \( \frac{9}{0}\) \( \frac{9}\) \( \frac{9}\) \( \frac{9}{0}\) \( \frac{9}{0}\) \( \frac{9}{0}\) \( \fr
Other (please specify)  Full name  Verile Boschert  Mailing Address  City, State, Zip Code  Ridge and S 39157  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Address	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ 227.00  \$
Other (please specify)  Full name  Verile Boschert  Mailing Address  133 Green Glades  City, State, Zip Code  Ridge and S 39 157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Ailing Address  2H iffe Creek Ond	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ \( \frac{2}{2}\tilde{7}.00 \)  \$ \( \tilde{9} \)  \$ \( \tilde{9} \)  Amount of each receipt this period  \$ \( \frac{2}{2}0.00 \)  \$ \( \tilde{9} \)
Other (please specify)  Full name    Neville   Boschert     Mailing Address	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ \( \frac{2}{2}\) \( \frac{7}{0}\) \( \frac{9}{0}\) \( \frac{9}\) \( \frac{9}\) \( \frac{9}{0}\) \( \frac{9}{0}\) \( \frac{9}{0}\) \( \fr
Other (please specify)  Full name    Verille   Boschert     Mailing Address     133 Gren Glades     City, State, Zip Code     Ridge and   S   39   57     Name of Employer (Required)     Occupation (Required)     Other (please specify)     Full name     William   Siler Jr.     Aailing Address     24   Itle Cree   Coad     City, State, Zip Code     Ridge and   S   39   57     City, State, Zip Code     Ridge and   S   39   57     City, State, Zip Code     Ridge and   S   39   57     City   State, Zip Code     Ridge and   S   39   57     City   State, Zip Code     City   State, Zip Cod	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ \( \frac{2}{3} \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \)  \$ \( \frac{2}{3} \cdot 0 \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \cd
Other (please specify)  Full name    Neville   Boschert     Mailing Address	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ \( \frac{227.00}{5.00} \)  \$ \( \frac{3}{20.00} \)  \$ \( \frac{250.00}{5.00} \)  \$ \( \frac{250.00}{5.00} \)
Other (please specify)  Full name    Verille   Boschert     Mailing Address   33 (fren Glade)   City, State, Zip Code   Ride   Green   Glade)  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  Full name    William   Siler   Jr.     Mailing Address   24   iffe Creen   Green   Gr	Date (Mo., Day, Year)	receipt this period  \$ \( \frac{2}{2}\tilde{7}.00 \)  \$ \( \frac{3}{2}\tilde{7}.00 \)  \$ \( 3
Other (please specify)  Full name    Verille   Boschert     Mailing Address     133 Gren Glades     City, State, Zip Code     Ridge and   S   39   57     Name of Employer (Required)     Occupation (Required)     Other (please specify)     Full name     William   Siler Jr.     Aailing Address     24   Itle Cree   Coad     City, State, Zip Code     Ridge and   S   39   57     City, State, Zip Code     Ridge and   S   39   57     City, State, Zip Code     Ridge and   S   39   57     City   State, Zip Code     Ridge and   S   39   57     City   State, Zip Code     City   State, Zip Cod	Date (Mo., Day, Year)      /     /           /           /	receipt this period  \$ \( \frac{2}{3} \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \)  \$ \( \frac{2}{3} \cdot 0 \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \cdot 00 \)  \$ \( \frac{3}{2} \cdot 0 \cdot 00 \cd

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Name of Candidate	e or Committee FRIENDS of AS HBY FOOR	
Reporting period_	through 7//25/14	
	ITEMIZED RÉCEIPTS	S

Date   Color			
			receipt
		皿/团/回	\$ 250.00
City, State, Zip Code    Jour Sch., MS	Mailing Address	$\square_I \square_I \square$	\$
Name of Employer (Required)    Secupation (Required)   Secupation   Secupation   PAC   Individual   Loan   Date   Pacific   Pa	City, State, Zip Code		\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  City, State, Zip Code  Walling Address  PC BA 2 2 2 2 2 8  Walling Address  PC BA 2 2 8  Walling Address			\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name    Cal James   Sharley	Occupation (Required)		\$
Other (please specify)  Full name    Cal   Images   Stanley	B. Source: Corporation PAC Individual V Loan		
Cal James   Stanley     Cal James   Stanley     Cal James     Cal James   Ca		(Mo., Day, Year)	
Mailing Address    7940		10/13/14	\$ 500.00
City, State, Zip Code	Mailing Address /		\$
Name of Employer (Required)    Aggregate   Samount of each   Pac   Individual   Loan   Date   Receipt   This period   Samount of each   Pac   Individual   Loan   Pac   Individual   Samount of each   Pac   Individual   I	City, State, Zip Code		•
Aggregate year-to-date  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Other (please specify)  City, State, Zip Code  Other (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cother (please specify)  City, State, Zip Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Cocupation (Required)  Cother (please specify)  City State, Zip Code  Cother (please specify)  Cother (please specify)  Cother (please specify)  City, State, Zip Code  Cother (Required)  Cother (Required)  Cother (Required)  Cother (Required)  Cother (Required)  Cother (Required)  City, State, Zip Code  Cother (Required)			
Vear-to-date   Vear-to-date   Vear-to-date   Vear-to-date   Other (please specify)			\$
Other (please specify)  Other (please specify)  Other (please specify)  Mailing Address  PO BX 22728  City, State, Zip Code  Jackson MS, 39225  Mame of Employer (Required)  Other (please specify)  Individual Loan Date (Mo., Day, Year)  City State, Zip Code  Other (please specify)  Date  (Mo., Day, Year)  Amount of each receipt this period  Individual Loan Date  (Mo., Day, Year)  State of Employer (Required)  City, State, Zip Code  Ridge land  Magregate  year-to-date  Amount of each receipt this period  Individual Loan Date  (Mo., Day, Year)  State of Employer (Required)  Aggregate  year-to-date  Individual Loan Date  (Mo., Day, Year)  State of Employer (Required)  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate			\$
			receipt
	Full name Leland R Social	1012114	\$ 5,000.00
City, State, Zip Code    Jackson   15, 39225   Same of Employer (Required)   Jackson   15, 39225   Same of Employer (Required)   Aggregate year-to-date   Date (Mo., Day, Year)   Mount of each receipt this period   Jackson   Ja	Mailing Address		\$
Aggregate year-to-date  Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Cother (please specify)   Date (Mo., Day, Year)  Full name   Day of Charry gare   and State (Mo., Day, Year)  City, State, Zip Code   Day of Cother (Required)   Date (Required)   Date (Mo., Day, Year)   State (Mo., Day, Year)  Coccupation (Required)   Aggregate   State (Mo., Day, Year)   State (Mo., Day, Yea	City, State, Zip Code		\$
year-to-date   year-to-date   Other (please specify)   Date (Mo., Day, Year)   Amount of each receipt this period   Image	Name of Employer (Required)		\$
Other (please specify)  Other (please specify)  Date (Mo., Day, Year)  This period  Full name  Date (Mo., Day, Year)  This period  This	Occupation (Required)		\$
David C Dunbar  Lialling Address  27 Charry aure and S  City, State, Zip Code  Ridgeland MS, 37157  Name of Employer (Required)  Aggregate  Aggregate  Aggregate			receipt
27 Cherry aure and   1   1   \$	Full name Devid Denker	印/四/四	\$ 500.00
City, State, Zip Code    Ridgeland   MS, 39157	Mailing Address		\$
Decupation (Required) Aggregate \$	City, State, Zip Code		\$
	Name of Employer (Required)		\$
, , , , , , , , , , , , , , , , , , , ,	Occupation (Required)	Aggregate year–to-date	\$

Page	7	of	7
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Name of Candidate	or Committee	FRIENDS OF AL	HBY Fa	de	
Reporting period		through	7//25/	14	
	ITE	EMIZED	RÉCI	ΞΊΡΊ	ΓS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
	11/5/14	\$ 5,000.00
Mailing Address		1,000
	$\square \square \square \square \square$	\$ .
1018 Highland colony Partway Shite 700		<u> </u>
City, State, Zip Code		\$
Riggland MS 39157		<b>•</b>
Name of Employer (Required)	<del>                                     </del>	
		\$
Occupation (Required)	Aggregate	
	year-to-date	\$
B. Source: Corporation PAC Individual Loan	your to date	A
B. Source. [ ] Corporation [ ] FAC [ ] Individual [ ] Loan [ ]	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
· · · · · · · · · · · · · · · · · · ·		uns periou
Full name	10,111,14	\$ 250.00
Rob Love	1000,000	350:00
Mailing Address		•
2423 Culleyland road		\$
City, State, Zip Code		
		\$
Jackson, MS, 3921		
Name of Employer (Required)		\$
	='='=	·
Occupation (Required)	Aggregate	\$
<b>]</b>		
	year–to-date	
C. Source Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	
Other (please specify)	Date	receipt this period
Other (please specify)  Full name  Max E. McDanie	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Max E. McDanie  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Boxwood Circle	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ \frac{300}{100}\$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 3\omega, \infty \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code  Jac (Sch. 15, 3921)	Date (Mo., Day, Year)	receipt this period  \$ \frac{300.00}{100}
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code  Tac Sch M5 3921  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ 3\omega_1 \infty \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code  Jac (Sch. 15, 3921)	Date (Mo., Day, Year)	receipt this period  \$ 3\omega, \infty \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box Hood Circle  City, State, Zip Code  Yax San M5 3921  Name of Employer (Required)  Occupation (Reguired)	Date (Mo., Day, Year)	receipt this period  \$ 300, 00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code  Tac Sch M5 3921  Name of Employer (Required)	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box Wood Circle  City, State, Zip Code  Tax Sah M5 3921  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code  Tac Sch S 3921  Name of Employer (Required)  Occupation (Reguired)  D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box Wood Circle  City, State, Zip Code  Tax Sah M5 3921  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box Wood. Circle  City, State, Zip Code  You Son 15 3921  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box wood Circle  City, State, Zip Code  Tac Sch S 3921  Name of Employer (Required)  Occupation (Reguired)  D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E McDanie  Mailing Address  H030 Box Mod Circle  City, State, Zip Code  Tax Sah Ms 3921  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Nailing Address	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box Wood. Circle  City, State, Zip Code  You Son 15 3921  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300,00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  McDanie  Mailing Address  Circle  City, State, Zip Code  Mame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Malling Address  City, State, Zip Code	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300, 00  \$
Other (please specify)  Full name  Max E McDanie  Mailing Address  H030 Box Mod Circle  City, State, Zip Code  Tax Sah Ms 3921  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Nailing Address	Date (Mo., Day, Year)      /     /	receipt this period  \$ 30,00 \$ \$ \$  Amount of each receipt this period  \$ \$ \$ \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  McDanie  Mailing Address  Circle  City, State, Zip Code  Mame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Malling Address  City, State, Zip Code	Date (Mo., Day, Year)      /     /	receipt this period  \$ 300,00  \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  McDanie  Mailing Address  Circle  City, State, Zip Code  Mame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Malling Address  City, State, Zip Code	Date (Mo., Day, Year)      /     /           /     /       /     /       Aggregate year-to-date  (Mo., Day, Year)      /   /       /   /       Aggregate	receipt this period  \$ 30,00 \$ \$ \$  Amount of each receipt this period  \$ \$ \$ \$
Other (please specify)  Full name  Max E. McDanie  Mailing Address  H030 Box Hood. Circle  City, State, Zip Code  Tacksh Ms 3921  Name of Employer (Required)  Occupation (Reguired)  Other (please specify)  Full name  Nalling Address  City, State, Zip Code  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ \$ 2000 CO  \$

Name of Candidate or Committee	+	Bhbu	, Foot	e	
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 126 East South St	11/11/14	\$ 191280
City, State, Zip Code, Jackson, M.S. 3920/	11 1221 14	\$ 7,200.00
Purpose of Disbursement (Optional)  Mullus	Aggregate Year-to-date	\$9,112,80
B. Full name  JW Wab-Work	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 Browtword Dr.	11/12/14	\$ 408,24
City, State, Zip Code Maderon, Mr. 39/10	//	\$
Purpose of Disbursement (Optional)  Will design	Aggregate Year-to-date	\$
C. Full name A & Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5468 N State 5+	10,72,14	\$ 415800
City, State, Zip Code Jackson M 39206		\$
Purpose of Disbursement (Optional) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Aggregate Year-to-date	\$
D. Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name  Dallas Printing  Mailing Address		
Jallas Printing	(Mo., Day, Year)	disbursement this period
Mailing Address  Mailing Address	(Mo., Day, Year)	\$ 3 95, 90
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)	(Mo., Day, Year)  (O 1721/4  Aggregate	s 3 95. 90
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  Telesouth w FMN  Mailing Address  Balland b dyess exclusion the	(Mo., Day, Year)  /O 122-114  Aggregate Year-to-date  Date	s 3 95, 90  \$ Amount of each
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  DUSH CALS  E. Full name  Telle South WFMN	(Mo., Day, Year)  // / / / /  Aggregate Year-to-date  Date (Mo., Day, Year)	s 3 95, 90  \$ Amount of each disbursement this period
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  Telesouth w FMN  Mailing Address  Balland b dyess exclusion the	(Mo., Day, Year)  // / / / /  Aggregate Year-to-date  Date (Mo., Day, Year)	s  Amount of each disbursement this period  \$ 100000000000000000000000000000000000
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  Telesouth w FMN  Mailing Address  Desh Balland b dyess exteles on the City, State, Zip Code  Purpose of Disbursement (Optional)	(Mo., Day, Year)  // / / / / / / / / / / / / / / / / /	s 3 95, 90  \$ Amount of each disbursement this period  \$ /00000000000000000000000000000000000
Mailing Address  Purpose of Disbursement (Optional)  E. Full name  Telesouth w FMN  Mailing Address  Beh Ballard b dyess exteles outh  City, State, Zip Code  Purpose of Disbursement (Optional)  Radio ad	(Mo., Day, Year)  // / / /  Aggregate Year-to-date  Date (Mo., Day, Year)  // / / / /  Aggregate Year-to-date  Date Date Date Date Date Date Date	s 3 95, 90  \$ Amount of each disbursement this period  \$ /00000000000000000000000000000000000
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  Telesouth WFMN  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  RADIO Address  F. Full name  Mailing Address  Mailing Address  Mailing Address	(Mo., Day, Year)  // / / /  Aggregate Year-to-date  Date (Mo., Day, Year)  // / / / /  Aggregate Year-to-date  Date (Mo., Day, Year)	s 3 95, 90  \$ Amount of each disbursement this period  \$ 100000000000000000000000000000000000
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  Telesouth WFMN  Mailing Address  Seh Ballard b dyess exteles outh  City, State, Zip Code  Purpose of Disbursement (Optional)  Parkin ad  F. Full name  Office Depot  Mailing Address  Mailing Address  155 North	(Mo., Day, Year)  // / / /  Aggregate Year-to-date  Date (Mo., Day, Year)  // / / / /  Aggregate Year-to-date  Date (Mo., Day, Year)	s 395, 90  \$ Amount of each disbursement this period  \$ /000° \$  Amount of each disbursement this period  \$ 324, 24

Name of Candidate or Committee \_\_

Reporting period 10-70-14

through

1-24-14

# ITEMIZED DISBURSEMENTS

A. Full name	<del></del>	
- Treshwater Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 546 W Monticella St.	11/13/14	\$ 480,00
City, State, Zip Code Brod Khaven, Mo 3960/	//_	\$
Purpose of Dispursement (Optional)	Aggregate Year-to-date	\$
Sacleson Jambalaya	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5/06 Old Carton Rd,	10 24,14	s 1000.
City, State, Zip Code  Jackson Ms 39211		\$
ADVERTISING	Aggregate Year-to-date	s
C. Full name Christ 1e m (Neal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7 35 Clayfon Ave	10/16/14	\$ 200,00
City, State, Zip Code Upelo, MS 38804		\$
Purpose of Disbursement (Optional)  COMPUTEL ARTHORK	Aggregate Year-to-date	\$
D. Full name Northside Sun	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Boy 16709  City State Zin Code	11 110 14	\$ 1,015.52
City, State, Zip Code Jacleson Ms. 393-36	//	\$
Purpose of Disbursement (Optional)  ADVERTISING	Aggregate Year-to-date	\$
E. Full name Tack on Free Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1255. Congress St #1324	11,20,14	\$ 575 00
City, State, Zip Code Jackson, MS. 39211		\$
Purpose of Disbursement (Optional)  A DVERTISING	Aggregate Year-to-date	\$
F. Full name Roosevelt Daniels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address The Davils 600p	10, 17,14	s 1,200.
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate	e or Committee
Reporting period _	10-10-16

Ashly Foote

# ITEMIZED DISBURSEMENTS

Senator Sally Doty	Date (Mo., Day, Year)	Amount of each disbursement this period
Maning Address /	11,10,14	s 3,000.
City, State, Zip Code Break haven, MS-	//	\$
Purpose of Disbursement (Optional)  LAMPAIGN MANAGEMENT / 4DVISOR	Aggregate Year-to-date	\$
B. Full name Ashby Foote	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4714 Calnity Pl.	111 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	\$ 500, -
City, State, Zip Code Talkson, MS 39211	18124114	\$ 300.
Purpose of Disbursement (Optional)  Pay Canvas ing Workers	Aggregate Year-to-date	s 000 -
Day Canvasing Workers  C. Full name  American Eymess	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/24/14	\$ 1,223.69
City, State, Zip Code	//	s
Purpose of Disbursement (Optional) frinterfromputer @ Best Buy	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	s
E. Fuil name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	/	\$
City, State, Zip Code	//	\$ 
City, State, Zip Code  Purpose of Disbursement (Optional)		
	/ /	\$ 
Purpose of Disbursement (Optional)	Aggregate Year-to-date Date	\$ Amount of each
Purpose of Disbursement (Optional)  F. Full name	Aggregate Year-to-date Date	\$ Amount of each disbursement this period