Delbert Hosemann CRITARY OF S

| | | L | D |
|------|----|---|--------|
| **** | ** | | × 11.4 |

| REPORT OF RECEIPTS AN 2015 EI | DISBURSEMENTS | IIIN 1 0 2015 |
|--|---|--|
| Name of Candidate Jo Ana Archiz | | JUN 10 2015 ARBARA QUNN, CIRCUIT CLERK |
| Address 749 Forest Woods Dive | County Hinds B | |
| Telephone (Work)(au) 540 3805 (Home) | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (Fax) | 1 |
| Office Committee | ress Joarchie Hjudge | Egmal icen |
| Check here if above is different from previous report | Jenocratic | |
| | DF REPORT | |
| June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015 | 19) | Mandatory |
| July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015 | 5). | Mandatory |
| July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 20 | 015) | Mandatory |
| | | |
| August 18, 2015 Pre-Election Report (July 26, 2015, through August October 9, 2015 Periodic Report (July 4, 2015, iii | st 15, 2015) All Primary Candidates and Po | Runoff Candidates Only Dilitical Committees in a Runoff Election |
| October 9, 2015 Periodic Report (July 1, 2015, through September October 27, 2015 Pre-Election Report | 30, 2015) | • |
| October 27, 2015 Pre-Election Report | | Candidates and Political Committees |
| November 17, 2015 Pre-Runoff Report (October 25, 2015, through | , November 14, 2015) | Punoff Candida |
| January 8, 2015 Periodic Report (October 1, 2015, through Decemb | | |
| Iermination Report (Candidate will no longer accept contributions or make | | |
| outstanding campaign debt_obligation) | campaign expenditures and has no | Required to terminate reporting obligations |
| (1) Pre-Election reports are mandatory, even if no contributions or expenditure indicating "0" (Zero) for total amount of reported contributions and expendi | | |
| | | |
| and (iii). | ust still be filed in accordance with Mi | ss. Code Ann. § 23-15-807 (b) (ii) |
| (3) The Secretary of State must be in actual receipt of the required reports by 5 holiday, the office must be in actual receipt of the required reports by 5:00 acceptable. | :00 p.m. on the reporting day. If the down. on the first working day before the | eadline falls on a weekend or a e deadline. Faxed reports are |
| REPORTED CONTRIBUTION | ONS AND DISBURSEMENTS | |
| Itemized + Non-Itemized | This Period | Calendar year-to-date |
| | \$ | \$ |
| Total amount of disbursements \$ +\$ | \$ | \$ |
| 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, accu | |

Candidate

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. §§ 23-15-8 1 and 813 (1972).

erera.

MACHAN

Signature of Candidate

- 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 rate streams recense

| Name of Candidate or Committee | Johna | Archie' | Page of | : |
|--------------------------------|-------------|-----------|------------|-----|
| Reporting period May | 157 3015 th | rough Ma- | 1 3/5 2015 | w., |
| TÉM ANDTÉM | IZED DIS | SBURSE | EMENTS | - |

| A. Full name | | |
|------------------------------------|---------------------------|---|
| | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ Desired this period |
| City, State, Zip Code | | \$ () |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| B. Full name | Year-to-date Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| C. Full name | Year-to-date Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| D. Full name | Year-to-date Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| E. Full name | Year-to-date Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| Full name | Year-to-date Date | |
| Mailing Address | (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | // | |
| | Aggregate Year-to-date | \$ |

| | 1 | Page of _ |
|--|---|------------------------|
| Name of Candidate or Committee Johns Hichre | | |
| the porting portion of the state of the stat | 015 | 19 |
| / ITEMIZED RECEIP | TS | |
| A. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name | | \$ |
| Mailing Address | | \$ |
| City, State, Zip Code | | • |
| | 1 1 1 | \$ |
| Name of Employer (Required) | $\Box / \Box / \Box$ | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ |
| B. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name | | \$ |
| Mailing Address | | <u> </u> |
| | 1 / 1 | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | | |
| - Important (required) | <u> </u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| C. Source Corporation PAC Individual Loan | | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name | | \$ |
| Mailing Address | | |
| | <u> </u> | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| D. Source: Corporation PAC Individual Loan | | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name | | \$ |
| Mailing Address | | \$ |
| City, State, Zip Code | | ' |
| Name of Employer (Required) | | \$ |
| | 1 | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |

السامة اسمؤلوك تفييرت

Delbert Hosemann SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| Name of Candidate <u>SAntore</u> | Braces | | JUN 09 2015 |
|--|---|--|---|
| Address Po Rox // 38 | Jr M5 392 | 15 County Hinds | BARBARA DUNN, CIRCUIT |
| Telephone (Work) | (Home) 601-8 | 26-6134 (Fax) | |
| Contact Name SAN+ore BrA | Cty Email Ado | iress SANtore Brace | y 2015 @ SMAIL. |
| Office Sought Hinds County PAR | Collected Political Party | | <u> </u> |
| Check here if above is different fr | | | |
| May 8, 2015 Periodic Report (January | <u>TYPE (</u> 1, 2015, through April 30, 20 | DF REPORT | Mano |
| June 10, 2015 Periodic Report (May 1 | | | |
| July 10, 2015 Periodic Report (June 1 | • | | |
| July 28, 2015 Pre-Election Report (Ju | | 015) | |
| August 18, 2015 Pre-Election Report | (July 26, 2015, through Augu | est 15, 2015) | |
| October 9, 2015 Periodic Report (July | y 1, 2015, through September | 1 - | |
| October 27, 2015 Pre-Election Report (Primary Election Winners report Octobe | tr 1, 2015, through October 24, 20 | 015) | |
| (Independent Candidates report January | 1, 2015 through October 24, 201 | 5) | |
| November 17, 2015 Pre-Runoff Repo | | All Candidates an | d Political Committees in a Runoff E |
| January 8, 2015 Periodic Report (Oct | tober 1, 2015, through Decem | ber 31, 2015) | Mano |
| Termination Report (Candidate will no lor outstanding campaig | nger accept contributions or make nn debt obligation) | e campaign expenditures and has no | Required to termina reporting obligation |
| (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep | IMPORT f no contributions or expenditu ported contributions and expen | res have occurred in such case th | e candidate shall submit a report |
| (2) Until a Candidate files a Termination Reporand (iii). | | | th Miss. Code Ann. § 23-15-807 (b |
| (3) The Secretary of State must be in actual re holiday, the office must be in actual receipt acceptable. | ceipt of the required reports by to the required reports by 5:0 | 5:00 p.m. on the reporting day. If to p.m. on the first working day befo | he deadline falls on a weekend or re the deadline. Faxed reports ar |
| | REPORTED CONTRIBUT | IONS AND DISBURSEMENTS | |
| Itemized | + Non-Itemized | This Period | Calendar year-to-date |
| Total amount of contributions \$ | + \$ | \$ 16000 | 5 |
| Total amount of disbursements \$ | + \$ | \$ 1400 | \$ |
| Total amount of cash on hand | | \$ 20000 | |
| I certify that I have examined th | is report and to the best of m | y knowledge and belief it is true, | accurate, and complete. |
| Signature of Candidate | 7 | Jun | 1 7,2015 |
| Authority: Refer to Miss. Code Ann. §22.15-601 (197) Penalties: Failure to submit required reports, or fail fines of \$50 per day and/or prosecution in accordan | lure to submit reports in accorda | nco with statutons deadlines 5-11. | e to submit valid reports shall result |
| 1. Candidates for Statewide, State- Division, P. O. Box 136, Jackson, 2. Candidates for Countywide and Countywi | , wo sazuo or tax to (601) 5/6 County-District offices should | -2545 d return forms to their County Cir | rouit Clark |

| _ | |
|------|--------|
| Page | of |

Name of Candidate or Committee SAN+OVE BLACCY

Reporting period MAY 1, 2015 through 5une 10, 2015

| A. Full name | | |
|------------------------------------|---------------------------|---|
| Mailing Address Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| 3223 | 1051 29115 | \$ /2/12 00 |
| City, State, Zip Code | | \$ 12/00 == |
| Purpose of Disbursement (Optional) | // | |
| A | Aggregate | \$ 100 |
| B. Full name Makerial 5 | Year-to-date | 140000 |
| | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | // | - : |
| ony, State, 21p Code | / | \$ |
| Purpose of Disbursement (Optional) | | \$ |
| C. Full name | Aggregate Year-to-date | 2 |
| o. i dii name | Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period |
| City Ch. | // | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | | |
| D. Full name | Aggregate Year-to-date | \$ |
| D. I dii fiame | Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period |
| | // | \$ |
| City, State, Zip Code | | \$ |
| | / | Ψ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| E. Full name | Year-to-date | , . |
| | Date | Amount of each |
| Mailing Address | (Mo., Day, Year) | disbursement this period |
| | // | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Dishuss | // | Ψ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| F. Full name | Year-to-date | |
| | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | // | |
| <u> </u> | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| | Year-to-date | * |
| | | |

| | F | Page of |
|---|---------------------------|--|
| Name of Candidate or Committee | dame of C | |
| Reporting period through | | |
| ITEMIZED RECEIP | TS | Paris |
| A. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Tin 4 Jones | 05175115 | \$ 800 |
| Mailing Address 3223 Fontaine | | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | F, , , , , , | \$ [|
| Cocupation (Required) | Aggregate | \$ 800-6 |
| B. Source: Corporation PAC Individual Loan | year-to-date | <u> </u> |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Mr (grmeny | 105/10/15 | \$ 8000 |
| P.O. Box 9861 | | \$ |
| City, State, Zip Code | | |
| Service Management of Employer (Required) | | \$ |
| Enduiprindur | <u> </u> | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 8000 |
| 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) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 匠/匠/匠 | \$ |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | | \$ |

Occupation (Required)

Aggregate year-to-date

BARBARA DUNN, CIRCUIT CLERK

ا.ر

2015 ELECTION CYCLE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| Name of Candidate Peggy Hobson Calhoun | | |
|---|--|---|
| Address 255 Myer Ave., Jackson, MS 39209 | County Hinds | |
| | 01-949-7561 (Fax) 601-968-67 | |
| Contact Name | Email Address pcalhoun@co.hinds.ms. | uş |
| Office Sought County Supervisor District 3 Politics | tical Party Democrat | |
| Check here if above is different from previous report | t TYPE OF REPORT | |
| May 8, 2015 Periodic Report (January 1, 2015, through / | April 30, 2015) | Mandatory |
| X June 10, 2015 Periodic Report (May 1, 2015, through M | lay 31, 2015) | Mandatory |
| July 10, 2015 Periodic Report (June 1, 2015, through Ju | une 30, 2015) | |
| July 28, 2015 Pre-Election Report (July 1, 2015, through | h July 25, 2015) | mary Candidates and Political Committees |
| August 18, 2015 Pre-Election Report (July 26, 2015, thr | rough August 15, 2015) | Runoff Candidates Only d Political Committees in a Runoff Election |
| October 9, 2015 Periodic Report (July 1, 2015, through | September 30, 2015) | |
| October 27, 2015 Pre-Election Report | ctober 24, 2015) | Mandatory All Candidates and Political Committees |
| November 17, 2015 Pre-Runoff Report (October 25, 20 | | Runoff Candidates Only |
| January 8, 2016 Periodic Report (October 1, 2015, through | ugh December 31, 2015) | Mandatory |
| Termination Report (Candidate will no longer accept contribute outstanding campaign debt obligation) | tions or make campaign expanditures and has no | Required to terminate reporting obligations |
| (1) Pre-Election reports are mandatory, even if no contributions o indicating "0" (Zero) for total amount of reported contributions | s and expenditures during this period. | • |
| Until a Candidate files a Termination Report, annual and period and (iii). | dic reports must still be filed in accordance with | h Miss. Code Ann. § 23-15-807 (b) (ii) |
| (3) The Secretary of State must be in actual receipt of the required holiday, the office must be in actual receipt of the required replaceptable. | d reports by 5:00 p.m. on the reporting day. If the corts by 5:00 p.m. on the first working day before | he deadline falls on a weekend or a re the deadline. Faxed reports are |
| REPORTED CO | ONTRIBUTIONS AND DISBURSEMENTS | |
| Iternized + Non-Itemiz | zed This Period | Calendar year-to-date |
| Total amount of contributions \$ 5,000 +\$ 950 | \$ 5,950 | \$12,849 |
| Total amount of disbursements \$8,915 +\$0 | \$8,915 | \$11,574 |
| Total amount of cash on hand | \$ 1,275 | |
| I certify that I have examined this report and to the Signature discendible | e best of my knowledge and belief it is true, Output | |
| Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for atatuto | Pry requirements. | |

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to autmit 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) 578-2545
- 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 | 1 | of | 2 |

| Name of Candidate or Committee | Peggy Hobson Calhoun | |
|--------------------------------|----------------------|------------|
| Reporting period May 1, 2015. | through Ma | y 31, 2015 |
| | MIZED R | ECEIPTS |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|--|
| Full name | 5 / / 15 | \$ 1,000 |
| Mr. & Mrs. Leroy Walker | | - 11,000 |
| Mailing Address | | \$ |
| 5956 Holbrook Dr. | | |
| City, State, Zip Code | | \$ |
| Jackson, MS 39206 | | · 1 |
| Name of Employer (Required) | | \$ |
| MCDonald's | | |
| Occupation (Required) | Aggregate year–to-date | \$ |
| B. Source: Corporation PAC Individual Loan | Date (Man Day Year) | Amount of each receipt |
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name | 5 / / 15 | \$ 1,000 |
| Pieter Teeuwissen | 15 / 1 / 115 | \$ 1,000 |
| Mailing Address | \Box , \Box , \Box | \$ |
| 621 East Northside Dr. | <u> </u> | Ψj |
| City, State, Zip Code | Γ , Γ , Γ | \$ |
| Jackson, MS 39205 | 1_/1_/1_ | 4 |
| Name of Employer (Required) Simon & Teeuwissen PLLC | | \$ |
| Occupation (Required) | Aggregate | \$ |
| Attorney | year-to-date | * 1 |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 5 / / 15 | \$ 500 |
| Richard Molpus, Jr. | | 4 1500 |
| Mailing Address | | \$ |
| 858 North St. | | , |
| City, State, Zip Code | | \$ |
| Jackson, MS 39205 | | |
| Name of Employer (Required) | | \$ |
| IAA I AM All Al Consum | | 🕶 |
| Molpus Woodland Group | Aggregate | |
| Occupation (Required) | Aggregate year-to-date | \$ |
| Occupation (Required) Management | year–to-date | \$ [|
| Occupation (Required) | | |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan | year–to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date | \$ Amount of each receipt |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bob Carmean Mailing Address | year–to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bob Carmean Mailing Address 811 Foley St. STE H | year–to-date Date (Mo., Day, Year) | Amount of each receipt this period \$ \[1,000 \] |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bob Carmean Mailing Address 811 Foley St. STE H City, State, Zip Code | year–to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bob Carmean Mailing Address 811 Foley St. STE H City, State, Zip Code Jackson, MS 39202 | year–to-date Date (Mo., Day, Year) | \$ Amount of each receipt this period \$ 1,000 |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bob Carmean Mailing Address 811 Foley St. STE H City, State, Zip Code | year-to-date Date (Mo., Day, Year) 5 | \$ Amount of each receipt this period \$ 1,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Occupation (Required) Management D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bob Carmean Mailing Address 811 Foley St. STE H City, State, Zip Code Jackson, MS 39202 Name of Employer (Required) | year–to-date Date (Mo., Day, Year) | \$ Amount of each receipt this period \$ 1,000 |

| | $\overline{}$ | | _ |
|------|---------------|----|---|
| Page | 2 | of | 2 |

| Name of Candidate or Committee | Peggy Hobson Calhoun | |
|--------------------------------|----------------------|------------|
| Reporting period May 1, 2015. | through Ma | y 31, 2015 |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|------------------------------------|
| Full name Howard Catchings | $\Box / \Box / \Box$ | \$ 500 |
| Mailing Address | | |
| 945 North State Street | <u> </u> | \$ |
| City, State, Zip Code | | |
| Jackson, MS 39207 | <u> </u> | \$ |
| Name of Employer (Required) | | \$ |
| Catchings Insurance | | 4 1 |
| Occupation (Required) owner | Aggregate year–to-date | \$ |
| B. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name | | \$ 1,000 |
| Mr. J. Kane Ditto, Jr. | | ▼ [1,000 |
| Mailing Address | | \$ [|
| P.O. Box 13925 | · | * 1 |
| City, State, Zip Code | | \$ |
| Jackson, MS 39236-3925 | <u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u> | ΨΙ |
| Name of Employer (Required) State Street Group | | \$ [|
| Occupation (Required) | Aggregate | \$ [|
| lowner | year–to-date | · · |
| 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) | | \$ |
| | <u>'''</u> | 4 1 |
| Occupation (Required) | Aggregate year–to-date | \$ |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | \$ [|
| Mailing Address | | V 1 |
| | <u> </u> | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ |

| | 1 | 1 | |
|-----|---|----|--|
| age | | of | |

Peggy Hobson Calhoun Name of Candidate or Committee

through May 31, 2015 Reporting period May 1, 2015

| A. Full name Lamar Advertizing | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address 105 Country place Parkway | 05 / 27 / 15 | \$ 3,400 |
| City, State, Zip Code Pearl, MS 39208 | | \$ |
| Purpose of Disbursement (Optional) pilboards | Aggregate Year-to-date | \$ |
| B. Full name Space Age | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 4125 W. Northside Dr. | 5 / / / / | \$ 360 |
| City, State, Zip Code Jackson, MS 39209 | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name Stephen's Signs | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 642 Hwy 469 South | 5_//15_ | \$ 3,210 |
| City, State, Zip Code Florence, MS 39073 | | \$ |
| Purpose of Disbursement (Optional) Yard signs | Aggregate Year-to-date | \$ |
| D. Full name Tony Smith | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address Aeon Properties | 5 / / 15 | \$ 500 |
| City, State, Zip Code 1012 Twelve Oaks Cir | // | \$ |
| Purpose of Disbursement (Optional) Rent | Aggregate Year-to-date | \$ |
| E. Full name Souvenir Booklets | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 5//15 | \$ ³⁷⁵ |
| City, State, Zip Code | | S |
| Purpose of Disbursement (Optional) Campaign Ads | Aggregate Year-to-date | \$ |
| F. Full name Canvansing | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ 580 |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

2015 ELECTION CYCLE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| Delbert Hosemann SECRETARY OF STATE | |
|--|--|
| | |
| | |
| | |

| Name of Candidate | | | |
|---|--|--|---------|
| Address 980 WEST RIDGE DRIVE | County | (0+11 11 0 1 x3-4) | |
| Telephone (Work) ⁶⁰¹⁻⁹⁶⁸⁻⁶⁵⁰⁷ (Home) ⁶⁰¹⁻⁹²²⁻⁷³² | 29 (Fax) ⁶⁰¹⁻³⁵³⁻⁶²¹⁰ | | |
| • | dress_EJCARR980@AOL.COM | FILE | D |
| Office Sought CHANCERY CLERK Political Part | y_DEMOCRAT | JUN 10 2015 | |
| Check here if above is different from previous report | | BARBARA DUNN, CIRCUI | T CLERI |
| TYPE May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2 | <u>OF REPORT</u> 015) | BYMandatory_ | 0.(|
| X June 10, 2015 Periodic Report (May 1, 2015, through May 31, 20 | 15) | Mandatory | |
| July 10, 2015 Periodic Report (June 1, 2015, through June 30, 20 | 15) | Mandatory | - |
| July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, | 2015) | | |
| August 18, 2015 Pre-Election Report (July 26, 2015, through Aug | gust 15, 2015)All Primary Candidates and Polit | Runoff Candidates Only tical Committees in a Runoff Election | |
| October 9, 2015 Periodic Report (July 1, 2015, through Septemb | er 30, 2015) | Mandatory | |
| October 27, 2015 Pre-Election Report | 2015) All C | | |
| November 17, 2015 Pre-Runoff Report (October 25, 2015, through | gh November 14, 2015) | Runoff Candidates Only tical Committees in a Runoff Election | |
| January 8, 2016 Periodic Report (October 1, 2015, through Dece | mber 31, 2015) | Mandatory | |
| Termination Report (Candidate will no longer accept contributions or ma outstanding campaign debt obligation) | ake campaign expenditures and has no | 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.
- 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)
- 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

| | | ONS AND DISBURSEMENTS This Period | Calendar |
|---|----------------|-----------------------------------|--------------|
| Itemized | + Non-Itemized | Tills Fellou | year-to-date |
| Total amount of contributions \$750.00 | + \$ 545.00 | \$1295.00 | \$7335.00 |
| Total amount of disbursements \$1120.00 | + \$0.00 | \$1120.00 | \$2524.93 |
| Total amount of cash on hand | | \$4810.07 | |

Date Signature of Canadate

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 | 1 - | of | 1 |
| 8 - | | | |

| Name of Candidate | or Committee | EDDIE JEAN CARR | | | |
|-------------------|--------------|-----------------|---|-----------|--|
| Reporting period_ | | through | o | 5/31/2015 | |

| | | Amount of each |
|--|---|---|
| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name | 05 / 04 / 15 | |
| MATTHEW W. THOMAS | 103 / 104 / 113 | \$ 250.00 |
| Mailing Address | | \$ |
| 1547 FAIRWOOD CIRCLE | <u></u> / <u></u> / <u></u> | Ψ |
| City, State, Zip Code | 一, 一, 一 | • |
| JACKSON MS 39213 | | \$ |
| Name of Employer (Required) | | \$ [|
| Occupation (Required) | Aggregate | \$ |
| | year-to-date | |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 05 / 04 / 15 | |
| BEN J PIAZZA JR | 105 / 104 / 115 | \$ 250.00 |
| Mailing Address | | |
| 5448 I-55 NORTH, SUITE E | <u> </u> | \$ |
| City, State, Zip Code | | |
| JACKSON MS 39211 | 1_/1_/1_ | \$ |
| Name of Employer (Required) BEN J PIAZZA ATTORNEY AT LAW | | \$ |
| Occupation (Required) | Aggregate | |
| ATTORNEY | year-to-date | \$ |
| C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ | = 4 | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name DAVID & VELMA EWING | 05 / 13 / 15 | \$ 250.00 |
| Mailing Address | r , r , r | |
| 105 GERMANTOWN RD. | <u> </u> | \$ |
| City, State, Zip Code | — .—.— | |
| | | A |
| MADISON, MS 39110 | | \$ |
| Name of Employer (Required) | | |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. | | \$ |
| Name of Employer (Required) | Aggregate year-to-date | |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan | year–to-date Date | \$ Amount of each receipt |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan Other (please specify) | year-to-date | \$ Amount of each |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan | year–to-date Date | \$ Amount of each receipt |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan Other (please specify) | year–to-date Date | \$ Amount of each receipt this period |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan Other (please specify) | year–to-date Date | \$ Amount of each receipt this period \$ \$ |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code | year–to-date Date | \$ Amount of each receipt this period |
| Name of Employer (Required) BANKS FINLEY WHITE & CO. Occupation (Required) CPA D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address | year–to-date Date | \$ Amount of each receipt this period \$ \$ |

| | 1 | 1 | |
|------|---|----|--|
| Page | | of | |

| | | | EDDIE JEAN CA |
|-----------|----------|-------------|---------------|
| me of Can | didate o | r Committee | |

Reporting period _____

through ____

| A. Full name LEE ELEMENTARY | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address 330 JUDY STREET | 05 / 18 / 15 | \$ ^{100,00} |
| City, State, Zip Code JACKSON, MS 39212 | // | \$ |
| Purpose of Disbursement (Optional) ADVERTISEMENT | Aggregate Year-to-date | \$ |
| B. Full name REAL COWBOYS ASSOCIATION | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 05 / 19 / 15 | \$ 500.00 |
| City, State, Zip Code | | \$. |
| Purpose of Disbursement (Optional) ADVERTISEMENT | Aggregate Year-to-date | \$ |
| C. Full name BRINA HAYES | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 907 FRISKY DR | 05 / 29 / 15 | \$ 520.00 |
| City, State, Zip Code BRANDON, MS 39047 | | \$ |
| Purpose of Disbursement (Optional) CAMPAIGN FUNDRAISER | Aggregate Year-to-date | \$ |
| D. 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 | \$ |
| 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 | \$ |

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

JUN 1 0 2015

BARBARA QUNN CIRCUIT CLERK

| Name of Candidate Eddie J. Faire | BY | D.C. |
|--|---|--|
| Address P. O. Box 13056 Jankow, MS 3925 | 76 County Hinds | |
| Telephone (Work) 601-392-1869 (Home) N/A | (Fax) <i>N/A</i> | |
| | dress <u>e maile 810 g mail. C</u> | <u> </u> |
| Office Sought TAX Calkortan Political Part | y Democratic | |
| Check here if above is different from previous report | t | |
| TYPE | OF REPORT | Mandatory |
| May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2 | U15) | Mandatory |
| June 10, 2015 Periodic Report (May 1, 2015, through May 31, 201 | (5) | Mandatory |
| July 10, 2015 Periodic Report (June 1, 2015, through June 30, 20 | 15) | Mandatory |
| July 28, 2015 Pre-Election Report (July 1, 2015, through July 25. | 2015)All Primary | |
| August 18, 2015 Pre-Election Report (July 26, 2015, through Aug | ust 15, 2015) | Runoff Candidates Only tical Committees in a Runoff Election |
| October 9, 2015 Periodic Report (July 1, 2015, through September | er 30, 2015) | Mandatory |
| October 27, 2015 Pre-Election Report | | Mandatory Candidates and Political Committees |
| November 17, 2015 Pre-Runoff Report (October 25, 2015, through | th November 14, 2015) | tical Committees in a Runoff Election |
| January 8, 2016 Periodic Report (October 1, 2015, through Dece | mber 31, 2015) | Mandatory |
| Termination Report (Candidate will no longer accept contributions or ma outstanding campaign debt obligation) | | Required to terminate reporting obligations |
| IMPOR | RTANT | |
| (1) Pre-Election reports are mandatory, even if no contributions or expending indicating "0" (Zero) for total amount of reported contributions and expenses. | enaltures during this period. | |
| (2) Until a Candidate files a Termination Report, annual and periodic report and (iii). | | |
| (3) The Secretary of State must be in actual receipt of the required reports holiday, the office must be in actual receipt of the required reports by 5 acceptable. | by 5:00 p.m. on the reporting day. If the de :00 p.m. on the first working day <i>before</i> the | eadline falls on a weekend or a e deadline. Faxed reports are |
| | UTIONS AND DISBURSEMENTS | O London |
| Itemized + Non-Itemized | This Period | Calendar year-to-date |
| Total amount of contributions \$ 2000. 6+\$ 6555 | \$ 8555. W | \$ 16,705.00 |
| Total amount of disbursements \$ +\$ \$50) | \$ 5501.00 | \$ 13,500.52 |
| Total amount of cash on hand | \$ 3054.00 | |
| I certify that I have examined this report and to the best of | my knowledge and belief it is true, acc | urate, and complete. |
| | |) |
| Signature of Candidate | omonte | |
| Authority: Refer to Miss Code Ann. §23-15-801 (1972) et. seq. for statutory required Penalties: Fallure to submit required reports, or fallure to submit reports in accordines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 25 | dance with statutory deadlines, or land to to | submit valid reports shall result in |
| SEND TO: 1. Candidates for Statewide, State-District, Multi-County and a | | n to Secretary of State, Elections |

Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545

3. Candidates for Municipal office should return forms to the Municipal Clerk

2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk

| Name of Candidate or Com | mittee <i>Edd</i> | ie FAIR | | | |
|--------------------------|-------------------|-------------|-----|---------|---|
| Reporting period May | | through | MAY | 30,2015 | - |
| J | ITEMI | ZED | RE | CÉIPT | S |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|---|
| Full name Kenneth Simon MD | 51615 | \$ 250.00 |
| Mailing Address 434 Feanword De | | \$ |
| City, State, Zip Code | 匚/匚/匚 | \$ |
| Name of Employer (Required) | | \$ |
| Medical doctor | Aggregate year–to-date | \$ 250.00 |
| B. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | | \$ SOO |
| North Jackson Medical Clinic, PLLC. Mailing Address | | \$ |
| P.O. But 4532 City, State, Zip Code | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate | \$ 500,00 |
| C. Source Corporation PAC Individual Loan Other (please specify) | year–to-date Date (Mo., Day, Year) | Amount of each receipt |
| Other (pieuse speen) | | this period |
| Full name | | \$ 250. w |
| Full name Dianne Brou Fra Ser Mailing Address | | |
| Full name Dianne Bron Fila Ser Mailing Address 5930 Kenview Dr. City, State, Zip Code | | \$ 250.00 |
| Full name Dianne Bron Fra Ser Mailing Address 5920 Kenview Dr. | | \$ [250.00 |
| Full name Dianne Brow Franser Mailing Address 5920 Kenview Dr. City, State, Zip Code Trokson MS 39204 | / / / / / / / / / / / / / / / / / / / | \$ 230.00 |
| Full name Dianne Brow Fra Ser Mailing Address 5920 Kenview Dr. City, State, Zip Code Trackson MS 39204 Name of Employer (Required) | Aggregate | \$ \[\frac{230.00}{\$} \] |
| Full name Diane Brow France Mailing Address S920 Kenview Dr. City, State, Zip Code Tackson MS 3920(Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name | Aggregate year-to-date Date | \$ \[\frac{250.00}{\$} \] \$ \[\frac{250.00}{\$} \] Amount of each receipt this period |
| Mailing Address S920 Kenview Dr. City, State, Zip Code Trackson MS 39204 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name The May Law Firm, PLLC Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$ \(\alpha \) \(|
| Full name Dianne Brow File Ser Mailing Address S920 Kenview Dr. | Aggregate year-to-date Date (Mo., Day, Year) | \$ \(\alpha \) \(|
| Mailing Address S920 Kenview Dr. City, State, Zip Code Tackson MS 39204 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name The May Law Firm, PLLC Mailing Address 738 North Congress 87. | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha \tag{30.} \omega \tag{50.} \ |

| Name of Candidate or Cor | nmittee <u>Ea</u> | ldie Fain | 2 | | |
|--------------------------|-------------------|-----------|-----|-------|-------------|
| Reporting period May | 02 2015 | through | May | 30,20 | <u> </u> |
| J | ITEMI | ZED | RÉ(| CÉIF | TS |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|------------------------------------|
| Full name | 5 1 191 15 | \$ 150.00 |
| Mailing Address P.O. 18 Dx 11655 | | \$ |
| City, State, Zip Code JACKSON, MS 39283-1655 | 匚/匚/匚 | \$ |
| Name of Employer (Required) | | \$ [|
| Occupation (Required) | Aggregate year–to-date | \$ 250.00 |
| B. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full name | 513015 | \$ 500 W |
| Morning Stare Processing Mailing Address | | \$ 500 |
| V. O. Rox 838 City, State, Zip Code | | , |
| Ray mond M3 39154 | | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| 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) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 匚/匚/匚 | \$ |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ |

Name of Candidate or Committee <u>Eddic FAIL</u>

Reporting period <u>May 1, 2015</u> through <u>May 30, 2015</u>

| A. Full name Floyd Smith | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address | 515115 | \$ 2000 |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 2,000,00 |
| B. Full name Victor Johnson | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 5114115 | s 656 |
| City, State, Zip Code JACKS SN M5 | | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 656.00 |
| C. Full name Bully S Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 5114115 | s 675 |
| City, State, Zip Code JAN Jesun, MS 39213 | // | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | s 675.00 |
| D. Full name Adsid Sabie | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 5114115 | s \$50 |
| City, State, Zip Code | / | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 550, w |
| E. Full name A to Z Preinting | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 5468 N. State St. | 5114115 | s 16 20 |
| City, State, Zip Code JA(V/SDA) M 5 39206 | / | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 16 20,00 |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | S |
| City, State, Zip Code | //_ | s |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

SEND TO:

erganus. echteria.

Separe.

| (| | | | | | Ibert Hosemann |
|---|--|---|------------------------------------|---|---|--|
| · | | Candidate | ing of Light to a | · ** | SI | RETARY OF STATE |
| . RI | EPORT OF RECE | | | FMENTS | - | |
| ^ . | A. 1. (| ,,2015 Elec | | | JUN 1 | 2015 |
| Name of Story | ania Mck | D 20. | FAST | BARB. | ARADUNA | CURCUIT CLERK |
| Name of Candidate | When her | unzio | K San | D II BY | | SIRCUIT CLERK |
| Address \mathcal{Y} . \mathcal{Y} | J2447 | acksan' | (Bunky) | HINDS | | D.C. |
| Telephone (Work) | A- Cas | (1001)67 | 2-19/aFa | x) - MA | _ | |
| Contact Name Official | Harry | _ Email Addres | ssfostere | stablance | to hot | wil com |
| Office Sought_ | n Clerk | olitical Party | enoc | vat T | | - |
| Check here if above is | ifferent from previous rep | port | . | • | | |
| May 8, 2015 Periodic Report | (January 1, 2015, throug | TYPE OF gh April 30, 2015 | REPORT | | | Mandatory |
| June 10, 2015 Periodic Repo | | | | | | |
| July 10, 2015 Periodic Repor | rt (June 1, 2015, through | June 30, 2015) . | | ••••• | ••••• | Mandatory |
| July 28, 2015 Pre-Election R | | | | ••••• | • | Mandatory |
| August 18, 2015 Pre-Election | Report / July 26, 2015 | through August | 15 2015) | | | and Political Committees |
| August 18, 2015 Pre-Election | | | All Prima | ary Candidates and F | Political Commi | ttees in a Runoff Election |
| October 9, 2015 Periodic Re | | | | | | |
| October 27, 2015 Pre-Election (Primary Election Winners repo | on October 1, 2015, inrougr | 1 October 24, 2015) |) | Д | MI Candidates a | Mandatory and Political Committees |
| November 17, 2015 Pre-Run | | ſ | ovember 14, 20 | 015) | Ruı | off Candidates Only |
| | | | | All Candidates and F | Political Commi | tees in a Runoff Election |
| January 8, 2015 Periodic Re | | | | | •••••• | Mandatory |
| Termination Report (Candidate outstandin | e will no longer accept contri g campaign debt obligation | ibutions or make ca | mpaign expendi | tures and has no | | uired to terminate rting obligations |
| (1) Pre-Election reports are mandator | ry, even if no contribution | IMPORTAN s or expenditures | hava aaaveed | In such case, the a | andidate obel | |
| more and a (Lero) for total allie | unt or reported contributi | ons and expenditi | ares during this | period. | | I |
| (2) Until a Candidate files a Terminati and (iii). | ion Report, annual and pe | riodic reports mus | st still be filed in | n accordance with N | Miss. Code An | n. § 23-15-807 (b) (ii) |
| (3) The Secretary of State must be in holiday, the office must be in actuacceptable. | actual receipt of the required | ired reports by 5:0 reports by 5:00 p. | 00 p.m. on the rem. on the first v | eporting day. If the vorking day before | deadline falls the deadline. | on a weekend or a Faxed reports are |
| | REPORTED | CONTRIBUTIO | NS AND DISE | BURSEMENTS | | |
| lte | mized + Non-Ite | | | This Period | | Calendar |
| Total amount of contributions \$ 2 | 20.00 +5 615 | | \$ | | \$ | year-to-date |
| Total amount of disbursements \$ | 1660+5 |) | \$ | | \$ | 15 /2 |
| Total amount of cash on hand | 18.55 | | \$ | | | 10100 |
| Signalury of Columbiate Authority: Refer to Miss. Code Ann. §23-1 Penalties: Failure to submit required reco | prined this report and to | tu | | Date 6/10 | 12015 |)——— |
| Penalties: Failure to submit required repo fines of \$50 per day and/or prosecution in | na, or randre to submit rep | orts in accordance | with statutory de | eadlines, or failure to | submit valid re | eports shall result in |

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
 Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
 Candidates for Municipal office should return forms to the Municipal Clerk rese strong reteriors.

SOS 10-14

| • | Page <u>l</u> of | <u> </u> |
|--|------------------------------|-----------|
| Name of Candidate or Committee FYILLS TO EICCL | Stephanie McKazie For | SPN itter |
| Reporting period 5/3/ | 2015 | |
| ' ITEMIZED REC | EIP15 | |
| A. Source: Corporation PAC Individual Loan | Date Amount of receip | |
| Other (please specify) | (Mo., Day, Year) this peri | od |
| By oda Porty | 5/21/5 \$ 20c | 1.00 |
| warning Address | <u> </u> | |
| City, State, Zip Gode | | |
| Name of Employer (Reduired) 39056 | | |
| Oct (Sequired) | Aggregate \$ | |
| | year-to-date Amount o | feach |
| B. Source: Corporation PAC Individual Loan | Date receil (Mo., Day, Year) | pt |
| Other (please specify) | 5 20 15 \$ 00 | <u> </u> |
| Freddie L. Davis | 5 30 300 | 9-00 |
| Mailing Address | [_//_ \$ [| |
| SH) State, Zip Code 1 | | |
| Neural of Employer (Required) 39309 | [| |
| Novin Grue Personal Cave Home | Aggregate \$ | |
| Owner | year-to-date Amount | of each |
| C. Source Corporation PAC Individual Loan | Date rece | ipt |
| Other (please specify) | dis pe | ===== |
| Full name | 1/1 \$ | |
| Mailing Address | \$ | |
| City, State, Zip Code | \$ | |
| Name of Employer (Required) | | : |
| Occupation (Required) | Aggregate year-to-date \$ | |
| D. Source: Corporation PAC Individual Loan | Date Amount | of each |
| Other (please specify) | | period |
| Full name | <u> </u> | |
| Mailing Address | | |
| City, State, Zip Code | | |
| Name of Employer (Required) | | |
| Occupation (Required) | Aggregate \$ | |
| | year-to-date ' | |

| Page | of |
|--|-------------|
| Name of Candidate or Committee () HANGE () WENT PUTO HEN | |
| Reporting period 5/12015 through 5/3/12015 | - |
| | _ |
| ITEMIZED DISBURSEMENTS | e destable. |

| A 5-11 | | |
|---|---------------------------|---|
| A. Full name Bucket Signs, Inc. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code 38 Napara 80 WEST | 5-28-15 | \$615,60 |
| Dackson 1115 39204 | // | \$ 10 |
| Purpose pit Disblusement (Ostional) | Aggregate Year-to-date | \$ |
| Mailing Address Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Sid Sid High Way 80 NPSY | 5,2915 | \$615.60 |
| Jackson 415 3920X | / | \$ |
| C Full AM DUAN () (915 | Aggregate Year-to-date | \$ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| 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 | \$ |
| | | |

Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| 1 | าไป | | | |
|---|---------------------------------------|---------------------------------|-------------------------|--|
| Name of Candidate LONNIE GE | ie Holones Jr | | | _ |
| Address 1464 Reddix St | | County | Hinds | Carle Sisses |
| Telephone (Work) | (Home)(01_7 | 120-0499 | _(Fax)// | |
| Contact Name Lonnie | Holmes Email | l Address | NIA | |
| Office Sought Consta | Political I والم | Party Democi | atic | FILED |
| Check here if above is different fr | om previous report | | | JUN 09 2015 |
| May 8, 2015 Periodic Report (January | <u>TY</u> 1, 2015, through April 3 | <u>PE OF REPOR</u> 30, 2015) | <u>e</u> | ARBARA DUNN, CIRCULT CLERK |
| June 10, 2015 Periodic Report (May 1 | | | | |
| July 10, 2015 Periodic Report (June 1 | | | | |
| July 28, 2015 Pre-Election Report (Ju | y 1, 2015, through July | 25, 2015) | | Mandatory |
| August 18, 2015 Pre-Election Report | (July 26. 2015, through | August 15, 2015 | | rimary Candidates and Political CommitteesRunoff Candidates Only |
| | | A | Il Primary Candidates a | nd Political Committees in a Runoff Election |
| October 9, 2015 Periodic Report (July | | | | |
| October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January | 1, 2015, through October | 24, 2015) | ••••• | All Candidates and Political Committees |
| November 17, 2015 Pre-Runoff Repor | t (October 25, 2015, the | rough November | | Runoff Candidates Only and Political Committees in a Runoff Election |
| January 8, 2015 Periodic Report (Oct | ober 1, 2015, through D | ecember 31, 201 | 5) | Mandatory |
| Termination Report (Candidate will no lor outstanding campaig | • | r make campaign e | xpenditures and has no | Required to terminate reporting obligations |
| (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep | no contributions or expe | | | ne candidate shall submit a report |
| (2) Until a Candidate files a Termination Repor and (iii). | t, annual and periodic rep | oorts must still be | filed in accordance wi | ith Miss. Code Ann. § 23-15-807 (b) (ii) |
| (3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt acceptable. | | | | |
| | REPORTED CONTR | IBUTIONS AND | DISBURSEMENT | |
| Itemized | + Non-Itemized | | This Period | Calendar year-to-date |
| Total amount of contributions \$ | + \$ | \$ | | \$ |
| Total amount of disbursements \$ | + \$ | \$ | | \$ |
| Total amount of cash on hand | | \$ | 45.48 | |
| I certify that I have examined the Law Law Signature of Candidate | s report and to the best | t of my knowledg | e and belief it is true | accurate, and complete. |
| Authority: Refer to Miss. Code Ann. §23-15-801 (197 Penalties: Failure to submit required reports, or fail fines of \$50 per day and/or prosecution in accordan | ure to submit reports in ac | cordance with statu | | re to submit valid reports shall result in |
| 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 Figure 1930 Street (1930).

SOS 10-14

| Page | 1 | of | 1 |
|------|---|----|----|
| Page | | of | 1/ |

| Name of Candidate | e or Committee | Longie 6 | Holmes I | <u></u> | |
|-------------------|----------------|----------|----------|---------|---------|
| Reporting period_ | 5-1-15 | | through | <u></u> | 5-31-15 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|--|
| Full name | 5 1 15 1 15 | \$ 60.00 |
| Mailing Address | 5 1 19 1 15 | \$ 450.00 |
| 1464 Reddix St City, State, Zip Code | | \$ 14.52 |
| Jackson, 195 39209 | | 1 14.26 |
| Name of Employer (Required) City of Jackson | | \$ |
| Occupation (Required) Officer | Aggregate year–to-date | \$ [|
| B. Source: Corporation PAC N Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name | | \$ |
| Mailing Address | | \$ [|
| City, State, Zip Code | | \$ |
| 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 |
| Full name | | \$ |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | | \$ [|
| Occupation (Required) | Aggregate year–to-date | \$ |
| D. 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) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ |
| | | |

| EL | ECTION CYCLE | | \$c . | Delbert Hosemann |
|------|--|---|---|---|
| | | Candida | fe F F | SECRETARY OF STATE |
| 4 | Carried States of the Control of the | REPORT OF RECEIPTS AN | DISBURSEMENTS | |
| | | 2015 Ele | ection JUN | 10 2015 |
| Nar | me of Candidate | mittee to Elect | Alphonso HUMANARAD | NA CARCE CLERK |
| Add | dress 5 935 144 | 418 WSUHEN | _County HIN(S | D.C. |
| Tel | ephone (Work) OOS | 120072 (Home) 60150 | 6012 (Fax) 601923 | 970 |
| Cor | ntact Name Yen() | Email Add | resiDPDCtv & first | Construct 1'on 21 |
| Offi | ice Sought | Political Party | Deno (rud | |
| | Check here if abo | ove is different from previous report | | |
| | May 8, 2015 Periodic R | TYPE 0 eport (January 1, 2015, through April 30, 20 | 15) | Mandatory |
| | June 10, 2015 Periodic | Report (May 1, 2015, through May 31, 2015 |) | Mandatory |
| | July 10, 2015 Periodic | Report (June 1, 2015, through June 30, 2015 | 5) | Mandatory |
| | July 28, 2015 Pre-Elect | ion Report (July 1, 2015, through July 25, 20 | 015)All Primary Car | |
| | August 18, 2015 Pre-El | ection Report (July 26, 2015, through Augus | st 15, 2015) All Primary Candidates and Politica | Runoff Candidates Only I Committees in a Runoff Election |
| | October 9, 2015 Period | ic Report (July 1, 2015, through September | 30, 2015) | Mandatory |
| | (Primary Election Winne | lection Reporters report October 24, 20 ers report October 1, 2015, through October 24, 20 es report January 1, 2015 through October 24, 2015 | 15) All Can | Mandatory didates and Political Committees |
| | | e-Runoff Report (October 25, 2015, through | November 14, 2015) | Runoff Candidates Only Committees in a Runoff Election |
| | January 8, 2015 Period | ic Report (October 1, 2015, through Decemt | | |
| | Termination Report (Cal | ndidate will no longer accept contributions or make standing campaign debt_obligation) | campaign expenditures and has no | Required to terminate reporting obligations |
| | Des Elsette | IMPORTA | NT | |
| (1) | indicating "0" (Zero) for tot | ndatory, even if no contributions or expenditur al amount of reported contributions and expend | es have occurred. In such case, the candidal litures during this period. | ate shall submit a report |
| (2) | | rmination Report, annual and periodic reports m | | Code Ann. § 23-15-807 (b) (ii) |
| | | | | |

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.

| Itemized | REF + | PORTED CONTRIBUT Non-Itemized | ONS AND DISBURSEMENTS This Period | | Calendar vear-to-date |
|----------------------------------|----------|--------------------------------|-----------------------------------|------|--------------------------|
| Total amount of contributions \$ | + \$ | C) | \$ | \$ | 9 |
| Total amount of disbursements \$ | + \$ | | \$ | . \$ | $\overline{}$ |
| Total amount of cash on hand | | | \$ | | -U |
| | | | | I | |

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

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:

NODES:

- 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 rate should return forms to

| • | · Page of |
|--|----------------------|
| Name of Candidate or Committee Committee | Hollect Alprone Hund |
| Reporting period Y Y throu | 1gh M943 |

| A. Full name | Date | Amount of each |
|------------------------------------|---------------------------|---|
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. 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 | \$ |
| 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 | 11 | \$ |
| 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 | 11_ | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

Delbert Hosemann SECRETARY OF STATE

| REPORT OF RECEIPTS AND | DISBURS | EMENTS | | Alamon e |
|--|---|--|---|---|
| 2015 Elec | ction | | | |
| Name of Candidate Jan Lewis | 1.4" | | | |
| Address 1769 512 4 mm | County H | inds | | |
| Telephone (Work) (Home) 612/93 | 3 <i>221</i> (Fa | nx) | া আনুক | |
| Contact Name Email Addr | | | | |
| Office Sought D 4 Constable Political Party | Rep. | FI | T | <u>'</u> n |
| Check here if above is different from previous report | | | | |
| May 8, 2015 Periodic Penort / January 1, 2015, through April 20, 201 | F REPORT | JUN | 10920 | 15 |
| May 8, 2015 Periodic Report (January 1, 2015, through April 30, 201 | 5) | BARBARA DI | UNN, CIRC | UIT CLERK Mandatory |
| June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015 | | BY | 2 | D.C. Mandatory |
| July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 20 | | | | |
| 00.9 20, 2010 1 10 Election Report (only 1, 2010, tillough only 25, 20 | | All Prima | ary Candidat | es and Political Committees |
| August 18, 2015 Pre-Election Report (July 26, 2015, through Augus | t 15, 2015) All Prim | nary Candidates and F | R Political Com | unoff Candidates Only mittees in a Runoff Election |
| October 9, 2015 Periodic Report (July 1, 2015, through September 3 | 30, 2015) | | • | Mandatory |
| October 27, 2015 Pre-Election Report | 5) | | All Candidate | Mandatory s and Political Committees |
| November 17, 2015 Pre-Runoff Report (October 25, 2015, through I | | 015) | D | unoff Candidates Only |
| | | All Candidates and F | Political Com | mittees in a Runoff Election |
| January 8, 2015 Periodic Report (October 1, 2015, through December | er 31, 2015) | | • | Mandatory |
| Termination Report (Candidate will no longer accept contributions or make outstanding campaign debt obligation) | campaign expend | litures and has no | | equired to terminate porting obligations |
| (1) Pre-Election reports are mandatory, even if no contributions or expenditure | NT | I in such case the | andidata sh | |
| indicating "0" (Zero) for total amount of reported contributions and expend | itures during this | s period. | | |
| (2) Until a Candidate files a Termination Report, annual and periodic reports m and (iii). | ust still be filed i | in accordance with I | Miss. Code | Ann. § 23-15-807 (b) (ii) |
| (3) The Secretary of State must be in actual receipt of the required reports by the holiday, the office must be in actual receipt of the required reports by 5:00 acceptable. | 5:00 p.m. on the i p.m. on the first | reporting day. If the working day before | deadline fa the deadlin | ills on a weekend or a e. Faxed reports are |
| REPORTED CONTRIBUTION | ONS AND DIS | BURSEMENTS | | |
| Itemized + Non-Itemized | | This Period | | Calendar year-to-date |
| Total amount of contributions \$ 1,250 +\$ | \$ | 0 | \$ | 1.250 |
| Total amount of disbursements \$ + \$ | \$ | 4 | \$ | |
| Total amount of cash on hand | \$ | 1,250 | | |
| I certify that I have examined this report and to the best of my | knowledge and | d belief it is true, ac | ccurate, and | d complete. |
| | | | _ 8 , | |
| Signature of Candidate | | Date | | |
| Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requireme Penalties: Failure to submit required reports, or failure to submit reports in accordance fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15- | o with statutory o | deadlines, or failure to 2). | o submit vali | d reports shall result in |
| SEND TO: 1. Candidates for Statewide, State-District, Multi-County and all L | egislative office | es should return fo | rm to Secre | etary 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 rate small return.

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| | Delbert_Hosemann | |
|---|------------------|---|
| F | ECLETA YOUR ATE | = |
| - | | |

JUN 09 2015

| Name of Candidate Friends to Elect Tyro | ne Lewis | BAN. | D.C. |
|---|---|--|---|
| Address Post Office Box 11551 | - 4 | County_Hinds | |
| Telephone (Work) 601-906-4567 | (Home) ⁶⁰¹⁻⁹⁰⁶⁻⁴⁵⁶⁷ | | |
| Contact Name Rebecca L. Anderson | Email Add | ress randerson 01@comcast.net | |
| Office Sought Hinds County Sheriff | Political Party | | |
| Check here if above is different f | · | | |
| May 8, 2015 Periodic Report (January | TYPE 0 1, 2015, through April 30, 20 | <u>PF REPORT</u> | Mandatory |
| X June 10, 2015 Periodic Report (May 1 | | | <u>-</u> |
| July 10, 2015 Periodic Report (June 1 | | | |
| July 28, 2015 Pre-Election Report (Ju | ily 1, 2015, through July 25, 20 | 015) | Mandatory |
| August 18, 2015 Pre-Election Report | / July 26, 2015, through Augus | | andidates and Political Committees |
| Adjust 10, 2010 Fre-Election Report | (July 20, 2015, through Augus | All Primary Candidates and Politic | cal Committees in a Runoff Election |
| October 9, 2015 Periodic Report (July | | | • |
| October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January | r 1, 2015, through October 24, 201 | 15) All Ca | Mandatory mdidates and Political Committees |
| November 17, 2015 Pre-Runoff Repo | rt (October 25, 2015, through | November 14, 2015) | Runoff Candidates Only |
| lanuary 9 2016 Pariadia Banari (Oat | obor 1, 2015, through Documb | | eal Committees in a Runoff Election |
| January 8, 2016 Periodic Report (Oct | | | Mandatory |
| Termination Report (Candidate will no lor outstanding campaig | | campaign expenditures and has no | Required to terminate reporting obligations |
| (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep | no contributions or expenditur | es have occurred. In such case, the candi | date shall submit a report |
| (2) Until a Candidate files a Termination Report and (iii). | | - · | Code Ann. § 23-15-807 (b) (ii) |
| (3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt acceptable. | eipt of the required reports by selection of the required reports by 5:00 | 5:00 p.m. on the reporting day. If the dead p.m. on the first working day <i>before</i> the d | dline falls on a weekend or a eadline. Faxed reports are |
| | REPORTED CONTRIBUTI | ONS AND DISBURSEMENTS | |
| Itemized | + Non-Itemized | This Period | Calendar year-to-date |
| Total amount of contributions \$ 14,700.00 | +\$ | \$14,700.00 | \$14,700.00 |
| Total amount of disbursements \$ 9,034.59 | +\$ | \$ 9,034.59 | \$9,034.59 |
| Total amount of cash on hand | | \$ 78,575.97 | |
| detrose Seus | s report and to the best of my | knowledge and belief it is true, accura | te, and complete. |
| Signature of Candidate | | Date | |
| Authority: Refer to Miss. Code Ann. §23-15-801 (1972) Penalties: Failure to submit required reports, or failufines of \$50 per day and/or prosecution in accordance | ire to submit reports in accordance | e with statutory deadlines, or failure to subn | nit valid reports shall result in |
| Division, P. O. Box 136, Jackson, l | MS 39205 or fax to (601) 576-2 | egislative offices should return form to 1545 return forms to their County Circuit Cle | _ |

3. Candidates for Municipal office should return forms to the Municipal Clerk

| Name of Candidate or Committee | Friends to Elect Tyrone Lew | /is | | _ |
|--------------------------------|-----------------------------|-----|------|---|
| Reporting period May 01, 2015 | through | | 2015 | |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
|---|--|--|--|
| Full name | 04 / 19 / 15 | \$ 50.00 | |
| Malcolm D May | | | |
| Mailing Address | <u> </u> | \$ | |
| 3033 Holmes Avenue City, State, Zip Code | | | |
| Jackson, MS 39213 | <u> </u> | \$ | |
| Name of Employer (Required) | | \$ | |
| | | Y , | |
| Occupation (Required) | Aggregate year–to-date | \$ 50.00 | |
| B. Source: Corporation PAC Individual V Loan | Date | Amount of each receipt this period | |
| Other (please specify) | (Mo., Day, Year) | | |
| Full name | 05 / 02 / 15 | \$ 50.00 | |
| Louis McLaurin | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | ▼ 150.00 | |
| Mailing Address | | \$ | |
| 140 Rhodes Lane | <u>'' </u> | Ψ | |
| City, State, Zip Code | | \$ | |
| Canton, MS 39046 | <u></u> | ¥ | |
| Name of Employer (Required) | | \$ | |
| U.S. Government | | | |
| Occupation (Required) | Aggregate year–to-date | \$ 50.00 | |
| C. Source | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name | 05 / 02 / 15 | \$ 50.00 | |
| Wilma Mosley Clopton | | | |
| Mailing Address | | \$ | |
| 6071 Holbrood Drive | | | |
| City, State, Zip Code | | \$ | |
| Jackson, MS 39206 | | | |
| Name of Employer (Required) | <u> </u> | \$ | |
| Occupation (Required) | Aggregate year–to-date | \$ 50.00 | |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name | 05 / 02 / 15 | \$ 50.00 | |
| Joyce A. Handy | 105 / 102 / 115 | Ψ 150.00 | |
| Mailing Address | | \$ | |
| 828 Rutherford Drive | | <u> </u> | |
| City, State, Zip Code | | \$ | |
| Jackson, MS 39205 | | | |
| Name of Employer (Required) | <u> </u> | \$ | |
| Occupation (Required) | Aggregate year–to-date | \$ 50.00 | |
| Retired | | | |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis |
|--------------------------------|-------------------------------|
| Reporting period May 01, 2015 | through May 31, 2015 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full name | 05 / 02 / 15 | \$ 50.00 |
| William F. Clopton | | |
| Mailing Address | | \$ |
| 6071 Holbrook Drive | | |
| City, State, Zip Code | | \$ |
| Jackson, MS 39206 | | |
| Name of Employer (Required) USAF | <u> </u> | \$ |
| Occupation (Required) | Aggregate | ¢ |
| Lt. Col. (Retired) | year-to-date | \$ 50.00 |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | (WO., Day, Tear) | this period |
| Full name | 05 / 02 / 15 | \$ 50.00 |
| Frank E. Dickey | | . 120.00 |
| Mailing Address | | \$ |
| 1731 Holly Street | | • |
| City, State, Zip Code | | \$ |
| Washington, D.C. 20012 | | |
| Name of Employer (Required) | <u> </u> | \$ |
| Occupation (Required) | Aggregate | \$ 50.00 |
| Retired | year-to-date | |
| C. Source | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | |
| Full name Brent E. Southern | 04 / 24 / 15 | \$ 100.00 |
| Mailing Address | | \$ |
| Post Office Box 13587 | / | Ψ I |
| City, State, Zip Code | | \$ |
| Jackson, MS 39236 | | |
| Name of Employer (Required) | | \$ |
| | Aggregate | |
| Occupation (Required) Attorney | year-to-date | \$ 100.00 |
| D. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | | una period |
| Full name | 05 / 01 / 15 | \$ 100.00 |
| Myram E. and Edna J. Cooper | | |
| Mailing Address 6237 Tanglewood Drive | 05 / 04 / 15 | \$ 100.00 |
| City, State, Zip Code | | \$ |
| Jackson, MS 39213 | <u> </u> | " 1 |
| Name of Employer (Required) | | \$ |
| Occupation (Required) Retired | Aggregate year–to-date | \$ 200.00 |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis |
|--------------------------------|-------------------------------|
| Reporting period May 01, 2015 | through May 31. 2015 |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|--|
| Full name Willie Richardson | 05 / 02 / 15 | \$ 200.00 |
| Mailing Address | | |
| 5928 Waverly Drive | <u> </u> | \$ |
| City, State, Zip Code | | |
| Jackson, MS 39206 | / | \$ |
| Name of Employer (Required) | \Box , \Box , \Box | \$ |
| Occupation (Required) | Aggregate | |
| Retired | Aggregate year–to-date | \$ 200.00 |
| B. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 05 / 06 / 15 | ¢ [|
| Elaine Watson | 102 1 100 1 113 | \$ 500.00 |
| Mailing Address | \Box . \Box . \Box | ¢ [|
| Post Office Box 13801 | <u> </u> | \$ |
| City, State, Zip Code | | <u> </u> |
| Jackson, MS 39236 | <u> </u> | \$ |
| Name of Employer (Required) Hinds County Sheriff's Office | | \$ |
| Occupation (Required) | Aggregate | ¢ |
| Planning and Research | year–to-date | \$ 500.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Fuil name Arnel D. Bolden | 04 / 24 / 15 | \$ 150.00 |
| Mailing Address | | |
| Post Office Box 394 | <u> </u> | \$ |
| City, State, Zip Code | | |
| Canton, MS 39046 | <u> </u> | \$ |
| Name of Employer (Required) | | |
| State Farm Insurance Companies | | \$ |
| Occupation (Required) Owner | Aggregate year–to-date | \$ 150.00 |
| D. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 05 / 01 / 15 | \$ 250.00 |
| T.H. Kendall, III | | 7 1250.00 |
| Post Office Box 96 | | \$ |
| City, State, Zip Code | | \$ |
| Bolton, MS 39041 | | V 1 |
| Name of Employer (Required) | | \$ |
| Gaddis Farm | | |
| Occupation (Required) Owner | Aggregate year–to-date | \$ 250.00 |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis |
|--------------------------------|-------------------------------|
| Reporting period May 01, 2015 | through May 31, 2015 |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
|---|--|------------------------------------|--|
| Full name | 05 / 07 / 15 | \$ 50.00 | |
| D. F. Maron | 105 7 107 7 110 | Ψ 150.00 | |
| Mailing Address | | \$ | |
| 213 Kingsbridge Road | <u></u> | <u> </u> | |
| City, State, Zip Code | | \$ | |
| Madison, MS 39110 | <u>''</u> | Ψ | |
| Name of Employer (Required) | | \$ | |
| Baker Donelson Law Firm | <u>''</u> | Ψ | |
| Occupation (Required) | Aggregate | \$ 50.00 | |
| Attorney | year-to-date | | |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt | |
| Other (please specify) | (Mo., Day, Tour) | this period | |
| Full name | 05 / 06 / 15 | \$ 50.00 | |
| W. Scott Welch, III | <u></u> | ¥ 130.00 | |
| Mailing Address | | \$ | |
| 6223 Waterford Drive | <u></u> | | |
| City, State, Zip Code | | \$ | |
| | <u> </u> | • | |
| Jackson, MS 39211 Name of Employer (Required) | | \$ | |
| Baker Donelson Law Firm | \ <u>''</u> | Ψ | |
| Occupation (Required) | Aggregate | \$ 50.00 | |
| Attorney | year–to-date | ¥ 50.00 | |
| C. Source Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| | | | |
| Full name | 04 / 08 / 15 | \$ 50.00 | |
| C. Lee Lott, III | | | |
| Mailing Address 1946 Douglass Drive | <u> </u> | \$ | |
| | | | |
| City, State, Zip Code | <u> </u> | \$ | |
| Jackson, MS 39211 | F.F. | 6 | |
| Name of Employer (Required) Baker Donelson Law Firm | '' ' | \$ | |
| Occupation (Required) | Aggregate | \$ 50.00 | |
| Attorney | year-to-date | V 130.00 | |
| D. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Other (please specify) | | | |
| Full name | 05 05 15 | \$ 75.00 | |
| Jason R. Bush | | | |
| Mailing Address 4325 Kings Court | \ <u> / /</u> | \$ | |
| City, State, Zip Code | | \$ | |
| Jackson, MS 39211 | <u> '' '</u> | " | |
| Name of Employer (Required) | | \$ | |
| Baker Donelson Law Firm | | | |
| Occupation (Required) Attorney | Aggregate year–to-date | \$ 75.00 | |

| Name of Candidate or Committee | Friends to Elect Tyrone Lew | /is | |
|--------------------------------|-----------------------------|-----|--|
| Reporting period May 01, 2015 | through | | |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|------------------------------------|
| Full name Ashley C. Tullos | 05 / 07 / 15 | \$ 75.00 |
| Mailing Address | | |
| | <u> </u> | \$ |
| 282 Lighthouse Lane City, State, Zip Code | | |
| Brandon, MS 39047 | <u> </u> | \$ |
| Name of Employer (Required) | | A [|
| Baker Donelson Law Firm | <u> </u> | \$ |
| Occupation (Required) | Aggregate | \$ 75.00 |
| Attorney | year-to-date | Ψ 1/5.00 |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | (mon, buy, really | this period |
| Full name | 05 / 07 / 15 | \$ 100.00 |
| Mike Dawkins | | . 1100.00 |
| Mailing Address | | \$ |
| 90 Cottonwood Drive | <u> </u> | · |
| City, State, Zip Code | | \$ |
| Madison, MS 39110 | <u></u> | <u> </u> |
| Name of Employer (Required) | | \$ |
| Baker Donelson Law Firm | <u></u> | ` } |
| Occupation (Required) | Aggregate | \$ 100.00 |
| Attorney | year-to-date | |
| C. Source | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | |
| Full name Jon Seawright | 05 07 15 | \$ 100.00 |
| Mailing Address | F , F , F | \$ |
| 4268 I- 55 North | <u> </u> | Ψ |
| City, State, Zip Code | | \$ |
| Jackson, MS 39211 | '' | Y 1 |
| Name of Employer (Required) | | \$ |
| Baker Donelson Law Firm | | V 1 |
| Occupation (Required) | Aggregate year–to-date | \$ 100.00 |
| Attorney D. Source: Corporation PAC Individual ✓ Loan ✓ | | Amount of each |
| D. Source: Corporation PAC Individual I/ Loan I | Date (Mo., Day, Year) | receipt |
| Other (please specify) | (WO., Day, Teal) | this period |
| Full name | 05 / 07 / 15 | \$ 100.00 |
| James L. Jones | | 7 1100.00 |
| Mailing Address | | \$ |
| 3 Gleneagles Drive | | |
| City, State, Zip Code | <u> </u> | \$ |
| Jackson, MS 39211 | | |
| Name of Employer (Required) Baker Donelson Law Firm | <u> </u> | \$ |
| Occupation (Required) | Aggregate | \$ 100.00 |
| Attorney | year-to-date | , |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis |
|--------------------------------|-------------------------------|
| Reporting period May 01, 2015 | through May 31, 2015 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| J. Carter Thompson, Jr. | 05 / 07 / 15 | \$ 100.00 |
| Mailing Address | | |
| | <u> </u> | \$ |
| 4120 Dogwood Drive City, State, Zip Code | | |
| Jackson, MS 39211 | <u> </u> | \$ |
| Name of Employer (Required) | | ¢ [|
| Baker Donelson Law Firm | <u>/</u> | \$ |
| Occupation (Required) | Aggregate | \$ 100.00 |
| Attorney | year-to-date | Ψ 1100.00 |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | | this period |
| Full name | 05 / 07 / 15 | \$ 200.00 |
| Robert M. Arenton, Jr. | | 1200.00 |
| Mailing Address | | \$ |
| 6156 Frerncreek Drive | | · 1 |
| City, State, Zip Code | | \$ |
| Jackson, MS 39211 | \ <u>'':</u> | V |
| Name of Employer (Required) Baker Donelson Law Firm | | \$ |
| Occupation (Required) | Aggregate | |
| Attorney | year-to-date | \$ 200.00 |
| I DOMINET | | |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| C. Source Corporation PAC Individual Loan Other (please specify) | | receipt |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith | (Mo., Day, Year) | receipt this period |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address | (Mo., Day, Year) | receipt this period |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow | (Mo., Day, Year) | receipt this period |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 | (Mo., Day, Year) | receipt this period \$ 100.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) | (Mo., Day, Year) | receipt this period \$ 100.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ [|
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ 5 |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ Amount of each receipt |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Wilton J. Johnson, III Mailing Address | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Wilton J. Johnson, III Mailing Address 1620 Belmont Street | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Wilton J. Johnson, III Mailing Address 1620 Belmont Street City, State, Zip Code | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Wilton J. Johnson, Ill Mailing Address 1620 Belmont Street City, State, Zip Code Jackson, MS 39202 | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Wilton J. Johnson, III Mailing Address 1620 Belmont Street City, State, Zip Code Jackson, MS 39202 Name of Employer (Required) | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan Other (please specify) Full name Bradley W. Smith Mailing Address 3875 Sleepy Hollow City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Baker Donelson Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Wilton J. Johnson, Ill Mailing Address 1620 Belmont Street City, State, Zip Code Jackson, MS 39202 | (Mo., Day, Year) 05 | receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis | |
|--------------------------------|-------------------------------|----------|
| Reporting period May 01, 2015 | through Mav | 31, 2015 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---------------------------------------|
| Full name | 05 / 05 / 15 | \$ 200.00 |
| Stephen C. Edds | <u> </u> | + 1200.00 |
| Mailing Address | | \$ |
| 120 Heron's Landing | | · · · · · · · · · · · · · · · · · · · |
| City, State, Zip Code | | \$ |
| Ridgeland, MS 39157 | | |
| Name of Employer (Required) Baker Donelson Law Firm | <u> </u> | \$ |
| Occupation (Required) | Aggregate | |
| Attorney | year–to-date | \$ 200.00 |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | | this period |
| Full name | 05 / 07 / 15 | \$ 200.00 |
| Le'Verne Edney | | |
| Mailing Address 120 Ellicot Burn Road | | \$ |
| City, State, Zip Code | | |
| Clinton, MS 39056 | <u> </u> | \$ |
| Name of Employer (Required) | | \$ |
| Baker Donelson Law Firm Occupation (Required) | Aggregate | • |
| Attorney | year–to-date | \$ 200.00 |
| C. Source Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 05 / 07 / 15 | \$ 200.00 |
| Lee Harrell | | |
| Mailing Address 106 Winchester Lane | <u> </u> | \$ |
| City, State, Zip Code | F- F- F- | |
| Brandon, MS 39042 | <u> </u> | \$ |
| Name of Employer (Required) | | |
| Baker Donelson Law Firm | <u> </u> | \$ |
| Occupation (Required) Attorney | Aggregate year–to-date | \$ 200.00 |
| D. Source: Corporation PAC Individual ✓ Loan Cother (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 05 / 06 / 15 | \$ 200.00 |
| Alan Moore | | , |
| Mailing Address 1510 Pinehurst Place | | \$ |
| City, State, Zip Code | | \$ |
| Jackson, MS 39202 | <u> </u> | Ψ |
| Name of Employer (Required) | | \$ |
| Baker Donelson Law Firm | | |
| Occupation (Required) Attorney | Aggregate year–to-date | \$ 200.00 |
| | | |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis |
|--------------------------------|-------------------------------|
| Reporting period May 01, 2015 | through May 31, 2015 |

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|--|
| Full name Baker Donelson Bearman Caldwell & Berkowltz, PC | 05 / 05 / 15 | \$ 500.00 |
| Mailing Address | | |
| 4268 I-55 North Meadowbrook Office Park | <u> </u> | \$ |
| City, State, Zip Code | | |
| Jackson, MS 39211 | <u>'''</u> | \$ |
| Name of Employer (Required) | | \$ |
| Baker Donelson Law Firm | | · , |
| Occupation (Required) Attorneys | Aggregate year–to-date | \$ 500.00 |
| B. Source: Corporation PAC Individual V Loan | Date | Amount of each receipt |
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name | 02 / 13 / 15 | \$ 1,000.00 |
| SHIVAM LLC | | 7 11,000.00 |
| Mailing Address | 05 / 11 / 15 | \$ 750.00 |
| 4711 Interstate 55 North | | |
| City, State, Zip Code Jackson, MS 39208 | | \$ |
| Name of Employer (Required) | F,F,F | \$ |
| SHIVAM LLC | <u>'-'-'-</u> | ¥ |
| Occupation (Required) | Aggregate year–to-date | \$ 1,750.00 |
| Owner | year-to-date | |
| Corporation PACE Individual 7 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) | (Mo., Day, Year) | receipt this period |
| Other (please specify) | (Mo., Day, Year) | receipt |
| Other (please specify) Full name James Ashley Ogden Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 | (Mo., Day, Year) | receipt this period \$ [2,500.00] |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code | (Mo., Day, Year) | receipt this period \$ 2,500.00 |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 | (Mo., Day, Year) 05 28 15 | receipt this period \$ [2,500.00] \$ [|
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code | (Mo., Day, Year) 05 | receipt this period \$ [2,500.00] |
| City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Occupation (Required) | (Mo., Day, Year) 05 | receipt this period \$ [2,500.00] \$ [|
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Ogden & Associates Occupation (Required) Attorney | (Mo., Day, Year) 05 | receipt this period \$ [2,500.00] \$ [\$ [\$ [\$ 2,500.00] Amount of each |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Oqden & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual V Loan | (Mo., Day, Year) 05 | receipt this period \$ [2,500.00] \$ [\$ [\$ [\$ 2,500.00] Amount of each receipt |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Ogden & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual V Loan Other (please specify) | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ [2,500.00] \$ [\$ [\$ [\$ 2,500.00] Amount of each |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Oqden & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual V Loan Other (please specify) | (Mo., Day, Year) 05 | receipt this period \$ [2,500.00] \$ [\$ [\$ [\$ 2,500.00] Amount of each receipt |
| Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Oqden & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual ✓ Loan ✓ Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 2,500.00 \$ 2,500.00 Amount of each receipt this period \$ 2,500.00 |
| Other (please specify) Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Oqden & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual V Loan Other (please specify) | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 2,500.00 \$ |
| Full name James Ashley Ogden Mailing Address 500 East Capitol St. Suite 3 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Oqden & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual ✓ Loan Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP Mailing Address 410 South President Street City, State, Zip Code | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 2,500.00 \$ 2,500.00 Amount of each receipt this period \$ 2,500.00 |
| City, State, Zip Code Jatoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP Mailing Address 410 South President Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP Mailing Address 410 South President Street City, State, Zip Code Jackson, MS 39225 | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ [2,500.00] \$ [\$ [\$ [\$ [\$ 2,500.00] Amount of each receipt this period \$ [2,500.00] \$ [\$ [\$ [\$ [\$ [\$ [\$ [\$ [\$ [\$ |
| City, State, Zip Code James Associates Occupation (Required) Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP Mailing Address 410 South President Street City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 2,500.00 \$ 2,500.00 Amount of each receipt this period \$ 2,500.00 \$ 2,500.00 |
| City, State, Zip Code Jatoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP Mailing Address 410 South President Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pittman, Germany, Roberts & Welsh, LLP Mailing Address 410 South President Street City, State, Zip Code Jackson, MS 39225 | (Mo., Day, Year) O5 28 15 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ [2,500.00] \$ [\$ [\$] \$ [2,500.00] Amount of each receipt this period \$ [2,500.00] \$ [\$ [\$] |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis | | |
|--------------------------------|-------------------------------|--|--|
| Reporting period May 01, 2015 | through May 31, 2015 | | |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|------------------------------------|
| Full name | 05 / 26 / 15 | |
| Kimberly L. Harrison | 105 / 120 / 115 | \$ 150.00 |
| Mailing Address | | \$ |
| 1220 Ferncrest Drive | <u>''</u> ' | Ψ |
| City, State, Zip Code | | \$ |
| Jackson, MS 39211 | ' | 4 |
| Name of Employer (Required) | | \$ |
| Hinds County Sheriff's Office | <u>''</u> | Ψ |
| Occupation (Required) | Aggregate | \$ 150.00 |
| Captain | year-to-date | |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | (IVIO., Day, Teal) | this period |
| Full name | 05 / 22 / 15 | \$ 2,500.00 |
| Richard B. Schwartz | 100 / 122 / 110 | Ψ [2,500.00 |
| Mailing Address | | \$ [|
| Post Office Box 3949 | ' ' ' ' | Ψ |
| City, State, Zip Code | | • |
| Jackson, MS 39207 | <u>/</u> / <u></u> | \$ |
| Name of Employer (Required) | | \$ |
| Schwartz and Associates | <u> </u> | 4 1 |
| Occupation (Required) | Aggregate | \$ 2,500.00 |
| Attorney | yearto-date | ¥ 2,300.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 05 / 22 / 15 | \$ 200.00 |
| George S. Smith | 05 22 15 | 3 1200.00 |
| Mailing Address | | \$ |
| 1866 West Ridgeway Street | <u> </u> | V) |
| City, State, Zip Code | | \$ |
| Jackson, MS 39213 | | |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 200.00 |
| D. Source: Corporation | | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name | 05 / 21 / 15 | \$ 500.00 |
| Tim Walker | 103 7 121 7 113 | \$ 500.00 |
| Mailing Address | | \$ |
| Post Office Box 31065 | | <u> </u> |
| City, State, Zip Code | | \$ |
| Jackson, MS 39206 | | |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |

Name of Candidate or Committee Friends to Elect Tyrone Lewis

Reporting period May 01, 2015 through May 31, 2015

| A. Source: Corporation PAC Individual V Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full name Dean Blackwell | 05 / 13 / 15 | \$ 500.00 |
| Mailing Address | | <u> </u> |
| 142 St. Andrews Drive | <u> </u> | \$ |
| City, State, Zip Code | | A [|
| Jackson, MS 39211 | <u>'''</u> | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| B. Source: Corporation PAC Individual V Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | (NO., Day, Tear) | this period |
| Full name | 05 / 21 / 15 | \$ 100.00 |
| Beverly Harris-Williams | | + 1100.00 |
| Mailing Address | | \$ [|
| 3125 Lanewood Drive | | |
| City, State, Zip Code Jackson, MS 39213 | <u> </u> | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 100.00 |
| | | |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| | (Mo., Day, Year) | receipt this period |
| Other (please specify) | | receipt |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address | (Mo., Day, Year) | receipt this period \$ 300.00 |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code | (Mo., Day, Year) | receipt this period \$ 300.00 |
| Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 | (Mo., Day, Year) | receipt this period \$ 300.00 |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code | (Mo., Day, Year) | receipt this period \$ 300.00 |
| Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 | (Mo., Day, Year) 05 | receipt this period \$ 300.00 |
| Cother (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) | (Mo., Day, Year) 05 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan | (Mo., Day, Year) O5 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period |
| Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual ✓ Loan ✓ Other (please specify) Full name Wydett Hawkins | (Mo., Day, Year) 05 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) | (Mo., Day, Year) O5 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Wydett Hawkins Mailing Address | (Mo., Day, Year) O5 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Wydett Hawkins Mailing Address 1219 Hallmark Drive | (Mo., Day, Year) O5 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Wydett Hawkins Mailing Address 1219 Hallmark Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) | (Mo., Day, Year) O5 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name First Nutrition, Inc. Mailing Address 315 Crossgates Blvd. Ste. E City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Wydett Hawkins Mailing Address 1219 Hallmark Drive City, State, Zip Code Jackson, MS 39206 | (Mo., Day, Year) O5 | receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

| ame of Candidate or Committee | Friends to Elect Tyrone Lewis |
|---------------------------------|-------------------------------|
| ame or canoinale or collillinee | |

Reporting period May 01, 2015

through ______

| A. Full name Lowes | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address 2250 Greenway Drive | 05 / 01 / 15 | \$ 25.88 |
| City, State, Zip Code Jackson, MS 39204 | 05 / 04 / 15 | \$ 214.86 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ ^{428.07} |
| B. Full name Earl Clowers | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 1065 Lemons Road | 05 / 04 / 15 | \$ 1,000.00 |
| City, State, Zip Code Bolton, MS 39041 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,000.00 |
| C. Full name Dynastic Printing | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 410 West Pascagoula Street | 04 / 27 / 15 | \$ 1,533.51 |
| City, State, Zip Code Jackson, MS 39203 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,533.51 |
| D. Full name Aaron Banks | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 4722 Brookwood Place | 05 / 01 / 15 | \$ 1,670.00 |
| City, State, Zip Code Jackson, MS 39272 | / | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 2,870.00 |
| E. Full name Home Goods | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 175 Grandview Boulevard | 05 / 16 / 15 | \$ 21.39 |
| City, State, Zip Code Madison, MS | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 21.39 |
| F. Full name Office Depot | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 120 Granview Blvd. | 05 / 11 / 15 | \$ 49.00 |
| | 05 / 18 / 15 | \$ ^{15.38} |
| City, State, Zip Code Madison, MS 39110 | '' | |

| Name of | Candidate | or | Committee |
|---------|-----------|----|-----------|
| | | | |

Reporting period May 01, 2015

01, 2015

Friends to Elect Tyrone Lewis

through ______

| A. Full name Dora Jean Norman | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address 413 Norman Street | 05 / 08 / 15 | \$ 135.00 |
| City, State, Zip Code lackson, MS 39209 | / | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 135.00 |
| B. Full name Carey Sparks | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 416 Pascagoula Street | 05 / 13 / 15 | \$ 200.00 |
| City, State, Zip Code Jackson, MS 39213 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 200.00 |
| C. Full name Harland Clarke | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 15955 LaCanera Parkway | // | \$ |
| City, State, Zip Code San Antonio, Texas | | s |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name Classic Printing | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 418 North Farish Street | 05 / 12 / 15 | \$ 2,264.57 |
| City, State, Zip Code Jackson, MS 39202 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 4,069.09 |
| E. Full name James Hendrix (Jackson Jambalaya) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 5106 Old Canton Road | 05 / 13 / 15 | \$ 1,200.00 |
| City, State, Zip Code Jackson, MS 39211 | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,200.00 |
| F. Full name Ridgeland Post Office | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 611 South Pear Orchard Road | 05 / 18 / 15 | \$ 49.00 |
| City, State, Zip Code Ridgeland, MS 391574 | // | s |
| Purpose of Disbursement (Optional) | Aggregate | \$ 49.00 |

| Name of Candidate or Committee | Friends to Elect Tyrone Lewis |
|--------------------------------|-------------------------------|
| | May 31, 2015 |
| Reporting period May 01, 2015 | through |

| A. Full name Aldersgate United Methodist Church | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address 655 Beasley Road | 05 / 06 / 15 | \$ 50.00 |
| City, State, Zip Code Jackson, MS 39206 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 50.00 |
| B. Full name Reaching the World Church | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 3505 Terry Road Suite 199 | 05 / 12 / 15 | \$ 100.00 |
| City, State, Zip Code Jackson, MS 39212 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 100.00 |
| C. Full name Progressive M. B. Church | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 2323 Power Avenue | 05 / 12 / 15 | \$ 100.00 |
| City, State, Zip Code Jackson, MS 39213 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 100.00 |
| D. Full name Madison US Post Office | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 990 US-51 | 10 / 20 / 15 | \$ 6.00 |
| City, State, Zip Code Madison, MS 39110 | / | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 6.00 |
| E. Full name WMPR Radio | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 1018 Pecan Park Circle | 05 / 13 / 15 | \$ 200.00 |
| City, State, Zip Code Jackson, MS 39209 | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 200.00 |
| F. Full name Sam's Club | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 90 Bass Pro. Drive | 05 / 14 / 15 | \$ 118.42 |
| City, State, Zip Code Pearl, MS 39208 | // | \$ |
| | | |

Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| Nam | e of Candidate Connie E. Little | | | |
|------|--|---|---|--|
| Addı | ress 2160 Sleepy Hollow Road | | County_Hinds | |
| Tele | phone (Work) 601-940-3806 | (Home) | (Fax) | TTEN |
| Con | act Name Connie E. Little | Email | (Fax)Address_conlittle@bellsouth,.ne. | |
| | e Sought Supervisor Hinds County | | arty Democrat | <u>JUN 1 0 2015</u> |
| | | | BARBA | ARA DUNN, CIRCUIT CLERK |
| | May 8, 2015 Periodic Report (January | 1, 2015, through April 3 | 0, 2015) | Mandatory |
| × | June 10, 2015 Periodic Report (May 1, | 2015, through May 31, | 2015) | Mandatory |
| | July 10, 2015 Periodic Report (June 1, | | | |
| | _ July 28, 2015 Pre-Election Report (Jul | y 1, 2015, through July | 25, 2015) | mary Candidates and Political Committees |
| | _August 18, 2015 Pre-Election Report | (July 26, 2015, through | August 15, 2015) | Runoff Candidates Only Political Committees in a Runoff Election |
| | October 9, 2015 Periodic Report (July | 1, 2015, through Septe | mber 30, 2015) | Mandatory |
| | October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January | 1, 2015, through October 2 1, 2015 through October 2 | 24, 2015) 4, 2015) | All Candidates and Political Committees |
| | November 17, 2015 Pre-Runoff Repor | t (October 25, 2015, thr | ough November 14, 2015) | Runoff Candidates Only Political Committees in a Runoff Election |
| | _ January 8, 2016 Periodic Report (Octo | ober 1, 2015, through De | ecember 31, 2015) | Mandatory |
| | _Termination Report (Candidate will no lon outstanding campaign | nger accept contributions or n debt obligation) | make campaign expenditures and has no | Required to terminate reporting obligations |
| (1) | Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep | no contributions or expe | PORTANT Inditures have occurred. In such case, the expenditures during this period. | candidate shall submit a report |
| (2) | the state was a state of the state of the second area with Micro Code Apr. 8 22-15-807 (h) (ii) | | | |
| (3) | to the second of a second by 5,00 are on the reporting day. If the deadline falls on a weekend or a | | | |
| | | REPORTED CONTR | IBUTIONS AND DISBURSEMENTS | Calendar |
| | Itemized | + Non-Itemized | This Period | year-to-date |
| Tota | al amount of contributions \$ 740.00 | +\$ 360.00 | \$ 1100.00 | \$ 2100.00 |
| Tota | al amount of disbursements \$ 740.00 | +\$ 128.00 | \$868.00 | \$ 1008.34 |
| Tota | al amount of cash on hand | | \$ 371.67 | |
| | I certify that I have examined th | is peport and to the bes | t of my knowledge and belief it is true, a | accurate, and complete. |

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure 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:

Signature of Candidate

- 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 | |
|------|----|--|
| | | |

| Name of Candidate or Committee | Connie E. Little |
|--------------------------------|------------------------|
| Reporting period May 1, 2015 | through May 31, 2015 |

| | Date | Amount of each receipt |
|--|--|------------------------------------|
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name | 5 / 30 / 15 | \$ 25.00 |
| Erica Q. Thompson | | 125.00 |
| Mailing Address | | \$ |
| 4345 Adam Station Road | | <u> </u> |
| City, State, Zip Code | | \$ |
| Edwards, MS 39066 | <u></u> | Ψ |
| Name of Employer (Required) | 厂 ,厂,厂 | \$ |
| Self employed | | Y 1 |
| Occupation (Required) | Aggregate | \$ 25.00 |
| Finance | yearto-date | |
| B. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Other (please specify) | (11101) 22), 1111 | this period |
| Full name | Γ , Γ , Γ | \$ 50.00 |
| Larry M. Wilson | | 120,00 |
| Mailing Address | | \$ |
| 2220 Forest Park Drive | | ·) |
| City, State, Zip Code | | \$ |
| Jackson ms 39212 | <u>'</u> '' | 4 1 |
| Name of Employer (Required) | | \$ |
| ING | <u> </u> | * |
| Occupation (Required) | Aggregate | \$ |
| Finance Sales | year-to-date | |
| C. Source Corporation PAC Individual Loan Cother (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | and ported |
| Full name | | \$ 40.00 |
| Ole Expose | | |
| Mailing Address 4731 Music Street | <u> </u> | \$ |
| City, State, Zip Code | | |
| New Orleans LA 70122 | 1 1 1 | \$ |
| Name of Employer (Required) | | |
| Retired | 1 1 1 | \$ |
| Occupation (Required) | Aggregate | \$ |
| | year-to-date | 149 |
| Post Offie | year-to-date | |
| Post Offie D. Source: Corporation PAC Individual Loan | Date | Amount of each receipt |
| Post Offie D. Source: Corporation PAC Individual Loan Other (please specify) | | Amount of each |
| Post Offie D. Source: Corporation PAC Individual Loan | Date | Amount of each receipt |
| Post Offie D. Source: Corporation PAC Individual Loan Other (please specify) | Date | Amount of each receipt this period |
| Post Offie D. Source: Corporation PAC Individual Loan Other (please specify) | Date | Amount of each receipt this period |
| Post Offie D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address | Date | Amount of each receipt this period |

| P | age | | of | |
|---|-----|--|----|--|
| | | | | |

| Name of Candidate or Committee | 13 |
|--------------------------------|---------|
| | |
| Reporting period May 1, 2015 | through |

| A. Full name A2Z Printing | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address 2125 TV Road | 5 / 11 / 15 | \$ 540.00 |
| City, State, Zlp Code Jackson, MS 39204 | // | \$ |
| Purpose of Disbursement (Optional) Printing | Aggregate Year-to-date | S |
| B. Full name Carey L. Sparks | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 5 / 11 / 15 | \$ 500.00 |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) Campaign Consultation | Aggregate Year-to-date | \$ |
| C. Full name Herrin Gear | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 1685 High Street | 5 / 13 / 15 | \$ 92.34 |
| City, State, Zip Code Jackson, MS39202 | // | s |
| Purpose of Disbursement (Optional) Car Oil Change | Aggregate Year-to-date | s |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | s |
| City, State, Zip Code | // | s |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. 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 |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | / | s |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | s |