

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

Delbert Hosemann

**FILED**  
SECRETARY OF STATE

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK

BY [Signature] D.C.Name of Candidate JoAnne ArchieAddress 749 Forest Woods Drive County HindsTelephone (Work) (601) 540 3805 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_Contact Name JoAnne ArchieEmail Address joarchie4judge@gmail.comOffice Sought Justice Court Judge #4 Political Party Democratic☐ Check here if above is different from previous report

## TYPE OF REPORT

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... 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) ..... Mandatory
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... *All Primary Candidates and Political Committees*  
Runoff Candidates Only
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... *All Primary Candidates and Political Committees in a Runoff Election*  
Mandatory
- October 27, 2015 Pre-Election Report ..... Mandatory
- (Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015) ..... *All Candidates and Political Committees*
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only
- January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) ..... *All Candidates and Political Committees in a Runoff Election*  
Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	0	+	0	\$	\$
Total amount of disbursements \$	0	+	0	\$	\$
Total amount of cash on hand				\$	

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

Signature of Candidate [Signature]Date 6-10-2015

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee

Johnna Archie

Reporting period

May 1st 2015 through May 31st 2015

## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ <u>0</u>
City, State, Zip Code		___/___/___	\$ <u>0</u>
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		___/___/___	\$
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	\$

Name of Candidate or Committee

Johnnie Archie

Reporting period

May 15 2015 through May 31st 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>          </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>          </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>          </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>          </u>

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election**FILED**

JUN 09 2015

Name of Candidate Santore BraceyAddress Po Box 1138 Jm MS 39215 County Hinds

BARBARA DUNN, CIRCUIT CLERK

BY JD D.C.Telephone (Work) \_\_\_\_\_ (Home) 601-826-6134 (Fax) \_\_\_\_\_Contact Name Santore Bracey Email Address Santore bracey 2015 @gmail.comOffice Sought Hinds County Tax Collector Political Party Dem☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☒ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... 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) ..... Mandatory  
☐ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*  
☐ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
*All Primary Candidates and Political Committees in a Runoff Election*  
☐ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory  
☐ October 27, 2015 Pre-Election Report ..... Mandatory  
*(Primary Election Winners report October 1, 2015, through October 24, 2015)*  
*(Independent Candidates report January 1, 2015 through October 24, 2015)*  
*All Candidates and Political Committees*  
☐ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
*All Candidates and Political Committees in a Runoff Election*  
☐ January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	+	\$	\$ <u>1600.00</u>	\$
Total amount of disbursements \$	+	\$	\$ <u>1400.00</u>	\$
Total amount of cash on hand		\$	\$ <u>200.00</u>	

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

Signature of Candidate SteDate June 9, 2015

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:**

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

Name of Candidate or Committee Santore Bracey  
 Reporting period May 1, 2015 through June 10, 2015

# ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<del>Anna Jones</del> Classic Printing		05/29/15	\$ 1400.00
Mailing Address 3223			
City, State, Zip Code Jen MS 39213			
Purpose of Disbursement (Optional) Campaign Materials		Aggregate Year-to-date	\$ 1400.00
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			
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	\$

Name of Candidate or Committee ☐Name of Candidate ☐Reporting period ☐ through ☐Reporting period ☐

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name Mina Jones	05/15/15	\$ 800 <sup>00</sup>
Mailing Address 3223 Fontaine	1/1/	\$
City, State, Zip Code Jm MS 39203	1/1/	\$
Name of Employer (Required) Entrepreneur	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 800 <sup>00</sup>

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name Mr. Carmean	05/10/15	\$ 800 <sup>00</sup>
Mailing Address P.O. Box 9861	1/1/	\$
City, State, Zip Code Jm MS 39209	1/1/	\$
Name of Employer (Required) Entrepreneur	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 800 <sup>00</sup>

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name	1/1/	\$
Mailing Address	1/1/	\$
City, State, Zip Code	1/1/	\$
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name	1/1/	\$
Mailing Address	1/1/	\$
City, State, Zip Code	1/1/	\$
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$

**FILED**  
Delbert Hoegemann

Delbert Hosemann  
SECRETARY OF STATE  
JUN 12 2015  
BARBARA DUNN, CIRCUIT CLERK  
BY \_\_\_\_\_ D.C.

Name of Candidate		Peggy Hobson Calhoun	
Address		255 Myer Ave., Jackson, MS 39209	County Hinds
Telephone (Work)		601-968-6768	(Home) 601-949-7561 (Fax) 601-968-6774
Contact Name		Email Address pcalhoun@co.hinds.ms.us	
Office Sought		County Supervisor District 3	Political Party Democrat

<input type="checkbox"/>	<b>May 8, 2015 Periodic Report</b> (January 1, 2015, through April 30, 2015)	<b>Mandatory</b>
<input checked="" type="checkbox"/>	<b>June 10, 2015 Periodic Report</b> (May 1, 2015, through May 31, 2015)	<b>Mandatory</b>
<input type="checkbox"/>	<b>July 10, 2015 Periodic Report</b> (June 1, 2015, through June 30, 2015)	<b>Mandatory</b>
<input type="checkbox"/>	<b>July 28, 2015 Pre-Election Report</b> (July 1, 2015, through July 25, 2015)	<b>Mandatory</b> <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	<b>August 18, 2015 Pre-Election Report</b> (July 26, 2015, through August 15, 2015)	<b>Runoff Candidates Only</b> <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	<b>October 9, 2015 Periodic Report</b> (July 1, 2015, through September 30, 2015)	<b>Mandatory</b>
<input type="checkbox"/>	<b>October 27, 2015 Pre-Election Report</b> (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	<b>Mandatory</b> <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	<b>November 17, 2015 Pre-Runoff Report</b> (October 25, 2015, through November 14, 2015)	<b>Runoff Candidates Only</b> <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	<b>January 8, 2016 Periodic Report</b> (October 1, 2015, through December 31, 2015)	<b>Mandatory</b>
<input type="checkbox"/>	<b>Termination Report</b> (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	<b>Required to terminate reporting obligations</b>

- (1) **Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.**
- (2) **Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**
- (3) **The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.**

Itemized	+ Non-Itemized	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	

6-12-15  
Date

**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).

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

Name of Candidate or Committee Peggy Hobson CalhounReporting period May 1, 2015. through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mr. &amp; Mrs. Leroy Walker</u>		<u>5</u> / <u></u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>5956 Holbrook Dr.</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>Jackson, MS 39206</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>McDonald's</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>		Aggregate year-to-date	\$ <u></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Pieter Teeuwissen</u>		<u>5</u> / <u></u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>621 East Northside Dr.</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>Jackson, MS 39205</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>Simon &amp; Teeuwissen PLLC</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Richard Molpus, Jr.</u>		<u>5</u> / <u></u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>858 North St.</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>Jackson, MS 39205</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>Molpus Woodland Group</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u>Management</u>		Aggregate year-to-date	\$ <u></u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Bob Carmean</u>		<u>5</u> / <u></u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>811 Foley St. STE H</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>Jackson, MS 39202</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>Digitec</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u>owner</u>		Aggregate year-to-date	\$ <u></u>



**Reporting period** May 1, 2015. **through** May 31, 2015

# ITEMIZED RECEIPTS

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> Howard Catchings		___ / ___ / ___	\$ 500
<b>Mailing Address</b> 945 North State Street		___ / ___ / ___	\$ _____
<b>City, State, Zip Code</b> Jackson, MS 39207		___ / ___ / ___	\$ _____
<b>Name of Employer (Required)</b> Catchings Insurance		___ / ___ / ___	\$ _____
<b>Occupation (Required)</b> owner		<b>Aggregate year-to-date</b>	\$ _____
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> Mr. J. Kane Ditto, Jr.		___ / ___ / ___	\$ 1,000
<b>Mailing Address</b> P.O. Box 13925		___ / ___ / ___	\$ _____
<b>City, State, Zip Code</b> Jackson, MS 39236-3925		___ / ___ / ___	\$ _____
<b>Name of Employer (Required)</b> State Street Group		___ / ___ / ___	\$ _____
<b>Occupation (Required)</b> owner		<b>Aggregate year-to-date</b>	\$ _____
<b>C. Source</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> _____		___ / ___ / ___	\$ _____
<b>Mailing Address</b> _____		___ / ___ / ___	\$ _____
<b>City, State, Zip Code</b> _____		___ / ___ / ___	\$ _____
<b>Name of Employer (Required)</b> _____		___ / ___ / ___	\$ _____
<b>Occupation (Required)</b> _____		<b>Aggregate year-to-date</b>	\$ _____
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> _____		___ / ___ / ___	\$ _____
<b>Mailing Address</b> _____		___ / ___ / ___	\$ _____
<b>City, State, Zip Code</b> _____		___ / ___ / ___	\$ _____
<b>Name of Employer (Required)</b> _____		___ / ___ / ___	\$ _____
<b>Occupation (Required)</b> _____		<b>Aggregate year-to-date</b>	\$ _____

Name of Candidate or Committee Peggy Hobson CalhounReporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Lamar Advertizing		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 405 Country place Parkway		05 / 27 / 15	\$ 3,400
<b>City, State, Zip Code</b> Pearl, MS 39208		___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> billboards		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> Space Age		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 4125 W. Northside Dr.		5 / ___ / 15	\$ 360
<b>City, State, Zip Code</b> Jackson, MS 39209		___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> campaign literature		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b> Stephen's Signs		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 642 Hwy 469 South		5 / ___ / 15	\$ 3,210
<b>City, State, Zip Code</b> Florence, MS 39073		___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Yard signs		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b> Tony Smith		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Aeon Properties		5 / ___ / 15	\$ 500
<b>City, State, Zip Code</b> 1012 Twelve Oaks Cir		___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Rent		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b> Souvenir Booklets		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		5 / ___ / 15	\$ 375
<b>City, State, Zip Code</b>		___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Campaign Ads		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b> Canvassing		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		___ / ___ / ___	\$ 580
<b>City, State, Zip Code</b>		___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**

Name of Candidate EDDIE JEAN CARR  
 Address 980 WEST RIDGE DRIVE County HINDS  
 Telephone (Work) 601-968-6507 (Home) 601-922-7329 (Fax) 601-353-6210  
 Contact Name EDDIE JEAN CARR Email Address EJCARR980@AOL.COM  
 Office Sought CHANCERY CLERK Political Party DEMOCRAT

**FILED**

JUN 10 2015

☐ Check here if above is different from previous report

BARBARA DUNN, CIRCUIT CLERK

**TYPE OF REPORT**BY Mandatory D.C.

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... 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) ..... Mandatory
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
*All Primary Candidates and Political Committees in a Runoff Election*
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory
- October 27, 2015 Pre-Election Report ..... Mandatory  
 (Primary Election Winners report October 1, 2015, through October 24, 2015) ..... *All Candidates and Political Committees*  
 (Independent Candidates report January 1, 2015 through October 24, 2015)
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
*All Candidates and Political Committees in a Runoff Election*
- January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$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	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Eddie Jean Carr  
 Signature of Candidate June 9, 2015  
 Date

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee EDDIE JEAN CARRReporting period 05/01/2015 through 05/31/2015

## ITEMIZED RECEIPTS

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

Name of Candidate or Committee EDDIE JEAN CARR

Reporting period 05/01/2015 through 05/31/2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> LEE ELEMENTARY		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 330 JUDY STREET		05 / 18 / 15	\$ 100.00
<b>City, State, Zip Code</b> JACKSON, MS 39212		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> ADVERTISEMENT		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> REAL COWBOYS ASSOCIATION		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		05 / 19 / 15	\$ 500.00
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> ADVERTISEMENT		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b> BRINA HAYES		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 907 FRISKY DR		05 / 29 / 15	\$ 520.00
<b>City, State, Zip Code</b> BRANDON, MS 39047		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> CAMPAIGN FUNDRAISER		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK  
BY \_\_\_\_\_ D.C.

Name of Candidate Eddie J. Fair BY 17

Address P.O. Box 13056 Jackson, MS 39236 County Hinds

Telephone (Work) 601-397-1869 (Home) N/A (Fax) N/A

Contact Name Eddie Fair Email Address efair84@gmail.com

Office Sought Tax Collector Political Party Democratic

☒ Check here if above is different from previous report

TYPE OF REPORT	
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
✓ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
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		REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
	Itemized	+ Non-Itemized	Calendar year-to-date
			This Period
Total amount of contributions \$	2000. <sup>00</sup>	+ \$ 6555	\$ 8555. <sup>00</sup>
Total amount of disbursements \$		+ \$ 5501	\$ 5501. <sup>00</sup>
Total amount of cash on hand			\$ 3054. <sup>00</sup>

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

**Signature of Candidate**

Date \_\_\_\_\_

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

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

Name of Candidate or Committee Eddie FairReporting period May 1, 2015 through May 30, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kenneth Simon, MD</u>		<u>5/6/15</u>	\$ <u>250.00</u>
Mailing Address <u>424 Fernwood Dr</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39206</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Medical doctor</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>North Jackson Medical Clinic, PLLC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 4552</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39296</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DIANNE Brown Fraser</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250.00</u>
Mailing Address <u>5920 Keaview Dr.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39206</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>The May Law Firm, PLLC</u>		<u>5/19/15</u>	\$ <u>250.00</u>
Mailing Address <u>728 North Congress St.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39202</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Eddie FairReporting period May 01 2015 through May 30 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Godwin E DAE</u>		<u>5/19/15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 11655</u>		<u>5/1/15</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39283-1655</u>		<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____		<u>5/1/15</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Morning Star Processing</u>		<u>5/30/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 838</u>		<u>5/1/15</u>	\$ _____
City, State, Zip Code <u>Raymond, MS 39154</u>		<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____		<u>5/1/15</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>5/1/15</u>	\$ _____
Mailing Address _____		<u>5/1/15</u>	\$ _____
City, State, Zip Code _____		<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____		<u>5/1/15</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>5/1/15</u>	\$ _____
Mailing Address _____		<u>5/1/15</u>	\$ _____
City, State, Zip Code _____		<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____		<u>5/1/15</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____



Name of Candidate or Committee Eddie Fair  
 Reporting period May 1, 2015 through May 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	<u>Floyd Smith</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/5/15</u>	\$ <u>2000</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>2,000.<sup>00</sup></u>
B. Full name	<u>Victor Johnson</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/14/15</u>	\$ <u>656</u>
City, State, Zip Code	<u>Jackson MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>656.<sup>00</sup></u>
C. Full name	<u>Bully's</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/14/15</u>	\$ <u>675</u>
City, State, Zip Code	<u>Jackson, MS 39213</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>675.<sup>00</sup></u>
D. Full name	<u>Adsid Sabie</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/14/15</u>	\$ <u>550</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>550.<sup>00</sup></u>
E. Full name	<u>A to Z Printing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5468 N. State St.</u>	<u>5/14/15</u>	\$ <u>1620</u>
City, State, Zip Code	<u>Jackson MS 39206</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1620.<sup>00</sup></u>
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

**FILED**

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK

D.C.

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS,  
2015 Election

Name of Candidate: Stephanie McKenzie Foster  
 Address: P.O. Box 3244, Jackson, MS 39207 County: Hinds  
 Telephone (Work): -NA- (601) 672-1916 (Fax): -NA-  
 Contact Name: Patricia Noland Email Address: fosterstephanie@hotmail.com  
 Office Sought: Chancery Clerk Political Party: Democrat

☐ Check here if above is different from previous report

**TYPE OF REPORT**

☐ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... 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) ..... Mandatory  
☐ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
 All Primary Candidates and Political Committees  
☐ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
 All Primary Candidates and Political Committees in a Runoff Election  
☐ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory  
☐ October 27, 2015 Pre-Election Report ..... Mandatory  
 (Primary Election Winners report October 1, 2015, through October 24, 2015)  
 (Independent Candidates report January 1, 2015 through October 24, 2015) ..... All Candidates and Political Committees  
☐ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
 All Candidates and Political Committees in a Runoff Election  
☐ January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	400.00	+\$ 615.60	\$ —	\$ 1015.60
Total amount of disbursements \$	615.60	+\$ 0	\$ —	\$ 615.60
Total amount of cash on hand	218.55		\$	

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

Signature of Candidate

Date

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Friends to Elect Stephanie McKenzie FosterReporting period 5/1/2015 through 5/31/2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Brenda Porter</u>		<u>5/12/15</u>	\$ <u>200.00</u>
Mailing Address <u>1309 Reserve Drive</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39056</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>(Ref)</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>  </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Freddie L. Davis</u>		<u>5/20/15</u>	\$ <u>200.00</u>
Mailing Address <u>3580 Robinson Road</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39209</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>North Grove Personal Care Home, Inc.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>  </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee Stephanie McKenzie Foster Page        of         
 Reporting period 5/1/2015 through 5/31/2015

## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Budget Signs, Inc.		5/28/15	\$ 615.60
Mailing Address			
2358 Highway 80 West			
City, State, Zip Code			
Jackson MS 39204			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
Campaign Signs			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Budget Signs, Inc.		5/29/15	\$ 615.60
Mailing Address			
2358 Highway 80 West			
City, State, Zip Code			
Jackson MS 39204			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
Campaign Signs			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

**FILED**

**JUN 09 2015**

BARBARA DUNN, CIRCUIT CLERK

### All Primary Candidates and Political Committees

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

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	

Lorne Gene Holmes Jr.  
Signature of Candidate

Date \_\_\_\_\_

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).

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Lonnie Holmes Jr  
 Reporting period 5-1-15 through 5-31-15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Lonnie Gene Holmes Jr</u>	<u>5</u> / <u>15</u> / <u>15</u>	\$ <u>60.00</u>
Mailing Address <u>1464 Reddix St</u>	<u>5</u> / <u>19</u> / <u>15</u>	\$ <u>450.00</u>
City, State, Zip Code <u>Jackson, MS 39209</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>14.52</u>
Name of Employer (Required) <u>City of Jackson</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Officer</u>	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

**FILE** SECRETARY OF

**JUN 10 2015**

☐ Check here if above is different from previous report

TYPE OF REPORT		
<input type="checkbox"/> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)		Mandatory
<input checked="" type="checkbox"/> June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)		Mandatory
<input type="checkbox"/> July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)		Mandatory
<input type="checkbox"/> July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)		Mandatory
	<i>All Primary Candidates and Political Committees</i>	
<input type="checkbox"/> August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)		Runoff Candidates Only
	<i>All Primary Candidates and Political Committees in a Runoff Election</i>	
<input type="checkbox"/> October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)		Mandatory
<input type="checkbox"/> October 27, 2015 Pre-Election Report		Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015)		
(Independent Candidates report January 1, 2015 through October 24, 2015)		<i>All Candidates and Political Committees</i>
<input type="checkbox"/> November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)		Runoff Candidates Only
	<i>All Candidates and Political Committees in a Runoff Election</i>	
<input type="checkbox"/> January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)		Mandatory
<input type="checkbox"/> Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)		Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	+	\$ 9	\$	\$ 9
Total amount of disbursements \$	+	\$ 0	\$	\$ 0
Total amount of cash on hand			\$	

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

Signature of Candidate

Date \_\_\_\_\_

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).

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Committee to Elect Alphonse Hurt  
 Reporting period May 1 through May 31

## ITEMIZED DISBURSEMENTS

A. 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	\$ <u>0</u>
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	\$ <u>0</u>
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	\$ <u>0</u>
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	\$ <u>0</u>
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

Name of Candidate Jon Lewis  
 Address 1769 Sazanna Dr County Hinds  
 Telephone (Work) \_\_\_\_\_ (Home) 601 214 3681 (Fax) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Office Sought D4 Constable Political Party Rep.

**FILED**

JUN 09 2015

☐ Check here if above is different from previous report

## 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 May 31, 2015) ..... Mandatory  
 \_\_\_\_ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory  
 \_\_\_\_ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
 \_\_\_\_ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
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 (Primary Election Winners report October 1, 2015, through October 24, 2015)  
 (Independent Candidates report January 1, 2015 through October 24, 2015)  
 \_\_\_\_ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
 \_\_\_\_ January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no  
 outstanding campaign debt obligation) ..... Required to terminate  
 reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$			\$	\$
			<u>0</u>	<u>1,250</u>
Total amount of disbursements \$	+	\$	\$	\$
			<u>0</u>	
Total amount of cash on hand			\$	
			<u>1,250</u>	

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

Signature of Candidate

Date

June 8, 2015

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate <u>Friends to Elect Tyrone Lewis</u>		BY <u>BARBARA L...</u>	
Address <u>Post Office Box 11551</u>		County <u>Hinds</u>	
Telephone (Work) <u>601-906-4567</u>		(Home) <u>601-906-4567</u>	
Contact Name <u>Rebecca L. Anderson</u>		Email Address <u>randerson01@comcast.net</u>	
Office Sought <u>Hinds County Sheriff</u>		Political Party <u>Democratic</u>	

**IMPORTANT**

- (1) **Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.**
- (2) **Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**
- (3) **The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.**

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	

June 10, 2015  
Date

**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).

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545**
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk**
- 3. Candidates for Municipal office should return forms to the Municipal Clerk**

Name of Candidate or Committee Friends to Elect Tyrone Lewis

Reporting period May 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		04 / 19 / 15	\$ 50.00
Malcolm D May			
Mailing Address			\$
3033 Holmes Avenue			
City, State, Zip Code			\$
Jackson, MS 39213			
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 50.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 02 / 15	\$ 50.00
Louis McLaurin			
Mailing Address			\$
140 Rhodes Lane			
City, State, Zip Code			\$
Canton, MS 39046			
Name of Employer (Required)			\$
U.S. Government			
Occupation (Required)		Aggregate year-to-date	\$ 50.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 02 / 15	\$ 50.00
Wilma Mosley Clopton			
Mailing Address			\$
6071 Holbrook Drive			
City, State, Zip Code			\$
Jackson, MS 39206			
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 50.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 02 / 15	\$ 50.00
Joyce A. Handy			
Mailing Address			\$
828 Rutherford Drive			
City, State, Zip Code			\$
Jackson, MS 39205			
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 50.00
Retired			

Name of Candidate or Committee Friends to Elect Tyrone LewisReporting period May 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

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

Name of Candidate or Committee Friends to Elect Tyrone LewisReporting period May 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

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

Name of Candidate or Committee Friends to Elect Tyrone Lewis

Reporting period Mar 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name D. F. Maron		05 / 07 / 15	\$ 50.00
Mailing Address 213 Kingsbridge Road		/ /	\$
City, State, Zip Code Madison, MS 39110		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 50.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name W. Scott Welch, III		05 / 06 / 15	\$ 50.00
Mailing Address 6223 Waterford Drive		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 50.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name C. Lee Lott, III		04 / 08 / 15	\$ 50.00
Mailing Address 1946 Douglass Drive		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 50.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jason R. Bush		05 / 05 / 15	\$ 75.00
Mailing Address 4325 Kings Court		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
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 Lewis

Reporting period Mar 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 07 / 15	\$ 75.00
Ashley C. Tullos			
Mailing Address			\$
282 Lighthouse Lane			
City, State, Zip Code			\$
Brandon, MS 39047			
Name of Employer (Required)			\$
Baker Donelson Law Firm			
Occupation (Required)		Aggregate year-to-date	\$ 75.00
Attorney			
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 07 / 15	\$ 100.00
Mike Dawkins			
Mailing Address			\$
90 Cottonwood Drive			
City, State, Zip Code			\$
Madison, MS 39110			
Name of Employer (Required)			\$
Baker Donelson Law Firm			
Occupation (Required)		Aggregate year-to-date	\$ 100.00
Attorney			
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 07 / 15	\$ 100.00
Jon Seawright			
Mailing Address			\$
4268 I-55 North			
City, State, Zip Code			\$
Jackson, MS 39211			
Name of Employer (Required)			\$
Baker Donelson Law Firm			
Occupation (Required)		Aggregate year-to-date	\$ 100.00
Attorney			
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		05 / 07 / 15	\$ 100.00
James L. Jones			
Mailing Address			\$
3 Gleneagles Drive			
City, State, Zip Code			\$
Jackson, MS 39211			
Name of Employer (Required)			\$
Baker Donelson Law Firm			
Occupation (Required)		Aggregate year-to-date	\$ 100.00
Attorney			

Name of Candidate or Committee Friends to Elect Tyrone LewisReporting period May 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name J. Carter Thompson, Jr.		05 / 07 / 15	\$ 100.00
Mailing Address 4120 Dogwood Drive		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 100.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert M. Arenton, Jr.		05 / 07 / 15	\$ 200.00
Mailing Address 6156 Ferncreek Drive		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Bradley W. Smith		05 / 05 / 15	\$ 100.00
Mailing Address 3875 Sleepy Hollow		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 100.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Wilton J. Johnson, III		05 / 04 / 15	\$ 200.00
Mailing Address 1620 Belmont Street		/ /	\$
City, State, Zip Code Jackson, MS 39202		/ /	\$
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 Mar 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Stephen C. Edds		05 / 05 / 15	\$ 200.00
Mailing Address 120 Heron's Landing		/ /	\$
City, State, Zip Code Ridgeland, MS 39157		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Le'Verne Edney		05 / 07 / 15	\$ 200.00
Mailing Address 120 Ellicott Burn Road		/ /	\$
City, State, Zip Code Clinton, MS 39056		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Lee Harrell		05 / 07 / 15	\$ 200.00
Mailing Address 106 Winchester Lane		/ /	\$
City, State, Zip Code Brandon, MS 39042		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Alan Moore		05 / 06 / 15	\$ 200.00
Mailing Address 1510 Pinehurst Place		/ /	\$
City, State, Zip Code Jackson, MS 39202		/ /	\$
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 LewisReporting period May 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Baker Donelson Bearman Caldwell & Berkowitz, PC		05 / 05 / 15	\$ 500.00
Mailing Address 4268 I-55 North Meadowbrook Office Park		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Baker Donelson Law Firm		/ /	\$
Occupation (Required) Attorneys		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name SHIVAM LLC		02 / 13 / 15	\$ 1,000.00
Mailing Address 4711 Interstate 55 North		05 / 11 / 15	\$ 750.00
City, State, Zip Code Jackson, MS 39208		/ /	\$
Name of Employer (Required) SHIVAM LLC		/ /	\$
Occupation (Required) Owner		Aggregate year-to-date	\$ 1,750.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James Ashley Ogden		05 / 28 / 15	\$ 2,500.00
Mailing Address 500 East Capitol St. Suite 3		/ /	\$
City, State, Zip Code Jackson, MS 39201		/ /	\$
Name of Employer (Required) Ogden & Associates		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 2,500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Pittman, Germany, Roberts & Welsh, LLP		05 / 26 / 15	\$ 2,500.00
Mailing Address 410 South President Street		/ /	\$
City, State, Zip Code Jackson, MS 39225		/ /	\$
Name of Employer (Required) Pittman, Germany, Roberts & Welsh, LLP		/ /	\$
Occupation (Required) Attorneys		Aggregate year-to-date	\$ 2,500.00

Name of Candidate or Committee Friends to Elect Tyrone LewisReporting period May 01, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kimberly L. Harrison		05 / 26 / 15	\$ 150.00
Mailing Address 1220 Ferncrest Drive		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required) Hinds County Sheriff's Office		/ /	\$
Occupation (Required) Captain		Aggregate year-to-date	\$ 150.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Richard B. Schwartz		05 / 22 / 15	\$ 2,500.00
Mailing Address Post Office Box 3949		/ /	\$
City, State, Zip Code Jackson, MS 39207		/ /	\$
Name of Employer (Required) Schwartz and Associates		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 2,500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name George S. Smith		05 / 22 / 15	\$ 200.00
Mailing Address 1866 West Ridgeway Street		/ /	\$
City, State, Zip Code Jackson, MS 39213		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Tim Walker		05 / 21 / 15	\$ 500.00
Mailing Address Post Office Box 31065		/ /	\$
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 LewisReporting period Mar 01, 2015 through Mar 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Dean Blackwell		05 / 13 / 15	\$ 500.00
Mailing Address 142 St. Andrews Drive		/ /	\$
City, State, Zip Code Jackson, MS 39211		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Beverly Harris-Williams		05 / 21 / 15	\$ 100.00
Mailing Address 3125 Lanewood Drive		/ /	\$
City, State, Zip Code Jackson, MS 39213		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 100.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name First Nutrition, Inc.		05 / 24 / 15	\$ 300.00
Mailing Address 315 Crossgates Blvd. Ste. E		/ /	\$
City, State, Zip Code Brandon, MS 39042		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Wydett Hawkins		05 / 26 / 15	\$ 300.00
Mailing Address 1219 Hallmark Drive		/ /	\$
City, State, Zip Code Jackson, MS 39206		/ /	\$
Name of Employer (Required) Hinds County Sheriff's Office		/ /	\$
Occupation (Required) Constituent Representative		Aggregate year-to-date	\$ 300.00

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

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Lowes	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 2250 Greenway Drive	05 / 01 / 15	\$ 25.88
<b>City, State, Zip Code</b> Jackson, MS 39204	05 / 04 / 15	\$ 214.86
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 428.07
<b>B. Full name</b> Earl Clowers	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1065 Lemons Road	05 / 04 / 15	\$ 1,000.00
<b>City, State, Zip Code</b> Bolton, MS 39041	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,000.00
<b>C. Full name</b> Dynastic Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 410 West Pascagoula Street	04 / 27 / 15	\$ 1,533.51
<b>City, State, Zip Code</b> Jackson, MS 39203	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,533.51
<b>D. Full name</b> Aaron Banks	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 4722 Brookwood Place	05 / 01 / 15	\$ 1,670.00
<b>City, State, Zip Code</b> Jackson, MS 39272	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,870.00
<b>E. Full name</b> Home Goods	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 175 Grandview Boulevard	05 / 16 / 15	\$ 21.39
<b>City, State, Zip Code</b> Madison, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 21.39
<b>F. Full name</b> Office Depot	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 120 Granview Blvd.	05 / 11 / 15	\$ 49.00
<b>City, State, Zip Code</b> Madison, MS 39110	05 / 18 / 15	\$ 15.38
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 128.31

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

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Dora Jean Norman	<b>Date</b> (Mo., Day, Year) 05 / 08 / 15	<b>Amount of each</b> <b>disbursement this period</b> \$ 135.00
<b>Mailing Address</b> 1413 Norman Street	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39209	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 135.00
<b>B. Full name</b> Carey Sparks	<b>Date</b> (Mo., Day, Year) 05 / 13 / 15	<b>Amount of each</b> <b>disbursement this period</b> \$ 200.00
<b>Mailing Address</b> 416 Pascagoula Street	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39213	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 200.00
<b>C. Full name</b> Harland Clarke	<b>Date</b> (Mo., Day, Year) ___ / ___ / ___	<b>Amount of each</b> <b>disbursement this period</b> \$
<b>Mailing Address</b> 15955 LaCanera Parkway	___ / ___ / ___	\$
<b>City, State, Zip Code</b> San Antonio, Texas	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b> Classic Printing	<b>Date</b> (Mo., Day, Year) 05 / 12 / 15	<b>Amount of each</b> <b>disbursement this period</b> \$ 2,264.57
<b>Mailing Address</b> 418 North Farish Street	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39202	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 4,069.09
<b>E. Full name</b> James Hendrix (Jackson Jambalaya)	<b>Date</b> (Mo., Day, Year) 05 / 13 / 15	<b>Amount of each</b> <b>disbursement this period</b> \$ 1,200.00
<b>Mailing Address</b> 5106 Old Canton Road	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39211	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,200.00
<b>F. Full name</b> Ridgeland Post Office	<b>Date</b> (Mo., Day, Year) 05 / 18 / 15	<b>Amount of each</b> <b>disbursement this period</b> \$ 49.00
<b>Mailing Address</b> 611 South Pear Orchard Road	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Ridgeland, MS 391574	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 49.00

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

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Aldersgate United Methodist Church	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 655 Beasley Road	05 / 06 / 15	\$ 50.00
<b>City, State, Zip Code</b> Jackson, MS 39206	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 50.00
<b>B. Full name</b> Reaching the World Church	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 3505 Terry Road Suite 199	05 / 12 / 15	\$ 100.00
<b>City, State, Zip Code</b> Jackson, MS 39212	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 100.00
<b>C. Full name</b> Progressive M. B. Church	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 2323 Power Avenue	05 / 12 / 15	\$ 100.00
<b>City, State, Zip Code</b> Jackson, MS 39213	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 100.00
<b>D. Full name</b> Madison US Post Office	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 990 US-51	10 / 20 / 15	\$ 6.00
<b>City, State, Zip Code</b> Madison, MS 39110	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 6.00
<b>E. Full name</b> WMPR Radio	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1018 Pecan Park Circle	05 / 13 / 15	\$ 200.00
<b>City, State, Zip Code</b> Jackson, MS 39209	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 200.00
<b>F. Full name</b> Sam's Club	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 90 Bass Pro. Drive	05 / 14 / 15	\$ 118.42
<b>City, State, Zip Code</b> Pearl, MS 39208	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 203.41

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

Name of Candidate Connie E. Little  
Address 2160 Sleepy Hollow Road County Hinds  
Telephone (Work) 601-940-3806 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Contact Name Connie E. Little Email Address conlittle@bellsouth.net  
Office Sought Supervisor Hinds County Political Party Democrat

**FILED**  
**JUN 10 2015**

☐ Check here if above is different from previous report

BARBARA DUNN, CIRCUIT CLERK  
BY Barbara Dunn

TYPE OF REPORT

- \_\_\_\_ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... 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) ..... Mandatory
- \_\_\_\_ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
All Primary Candidates and Political Committees
- \_\_\_\_ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
All Primary Candidates and Political Committees in a Runoff Election
- \_\_\_\_ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory
- \_\_\_\_ October 27, 2015 Pre-Election Report ..... Mandatory  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees
- \_\_\_\_ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
All Candidates and Political Committees in a Runoff Election
- \_\_\_\_ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 740.00	+	\$ 360.00	\$ 1100.00	\$ 2100.00
Total amount of disbursements \$ 740.00	+	\$ 128.00	\$ 868.00	\$ 1008.34
Total amount of cash on hand			\$ 371.67	

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

Connie Little  
Signature of Candidate

6/10/15  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
  - 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
  - 3. Candidates for Municipal office should return forms to the Municipal Clerk



Name of Candidate or Committee Connie E. LittleReporting period May 1, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Erica Q. Thompson	<u>5</u> / <u>30</u> / <u>15</u>	\$ <u>25.00</u>
Mailing Address 4345 Adam Station Road	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Edwards, MS 39066	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Self employed	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Finance	Aggregate year-to-date	\$ <u>25.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Larry M. Wilson	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>50.00</u>
Mailing Address 2220 Forest Park Drive	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Jackson ms 39212	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) ING	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Finance Sales	Aggregate year-to-date	\$ <u>  </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Ole Expose	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>40.00</u>
Mailing Address 4731 Music Street	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code New Orleans LA 70122	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Retired	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Post Office	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name 	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address 	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code 	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) 	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) 	Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee <sup>13</sup> \_\_\_\_\_  
 Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

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