

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

JUN 03 2015

BARBARA DUNN, CIRCUIT CLERK

BY _____ D.C.

DATE STAMP

Name of Candidate Mike MaldonadoAddress 166 Dalton Cove County HindsTelephone (Work) _____ (Home) 601-966-6582 (Fax) _____Contact Name Mike Maldonado Email Address mmal@bellsouth.netOffice Sought Supervisor Political Party Republican

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) *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 \$		+	\$	\$0	\$0
Total amount of disbursements \$		+	\$	\$0	\$0
Total amount of cash on hand				\$0	

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

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

JUN 10 2015

Name of Candidate

Victor P. Mason

Address

P.O. BOX 1474, JXN, MS 39213

County

BARBARA DUNN, CIRCUIT CLERK

Telephone (Work)

(269) 243-1733

(Home)

(Fax)

BY

D.C.

Contact Name

Sohnnie Bruce

Email Address

bsohnnie@aol.com

Office Sought

Hinds County Sheriff

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
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$4,375	+\$ 3,921.80	\$ 8,296.80	\$ 15,503.80
Total amount of disbursements	\$ 3,355	+\$ 00.00	\$ 3,355	\$ 11,412.00
Total amount of cash on hand			\$ 4,091.80	

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 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

SOS 10-14

Name of Candidate or Committee VICTOR P. MASON
 Reporting period 1 MAY 2015 through 31 MAY 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>SENNIGER R. JOHNSON</u>		<u>05/28/15</u>	\$ <u>100.00</u>
Mailing Address <u>6650 RIVERS AVENUE, SUITE 1439</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>CHARLESTON, SC 29406-4809</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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>NATHANIEL DAVIS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address <u>3720 LIVINGSTON RD</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213-0000</u>		<u>05/21/15</u>	\$ <u>50.00</u>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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 <u>LEE A. LEWIS</u>		<u>05/29/15</u>	\$ <u>100.00</u>
Mailing Address <u>5550 DECKARD DRIVE</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39209</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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>PRAXIS SURGICAL SUPPLY, LLC</u>		<u>05/26/15</u>	\$ <u>500.00</u>
Mailing Address <u>7 LAKELAND CIRCLE STE 300</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39216</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

SS04-05

Name of Candidate or Committee VICTOR P. MARGAN
 Reporting period 1 May 2015 through 31 May 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>ARNEL D. BOLDEN</u>		<u>04/22/15</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. BOX 394</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>CANTON, MS 39046</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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>G. RON GULINS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>100.00</u>
Mailing Address <u>1475 STOKES RD</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>CANTON, MS 39046</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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>J.J. Wholesale</u>		<u>05/19/15</u>	\$ <u>2,000.00</u>
Mailing Address <u>3246 HWY 80 W</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39204</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. 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>J HENRY LAROSE 07-96</u>		<u>08/09/15</u>	\$ <u>200.00</u>
Mailing Address <u>944 Poplar Blvd</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39202-2010</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

SS04-05

Name of Candidate or Committee VICTOR P. MASON
 Reporting period 1 May 2015 through 31 May 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>MISSISSIPPI POSTAL EMPLOYEES</u>		<u>06/04/15</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. BOX 567-355-6363</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39205-0567</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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>KROGER #474</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address <u>WESTERN UNION FINANCIAL SERVICE, INC</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>ENGLEWOOD, Colorado</u>		<u>05/29/15</u>	\$ <u>25.00</u>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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 <u>JESS HAMOND</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address <u>14495 Dry Grove Rd.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>RAYMOND, MS 39154</u>		<u>06/04/15</u>	\$ <u>50.00</u>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. 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>Dorothea S Travis</u>		<u>05/29/15</u>	\$ <u>50.00</u>
Mailing Address <u>P.O. BOX 36</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>DOUGALD, MS 39174</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

SS04-05

Name of Candidate or Committee VICTOR B. MASON
 Reporting period 1 May 2015 through 31 May

ITEMIZED RECEIPTS

A. 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>MISSISSIPPI Plastic Bag</u>		<u>05/12/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 220</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>BOLTON, MS 39041</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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>EARL C. ENTERPRISES, LLC</u>		<u>05/24/15</u>	\$ <u>700.00</u>
Mailing Address <u>4370 NEW POST ROAD</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39212</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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 <u>Shelby SMITH</u>		<u>05/14/15</u>	\$ <u>100.00</u>
Mailing Address <u>2005 OLD BRANDON RD APT 8</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>PEARL, MS 39208</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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 _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

SS04-05

Name of Candidate or Committee: Victor P. Mason
 Reporting period: 1 May 2015 through 31 May 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Space Age	05/21/15	\$ 230.00
Mailing Address 4125 Northside Dr. Suite B	06/08/15	\$ 855.00
City, State, Zip Code JACKSON, MS 39209		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,485.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rogue Armament, LLC	05/20/15	\$ 1,200.00
Mailing Address 764 Cavalier Rd	___/___/___	\$
City, State, Zip Code MADISON, MS 39110		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,200.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Lew Crew LLC, Robert Lewis	05/23/15	\$ 1,070.00
Mailing Address 209 Willow Brook Drive	___/___/___	\$
City, State, Zip Code CLINTON, MS 39056		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,575
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	\$

SS04-06

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Jerry Moore
 Address 5837 N. Dale St. County Hinds
 Telephone (Work) 601-965-8800 (Home) 601-454-2032 (Fax) 769-233-8128
 Contact Name Jerry Moore Email Address gskjerry.moore@hotmail.com
 Office Sought Constable Political Party Democrat

☒ Check here if above is different from previous report

TYPE OF REPORT

FILED

JUN 11 2015

May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	+	\$ 200.00	\$ 200.00	\$ 200.00
Total amount of disbursements \$	+	\$ 1890.78	\$ 1890.78	\$ 1890.78
Total amount of cash on hand			\$ 200.00	

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 Jerry Moore Date 4-30-2015

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).

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FILED

JUN 11 2015

 Name of Candidate or Committee JERRY MOORE
 Reporting period JAN 01 2015 through APRIL 30, 2015
ITEMIZED RECEIPTS

BARBARA DUNN, CIRCUIT CLERK

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>LIONEL B. FRASER JR. MD</u>		<u>04/19/15</u>	\$ <u>200.00</u>
Mailing Address <u>5920 KENVIEW DR.</u>		<u>04/19/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>JACKSON MS. 39206</u>		<u>04/19/15</u>	\$ <u>200.00</u>
Name of Employer (Required) <u>ST. DOMINIC'S</u>		<u>04/19/15</u>	\$ <u>200.00</u>
Occupation (Required) <u>DOCTOR</u>		Aggregate year-to-date	\$ <u>200.00</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>JERRY MOORE</u>		<u>04/07/15</u>	\$ <u>890.78</u>
Mailing Address <u>5837 N. DALE ST.</u>		<u>04/10/15</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>JACKSON MS. 39211</u>		<u>04/10/15</u>	\$ <u>1000.00</u>
Name of Employer (Required) <u>CITY OF JACKSON and HIND CO.</u>		<u>04/10/15</u>	\$ <u>1000.00</u>
Occupation (Required) <u>POLICE OFFICER and CONSTABLE</u>		Aggregate year-to-date	\$ <u>1890.78</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>

Name of Candidate or Committee Jerry MOORE
 Reporting period Jan 01, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stephens Printing</u>	<u>04/07/15</u>	\$ <u>890.78</u>
Mailing Address		
<u>642 MS. 469</u>	<u>04/10/15</u>	\$ <u>1000.00</u>
City, State, Zip Code		
<u>Florence MS. 39073</u>	<u>04/10/15</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>890.78</u>
<u>political Banners</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stephens Printing</u>	<u>04/10/15</u>	\$ <u>1000.00</u>
Mailing Address		
<u>642 MS. 469</u>	<u>04/10/15</u>	\$ <u>1000.00</u>
City, State, Zip Code		
<u>Florence MS. 39073</u>	<u>04/10/15</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1000.00</u>
<u>political Book hangers</u>		
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	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 ElectionName of Candidate Jekky MooreAddress 5437 N. Dale St. County HindsTelephone (Work) 601-965-8800 (Home) 601-454-2032 (Fax) 769-283-4128Contact Name Jekky Moore Email Address gskvckly.made@hondamail.comOffice Sought Constable Political Party Democrat

JUN 11 2015

☐ Check here if above is different from previous report

BARBARA DUNN, CIRCUIT CLERK

BY [Signature] D.C.

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 \$	+	\$ 0	\$ 0	\$ 0
Total amount of disbursements \$	+	\$ 1709.78	\$ 1709.78	\$ 1709.78
Total amount of cash on hand		\$ 0		

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 May 31, 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

Jerry Moore

Reporting period

through

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stephens Printing</u>	<u>05/04/15</u>	\$ <u>1709.78</u>
Mailing Address		
<u>642 MS. 469</u>		
City, State, Zip Code		
<u>Florence MS. 39076</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1709.78</u>
<u>political signs.</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	\$
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 Jerry Moore
 Reporting period May 01, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. 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>Jerry Moore</u>		<u>05/04/15</u>	\$ <u>1709.78</u>
Mailing Address <u>5437 W. Dale St</u>		<u>05/04/15</u>	\$ <u>1709.78</u>
City, State, Zip Code <u>Jackson MS. 39211</u>		<u>05/04/15</u>	\$ <u>1709.78</u>
Name of Employer (Required) <u>City of Jackson and Hinds Co.</u>		<u>05/04/15</u>	\$ <u>1709.78</u>
Occupation (Required) <u>Police Officers and Constable</u>		Aggregate year-to-date	\$ <u>1709.78</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			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

FILED
JUN 10 2015
BARA DUNN, CIRCUIT CLERK

☐ Check here if above is different from previous report

Filing Requirements		Reporting Period	Reporting Frequency	Reporting Method
<input type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	May 8, 2015	Annual	Mandatory
<input checked="" type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	June 10, 2015	Annual	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	July 10, 2015	Annual	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	July 28, 2015	Pre-Election	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)	August 18, 2015	Pre-Election	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)	October 9, 2015	Annual	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	October 27, 2015	Pre-Election	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	November 17, 2015	Pre-Runoff	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	January 8, 2016	Annual	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 receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

		REPORTED CONTRIBUTIONS AND DISBURSEMENTS		Calendar Year-To-Date	
	Itemized	+	Non-Itemized	This Period	
Total amount of contributions	\$ 500	+	\$	\$	2
Total amount of disbursements	\$ 500	+	289.69	\$ 789.69	\$
Total amount of cash on hand				\$ 1,247.00	

Cadmus Morgan
Signature of Director or Treasurer

Date _____

Authority: Refer to Miss. Code Ann. §23-16-801 (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. §§ 23-16-811 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 OF CEDRIC MORGANReporting period 05/01/2015 through 05/31/2015**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>KENN COCKRELL</u>	<u>05</u> / <u>15</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address	<u>TO BE OBTAINED</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u>JACKSON MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u>HINDS COUNTY HUMAN RESOURCE AGENCY</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	<u>CEO</u>	Aggregate year-to-date	\$ <u>500.00</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>	\$ <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>
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>

FRIENDS OF CEDRIC MORGAN

Name of Candidate or Committee

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

ITEMIZED DISBURSEMENTS

A. Full name MCARTHUR EPPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address TO BE OBTAINED	05 / 27 / 15	\$ 500.00
City, State, Zip Code JACKSON MS	___ / ___ / ___	\$
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	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED

JUN 03 2015

BARBARA DUNN, CIRCUIT CLERK

BY

Name of Candidate Charlette Oswalt
 Address 1475 Speaks Road County Hinds
 Telephone (Work) _____ (Home) 601-331-5450 (Fax) _____
 Contact Name Charlette Oswalt Email Address charletteoswalt@gmail.com
 Office Sought Hinds County Sheriff Political Party Republican

☐ 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, 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

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- (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	\$ 1300.00
Total amount of disbursements \$	+	\$	\$ 917.43	\$ 970.93
Total amount of cash on hand			\$ 275.57	

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

Charlette Oswalt

Name of Candidate or Committee

Reporting period May 1, 2015

through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Deluxe Check	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 5 / 15	\$ 15.00
City, State, Zip Code CA, 516604	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 15.00
B. Full name Vistaprint	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 11 / 15	\$ 99.95
City, State, Zip Code CA, 516604	5 / 12 / 15	\$ 143.96
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 243.91
C. Full name Studio Chane	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2906 N. State Street	5 / 12 / 15	\$ 120.00
City, State, Zip Code Jackson, MS 39201	5 / 19 / 15	\$ 118.68
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 238.68
D. Full name WIX	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 19 / 15	\$ 111.00
City, State, Zip Code New York, NY	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 111.00
E. Full name Food Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Terry Road	5 / 19 / 15	\$ 12.63
City, State, Zip Code Jackson, MS 39212	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 12.63
F. Full name Nick Clark	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 965 Highway 51	5 / 26 / 15	\$ 197.95
City, State, Zip Code Madison, MS 39154	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 819.17 197.95 CO

Charlotte Oswalt

Name of Candidate or Committee

Reporting period May 1, 2015

through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name U. S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 28 / 15	\$ 98.26
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 98.26
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	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Leon Seals
 Address 304 Monterey DR County _____
 Telephone (Work) 601-624-9949 (Home) _____ (Fax) _____
 Contact Name Leon Seals Email Address _____
 Office Sought _____ Political Party _____

FILED

JUN 11 2015

☐ Check here if above is different from previous report

BARBARA DUNN, CIRCUIT CLERK

TYPE OF REPORT

- ☒ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory *All Primary Candidates and Political Committees*
- ☒ 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
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 \$	0	+	\$	\$
Total amount of disbursements \$	1,600.00		\$	\$
Total amount of cash on hand	428.00		\$	

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

6/11/15

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

Leon Seals

Reporting period

~~June~~ May

through

June

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Leon Seals		___/___/___	\$ 1600.00
Mailing Address		___/___/___	\$
304 Monterey DR		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Clinton MS 39056		___/___/___	\$
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	\$

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK **D.C.**

Name of Candidate Jeff Stallworth
Address 1328 Fernwood Drive County Hinds
Telephone (Work) 601-259-5776 (Home) _____ (Fax) _____
Contact Name _____ Email Address _____
Office Sought Supervisor DIST. 3 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 <i>All Primary Candidates and Political Committees</i>
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>
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
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>
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	\$	7338.10	+	\$ 1004.49	\$ 8184.10	\$ 18,038.35
Total amount of disbursements	\$	5338.10	+	\$ 2833.49	\$ 8171.59	\$ 15,757.37
Total amount of cash on hand				\$ 268.00		

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

Jeffery Stallworth
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 Jeff Stallworth
 Reporting 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>Jeffery A. Stallworth</u>		<u>5/1/15</u>	\$ <u>420.00</u>
Mailing Address <u>1328 Fernwood Drive</u>		<u>5/16/15</u>	\$ <u>937.50</u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>5/18/15</u>	\$ <u>560.00</u>
Name of Employer (Required) <u>Word and Worship Church</u>		<u>5/16/15</u>	\$ <u>220.60</u>
Occupation (Required) <u>Bishop</u>		Aggregate year-to-date	\$ <u>2138.10</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Jeffery A. Stallworth</u>		<u>5/8/15</u>	\$ <u>700.00</u>
Mailing Address <u>1328 Fernwood Drive</u>		<u>5/26/15</u>	\$ <u>1100.00</u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>5/12/15</u>	\$ <u>300.00</u>
Name of Employer (Required) <u>Word and Worship Church</u>		<u>5/13/15</u>	\$ <u>700.00</u>
Occupation (Required) <u>Bishop</u>		Aggregate year-to-date	\$ <u>2800.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Jeffery A. Stallworth</u>		<u>5/18/15</u>	\$ <u>1000.00</u>
Mailing Address <u>1328 Fernwood Drive</u>		<u>5/15/15</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>Word and Worship Church</u>		<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Bishop</u>		Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Jeffery A. Stallworth</u>		<u>5/19/15</u>	\$ <u>400.00</u>
Mailing Address <u>1328 Fernwood Drive</u>		<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>Word and Worship Church</u>		<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Bishop</u>		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Jeff Stallworth
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>A2Z Printing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>TV Road</u>	<u>5/4/15</u>	\$ <u>420.00</u>
City, State, Zip Code <u>JACKSON MS 39202</u>	<u>5/6/15</u>	\$ <u>937.50</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1357.50</u>

B. Full name <u>A2Z Printing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>TV Road</u>	<u>5/8/15</u>	\$ <u>560.00</u>
City, State, Zip Code <u>JACKSON MS 39202</u>	<u>5/6/15</u>	\$ <u>220.60</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>780.60</u>

C. Full name <u>Timothy Liddell</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>422 Mason Blvd.</u>	<u>5/8/15</u>	\$ <u>700.00</u>
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u>5/26/15</u>	\$ <u>1100.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1800.00</u>

D. Full name <u>Sonia Davis</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2914 Martin Luther King</u>	<u>5/12/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>JACKSON, MS 39213</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>

E. Full name <u>WMPR</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1018 Pecan Park Circle</u>	<u>5/13/15</u>	\$ <u>700.00</u>
City, State, Zip Code <u>JACKSON, MS 39209</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>700.00</u>

F. Full name <u>Timothy Liddell</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>422 Mason Blvd.</u>	<u>5/4/15</u>	\$ <u>400.00</u>
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2200.00</u>

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2015 Election

Name of Candidate Eric Stringfellow

Address 1100 Lynch St, #307, Jackson, MS 39203 County Hinds

Telephone (Work) 601-983-9490 (Home) 601-983-9490 (Fax) 601-969-7208

Contact Name Eric Stringfellow Email Address edstring@hotmail.com

Office Sought Hinds County Supervisor District 5 Political Party Democrat

FILED
☐ Check here if above is different from previous report
TYPE OF REPORT

JUN 15 2015

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) **BARBARA DUNN, CIRCUIT CLERK** **Mandatory**

July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) **BY** **D.C.** **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.
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$2,650	+	\$ 100.00	\$2,750	\$3,260.00
Total amount of disbursements \$717.55	+	\$	\$717.55	\$717.55
Total amount of cash on hand			\$2,542.45	

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

June 10, 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).

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

Name of Candidate or Committee Eric StringfellowReporting 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 type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Godwin Dafe - State Farm Insurance	<u>5</u> / <u>15</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address P. O. Box 11655	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39283	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self-employed	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Insurance Agent	Aggregate year-to-date	\$ <u>300.00</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 Statewide General Insurance Agency	<u>5</u> / <u>26</u> / <u>15</u>	\$ <u>300</u>
Mailing Address 3073 Lynch St.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39209	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Statewide General Insurance Agency	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Business Insurance	Aggregate year-to-date	\$ <u>300.00</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 John Perkins	<u>5</u> / <u>20</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address 1831 Robinson Street	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39209	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired-Development Manager	Aggregate year-to-date	\$ <u>300.00</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 J Kane Ditto, Jr.	<u>05</u> / <u>27</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address P. O. Box 13925	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39236	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Ditto Law Firm	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Lawyer	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Eric StringfellowReporting period May 1, 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>E. B. Robinson, Jr</u>	<u>5</u> / <u>26</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>49 Eastbrooke</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Banker-Retired</u>	Aggregate year-to-date	\$ <u>1,000.00</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>Toni D. Cooley</u>	<u>5</u> / <u>26</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1028 Whitsett Walk</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>Cooley Enterprise</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Self-employed</u>	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> </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>Ditto Law Firm</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee ²¹ _____
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Signs First	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 21 / 15	\$ 167.55
City, State, Zip Code Jackson MS	__ / __ / __	\$
Purpose of Disbursement (Optional) purchase of campaign signs	Aggregate Year-to-date	\$ 167.55
B. Full name Women for Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 21 / 15	\$ 50.00
City, State, Zip Code Jackson, MS	__ / __ / __	\$
Purpose of Disbursement (Optional) donation non-profit banquet function	Aggregate Year-to-date	\$ 50.00
C. Full name Roosevelt Daniels, III	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 29 / 15	\$ 500.00
City, State, Zip Code Jackson, MS	__ / __ / __	\$
Purpose of Disbursement (Optional) campaign consulting	Aggregate Year-to-date	\$ 500.00
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	\$

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

FILED

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK
BY mt D.C.Name of Candidate Anthony P. ThomasAddress 10700 Hwy 467, Raymond, MS 39154County HindsTelephone (Work) (601)951-0308 (Home) (601)8578447 (Fax) (769)257-5659Contact Name Valarie White Email Address thomas4sheriff1@gmail.comOffice Sought Sheriff 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**
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	\$0.00	+ \$0.00	\$0.00	\$0.00
Total amount of disbursements	\$750.00	+ \$0.00	\$750.00	\$750.00
Total amount of cash on hand			\$0.00	

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

6/09/2015

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

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED**JUN 10 2015**

BARBARA DUNN, CIRCUIT CLERK

Name of Committee Committee to Elect Anthony P ThomasAddress P. O. Box 1247, Raymond, MS 39154 County HindsTelephone (601)951-0308 Fax (769) 257-5659Treasurer Valarie White Email Address thomas4sheriff1@gmail.com BY _____ D.C.☐ 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**
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All Primary Candidates and Political Committees
- 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) *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 receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2054.00	+	\$ 0.0	\$ 2054.00	\$ 2154.00
Total amount of disbursements	\$ 2054.00	+	\$ 0.0	\$ 2054.00	\$ 2054.00
Total amount of cash on hand	\$ 100.00				

Valarie White
 Signature of Director or Treasurer

6/09/2015
 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

Political Committee **REPORT OF RECEIPTS AND DISBURSEMENTS** *Initiative Monthly Report*

Name of Committee Committee to Elect Anthony P. Thomas
 Address P. O. Box 1247, Raymond, MS 39154
 Telephone (601)951-0308 Fax (769)257-5659
 Director Valarie White Treasurer Valarie Thomas

☐ Check here if above is different from previous report

TYPE OF REPORT

MAY _____, 2015 Monthly Report (due 10th of following Month).....Mandatory
 (Month)

_____ Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last 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	\$2054.00	+ \$0.00	\$ 2054.00	\$ 2154.00
Total amount of disbursements	\$2054.00	+ \$0.00	\$ 2054.00	\$ 2054.00
Total amount of cash on hand			\$ 100.00	

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

Valarie White
 Signature of Director or Treasurer

06/09/2015

Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (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. 23-15-813 (1972).

SEND TO:

Political Committees and Individuals should return this form to
Secretary of State, Elections Division
P. O. Box 136
Jackson, MS 39205
Or fax to 601-576-2545

FILED

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK
 BY [Signature] D.C.

Name of Candidate or Committee Committee to Elect Anthony P. ThomasReporting period May 01, 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 Ida Smith	<u>05</u> / <u>01</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address 10700 Hwy 467	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Raymond, MS 39154	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired	Aggregate year-to-date	\$ <u>200.00</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 Valarie White	<u>05</u> / <u>08</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address 2353 Paden Strret	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39204	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Superior Nursing and Sitting Services	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Human Resources Supervisor	Aggregate year-to-date	\$ <u>300.00</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 O. Vaughn Dudley	<u>05</u> / <u>04</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address 101 Martins Key	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Ridgeland, MS 39157	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired	Aggregate year-to-date	\$ <u>250.00</u>
D. 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 Anthony P. Thomas	<u>05</u> / <u>03</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address 10700 Hwy 467	<u>05</u> / <u>11</u> / <u>15</u>	\$ <u>450.00</u>
City, State, Zip Code Raymond, MS 39154	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) East Mississippi Community College	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Police Officer/ Professor	Aggregate year-to-date	\$ <u>850.00</u>

Name of Candidate or Committee

Committee to Elect Anthony P. Thomas

Reporting period May 01, 2015

through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name T-Shirts and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2650 Livingston Road	05 / 06 / 15	\$ 432.00
City, State, Zip Code Jackson, MS 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 432.00
B. Full name Media Magic	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 931 Hwy 80 W	05 / 11 / 15	\$ 792.00
City, State, Zip Code Jackson, MS 39204	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 792.00
C. Full name Space Age Marketing & Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4125 W. Northside Dr. Suite B	05 / 12 / 15	\$ 830.00
City, State, Zip Code Jackson, MS 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 830.00
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	\$

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election**JUN 10 2015**

BARBARA DUNN, CIRCUIT CLERK

Name of Committee

Committee to elect Leslie Tannehill

Address

P.O. Box 721088 Byram County Hinds

Telephone

601-832-5810

Fax

601-878-9136

Treasurer

Tracey Gardner

Email Address

tannehillforsheriff@gmail.com



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 ReportMandatory
(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 receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3500	+	\$ 664 13	\$ 41 64 13	\$ 6614.13
Total amount of disbursements	\$ 1,500	+	\$ 172 80	\$ 1,672 80	\$ 6,672.80
Total amount of cash on hand	\$				

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

Signature of Director or Treasurer

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 To elect Leslie Tannerhill
 Reporting period May 1, 2015 through May 31, 2015

May

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>David Dunbar</u>		<u>5/19/15</u>	\$ <u>2000⁰⁰</u>
Mailing Address <u>121 Cherry Laurel Ln</u>		<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, ms 39157</u>		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Attu</u>		Aggregate year-to-date	\$ <u>2000⁰⁰</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>Benjamin A. Craddock</u>		<u>5/21/15</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>4115 N Honeysuckle Ln.</u>		<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, ms 39211</u>		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Self employed Craddock</u>		<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Business Owner Oil</u>		Aggregate year-to-date	\$ <u>1000⁰⁰</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>Randall E. Howard</u>		<u> / / </u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1 Crane Park</u>		<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, ms 39216</u>		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Business Owner</u>		Aggregate year-to-date	\$ <u>500⁰⁰</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>
Mailing Address _____		<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> / / </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee

to elect Leslie Tannehill

Reporting period

through

ITEMIZED DISBURSEMENTS

may

A. Full name	The Daniels Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	555 State St	5/27/15	\$ 1500
City, State, Zip Code	Jackson, MS 39222	___/___/___	\$
Purpose of Disbursement (Optional)	Campaign Mgt Firm	Aggregate Year-to-date	\$ 1500 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	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK

Name of Candidate Zack Wallace

Address PO Box 3648

County Hinds

Telephone (Work) 6016133910

_____(Home) 6012015677

____(Fax)

Contact Name Kedra Wallace

Email Address zackwallace4circuitclerk@gmail.com

Office Sought Hinds County Circuit 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
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X	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
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July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
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July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory
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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
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(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

- 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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS			
Itemized	+	Non-Itemized	Calendar year-to-date
Total amount of contributions \$8,700.00	+	\$ 12,648.00	\$21,348.00
Total amount of disbursements \$12,522.50	+	\$ 109.05	\$12,631.55
Total amount of cash on hand			\$ 1,500.00

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

Zachary Wallace
Signature of Candidate

06/09/2015

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

Name of Candidate or Committee Zack WallaceReporting 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Davidson Bowie</u>	<u>05</u> / <u>01</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>2506 Lakeland Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39212</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anita Bell-Mohammad</u>	<u>05</u> / <u>06</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>Manchu Ct.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39056</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Hinds Community College</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Social Worker</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barry McNair</u>	<u>05</u> / <u>08</u> / <u>15</u>	\$ <u>500.00</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>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Howard Buford</u>	<u>05</u> / <u>08</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>3329 Moncure Marble Rd.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Terry, MS 39170</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Buford Plumbing</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Businessman</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Zack WallaceReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. 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>Sanford & Associates</u>	<u>05</u> / <u>19</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 1208</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Law Firm</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200.00</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>Marc E. Brand</u>	<u>05</u> / <u>12</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 3508</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39207</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. 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>Smart Law, PLLC</u>	<u>05</u> / <u>12</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>125 S. Congress St. Suite 1600A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Smart Law</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200.00</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>Hearn Law Firm</u>	<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>1501 N. State 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>Hearn Law Firm</u>	<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 Zack WallaceReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. 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>Sweet & Associates</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>158 E. Pascagoula St.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Sweet & Associates</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>500.00</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>J.E. Roberts Jr.</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>410 S. President St.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</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>200.00</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 <u>Brandon Dorsey</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 13427</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. 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>Bryant D. Guy</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>210 E. Capitol St. Ste 2150</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<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 Zack WallaceReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. 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>Carter & Body</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>407 Orchard Park Ste D</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Carter & Body</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>500.00</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>Fondren Nightingales</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>436 N. State St., Suite B7</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> </u>		Aggregate year-to-date	\$ <u>300.00</u>
C. 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>Lumumba & Associates</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 31782</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39286</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Lumumba & Associates</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. 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>Crymes Pittman</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>400.00</u>
Mailing Address <u>410 S. President St.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Zack WallaceReporting 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 <u>Jody and Michelle Owens II</u>		<u>05</u> / <u>14</u> / <u>11</u>	\$ <u>300.00</u>
Mailing Address <u>109 Inez Owens</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39212</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Southern Poverty Law</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>300.00</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>Aafram Sellers</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>1500.00</u>
Mailing Address <u>5760 I-55 North, Suite 300</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1500.00</u>
C. 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>Faye Peterson</u>		<u>05</u> / <u>14</u> / <u>15</u>	\$ <u>200.00</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>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</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>Ben Piazza Jr.</u>		<u>05</u> / <u>15</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>5488 I-55N, Suite E</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Zack WallaceReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAC Construction</u>		<u>05</u> / <u>19</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>125 S. Congress St., Suite 1300</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>MAC Construction</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ashley Wicks</u>		<u>05</u> / <u>22</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>63 Springridge Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Butler and Snow</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joezon and Tracy Darby</u>		<u>05</u> / <u>22</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>2280 Stuttgart Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Frisco, TX 75033</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>300.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny E. Cupit</u>		<u>05</u> / <u>29</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 22929</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Zack Wallace

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

ITEMIZED DISBURSEMENTS

A. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 07 / 15	\$ 300.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00
B. Full name VistaPrint	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 06 / 15	\$ 492.81
City, State, Zip Code	05 / 29 / 15	\$ 125.47
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1847.71
C. Full name Walmart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 06 / 15	\$ 57.43
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Labels, ink	Aggregate Year-to-date	\$ 752.27
D. Full name John Morgan Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 07 / 15	\$ 1572.22
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Design, Sign order	Aggregate Year-to-date	\$ 2346.92
E. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 07 / 15	\$ 983.00
City, State, Zip Code	05 / 10 / 15	\$ 66.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 605.00
F. Full name Postage Savers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 331 Commerce Park Dr.	05 / 11 / 15	\$ 613.00
City, State, Zip Code Jackson, MS 39286	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Mail out	Aggregate Year-to-date	\$ 613.00

Name of Candidate or Committee Zack WallaceReporting period 05/01/2015 through 05/31/2015

ITEMIZED DISBURSEMENTS

A. Full name Chimneyville Smokehouse	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 970 High Street	05 / 14 / 15	\$ 1220.70
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Fundraiser	Aggregate Year-to-date	\$ 1220.70
B. Full name SpaceJump	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 14 / 15	\$ 376.92
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Fundrasier	Aggregate Year-to-date	\$ 376.92
C. Full name McElroy Logistics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 14 / 15	\$ 1000.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Fundraiser	Aggregate Year-to-date	\$ 1000.00
D. Full name Stephens Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 20 / 15	\$ 3049.50
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	\$ 3385.48
E. Full name Chunda Longino	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 07 / 15	\$ 388.50
City, State, Zip Code	05 / 28 / 15	\$ 3162.00
Purpose of Disbursement (Optional) Canvas Supervisor	Aggregate Year-to-date	\$ 6030.00
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

FILED

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK

BY _____ D.C.

Name of Candidate George S. Welch

Address 3904 Canilla Dr Jackson County Winds

Telephone (Work) 601-855-0740 (Home) 601-503-5551 (Fax) _____

Contact Name Grafe S. Welch Email Address gwelchcampaign@gmail.com

Office Sought Board of Supervisors Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF 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 All Primary Candidates and Political Committees
<input type="checkbox"/>	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
<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 (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory All Candidates and Political Committees
<input type="checkbox"/>	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
<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

- 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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS				Calendar
Itemized	+	Non-Itemized	This Period	year-to-date
Total amount of contributions \$	6	+	\$ 6	\$ 0
Total amount of disbursements \$	850.00	+	\$ 850.00	\$ 3400.00
Total amount of cash on hand			\$ 189.00	\$ 3540.00

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.

Authority: Refer to Miss. Code Ann. §23-15-901 (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 George S. Weldon
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

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

Name of Candidate or Committee George S. Welch
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Carey Sparks (Election Connection)</u>	<u>05/18/2015</u>	\$ <u>500.00</u>
Mailing Address	<u>05/16/2015</u>	\$ <u>100.00</u>
City, State, Zip Code		
<u>Jackson, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Signature Insurance</u>	<u>05/22/2015</u>	\$ <u>250.00</u>
Mailing Address		
<u>15 Northtown Dr.</u>	<u> / / </u>	\$
City, State, Zip Code		
<u>Jackson, MS 39211</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jackson, Free Press</u>	<u>05/11/2015</u>	\$ <u>140.00</u>
Mailing Address		
<u>125 S. Congress St</u>	<u> / / </u>	\$
City, State, Zip Code		
<u>Jackson, MS 39203</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

FILED

JUN 10 2015

BARBARA DUNN, CIRCUIT CLERK

BY _____ D.C.

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
		<i>All Primary Candidates and Political Committees</i>	
_____	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>	
_____	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)	<i>All Candidates and Political Committees</i>	
	(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
		<i>All Candidates and Political Committees in a Runoff Election</i>	
_____	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

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	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	1650 ⁰⁰	+	\$	\$ 1650 ⁰⁰	\$
Total amount of disbursements \$	2010 ¹⁸	+	\$	\$ 2010 ¹⁸	\$
Total amount of cash on hand	1		738 ⁷⁵	\$	

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

Dee Van Young Jr 6-10-15
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).

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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

SB04-08

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 Dr. Jerry & Mrs. Helen Young		□ / □ / □	\$ 500.00
Mailing Address 6226 Berrywood Drive		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39206		□ / □ / □	\$
Name of Employer (Required) New Hope Baptist Church		□ / □ / □	\$
Occupation (Required) Pastor		Aggregate year-to-date	\$ 500.00
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		□ / □ / □	\$
Mailing Address		□ / □ / □	\$
City, State, Zip Code		□ / □ / □	\$
Name of Employer (Required)		□ / □ / □	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		□ / □ / □	\$
Mailing Address		□ / □ / □	\$
City, State, Zip Code		□ / □ / □	\$
Name of Employer (Required)		□ / □ / □	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		□ / □ / □	\$
Mailing Address		□ / □ / □	\$
City, State, Zip Code		□ / □ / □	\$
Name of Employer (Required)		□ / □ / □	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Lee Van Young

Reporting period

through

June 10, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	5/15/15	\$ 923.53
City, State, Zip Code	Florence, MS 39073	—/—/—	\$ 954.71
Purpose of Disbursement (Optional)	Posters & Signs	Aggregate Year-to-date	\$ 1,878.24
B. Full name	A E Enterprises	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	312 Water Oak Road	5/22/15	\$ 120.00
City, State, Zip Code	Brandon, MS 39047	—/—/—	\$
Purpose of Disbursement (Optional)	T-Shirts	Aggregate Year-to-date	\$ 120.00
C. Full name	Que Sera Sera	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		3/16/15	\$ 11.94
City, State, Zip Code	Jackson, MS	—/—/—	\$
Purpose of Disbursement (Optional)	Business Lunch	Aggregate Year-to-date	\$ 11.94
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	\$