Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

JUN 03 2015

BARBARA DUNN, CIRCUIT CLERK

RY

Mike Maldonado Name of Candidate			<u>BY</u> D.C.
Address 166 Dalton Cove		County	DATESTAMP
Telephone (Work)	(Home) ⁶⁰¹⁻⁹⁶⁶⁻⁶⁵ 82	(Fax)	
Contact Name Mike Maldonado	Email Addres	s	
Office Sought_	Political Party_Rep		
Check here if above is different from pr	revious report		
	TYPE OF F	REPORT	
May 8, 2015 Periodic Report (January 1, 20	15, through April 30, 2015)		Mandatory
X June 10, 2015 Periodic Report (May 1, 201	5, through May 31, 2015)		Mandatory
July 10, 2015 Periodic Report (June 1, 2015	5, through June 30, 2015)		Mandatory
July 28, 2015 Pre-Election Report (July 1, 2	2015, through July 25, 2015)	
August 18, 2015 Pre-Election Report (July	26, 2015, through August 1	5, 2015) All Primary Candidates a	Runoff Candidates Only nd Political Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 20	015, through September 30,	2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 20 (Independent Candidates report January 1, 201	 15, through October 24, 2015)		
November 17, 2015 Pre-Runoff Report (Oc	ctober 25, 2015, through No	vember 14, 2015) All Candidates a	Runoff Candidates Only nd 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 acoutstanding campaign debi		npaign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no co	IMPORTANT	have occurred. In such case, t	he candidate shall submit a report
(1) Pre-Election reports are mandatory, even if no co- indicating "0" (Zero) for total amount of reported	contributions and expenditu	res during this period.	
(2) Until a Candidate files a Termination Report, ann and (iii).	ual and periodic reports mus	t still be filed in accordance w	ith Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt of holiday, the office must be in actual receipt of the acceptable.	of the required reports by 5:0 e required reports by 5:00 p.r	0 p.m. on the reporting day. If n. on the first working day <i>bef</i>	the deadline falls on a weekend or a ore the deadline. Faxed reports are
	PORTED CONTRIBUTION	NS AND DISBURSEMENT	<u>S</u>
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 rep	oort and to the best of my ki	nowledge and belief it is true	e, accurate, and complete.

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

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).

- 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

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

REPORT OF RECEIPTS AND DISBURSEMENT L L L D

Name of Candidate Victor P. Masion	JUN 102015
	BARBARA LUNN, CIRCUIT CLERK
Address P. O. BOX 1474, 5XN, MS 39213 County	BYD.C.
Telephone (Work) (769) 3.43~1733 (Home) (Fa	$\frac{1}{2}$
Contact Name Sohwie Bruce Email Address 6050	ourvie(was/·COM
Office Sought H: NASCOUNTY Sherist Political Party DEM	ocratic
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)	
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)	All Primary Candidates and Political Committees
	mary commission one comment
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report	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)	
Tormination Report (Candidate will no longer accept contributions or make campaign experoutstanding campaign debt obligation)	
(MPORTANT	and in each case the capablete shall submit a report
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred indicating "0" (Zero) for total amount of reported contributions and expenditures during the contributions are contributions.	in ported.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed and (iii).	
(3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first acceptable.	e reporting day. If the deadline falls on a weekend or a stream to the deadline. Faxed reports are
REPORTED CONTRIBUTIONS AND D	ISBURSEMENTS Calendar
Itemized + Non-Itemized	This Period year-to-date
Total amount of contributions \$4,375 +\$ 3,921.80 \$ 9	3,296.80:15,503.80
Total amount of disbursements \$ 3,355+\$ 00.00 \$ 3	3,355 \$ 11,412.00
Total amount of cash on hand	1,091.80
I certify that there examined this report and to the best of my knowledge a	and belief it is true, accurate, and complete. Date
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) at. seq. for statutory requirements. Penelties: Failure to submit required reports, or failure to submit reports in accordance with statutor fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (19	y deadlines, or fallure to submit valid reports shall result in 972).
SEND TO: 1. Candidates for Statewide, State-District, Multi-County and all Legislative office 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 3. Candidates for Municipal office should return forms to the Municipal Clerk	

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Page	of	<u> </u>

HARADA D MOSAN
Name of Candidate or Committee Victor P. Mason
Reporting period May 2015 through 31 May 2015
Reporting period 1774 CONTROL DECEMBER 1775
1TFMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
	(Mo., Day, Year)	this period
Other (please specify)	05/28/15	\$ 100,00
JENNISEY R. JOHNSON		
Malling Address CC STA R: VANS ALPANUE, SUITE 1439	<u>L</u> / <u>L</u>	\$
Gity, State, Zip Gode		\$
Charleston, SC 19406-4809	hand I have sed I take the	Y 1
Name of Employer (Required)		\$
Ogcupation (Required)	Aggregate	\$
	year-to-date	Amount of each
B. Source: Corporation PAC (Individual) Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)		
NO that et Dallis	<u> </u>	\$
Mailing Address		\$
3720 L. Vingston RD	1 22 1 232	7
Cinc State Zin Code	(1) (1) (1)	\$ 50.00
Jackson, M/5 39213-0000		\$
Name of Employer (Required)		*
Occupation (Required)	Aggregate year-to-date	\$
		Amount of each
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)		this period
Full name	05/28/15	\$ 100.00
Lee A. Lewis		\$
Malling Address 5550 DECKARD DE VE	<u> </u>	T 1
City, State, Zip Code		\$
Jackson, MS 39209		
Name of Employer (Required)	<u> </u>	. \$
Occupation (Required)	Aggregate year-to-date	\$
Individual Di Loan Di		Amount of each
D. Source: Corporation	Date (Mo., Day, Year	receipt this period
Other (please specify)	<u></u>	IIIs ptiles
Praxis Sugical Supply, Luc	651 261 IS	\$ 500,00
Mailing Address		\$
	•	
7 Lakeland Circle Ste 300	10,0,0	. \$
City State, Zip Code C) C (CSOA) 1 MS 39216		
City State 7 in Code		\$
City State, Zip Code C) C (CSOA) 1 MS 39216		\$ \$

8804-05

Page	L;	of	11

Name of Candidate or Com	mittee Victor +	MASON
Name of Candidate of Com	USA 15 throu	gh 3/MayaOVS
Reporting period 17 700 19	ITEN/IJEE	RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
A. Source: Corporation PAC Individual Loan	(Mo., Day, Year)	receipt this period
Other (please specify)		titis period
Full name	D41 221 (5)	\$ 100,00
Arnel D. Rolder	3-7	
Mailing Address		\$
		\$
City, State, Zip Code	<u> </u>	4 ()
Canton, MS 39046		* 1
Name of Employer (Réquired)		\$
the state of the s	Aggregate	
Occupation (Required)	year-to-date	\$
	year-to-ana	Amount of each
B. Source: Corporation PAC Individual Loan	Date	receipt
	(Mo., Day, Year)	this period
Other (please specify)		4117
Full name		\$ 100.00
BIRON GULINS		two-to-
		\$
Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1] * L
1475 Stokes HD		
City, State, Zlp Code		\$
CONTON, MS 39046		
Name of Employer (Required)		\$
	- A ways and a	
Occupation (Required)	Aggregate year-to-date	\$
	year-to-date	4
C. Source Corperation PAC Individual Loan	Date	Amount of each receipt
	(Mo., Day, Year)	this period
Other (please specify)		IIII3 bellog
	DF/19/15	\$ [2,000.00)
D' Wholesale	<u> </u>	* LVIJACO
		\$
Mailing Address 3346 HWY 80 W	1 1 November 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V 1
L. D. Carlo Barrier Britain		\$
City, State, Zip Code		. 💆 1
Jackson, MS 39204		
Name of Employer (Required)	<u> </u>	\$
	Aggregate	1
Occupation (Required)	year-to-date	\$
	1,000	Amount of each
D. Source: Corporation PAC Individual Loan	Date	eacaint
	(Mo., Day, Year	this period
Other (please specify)		
Full name		\$ \$ 200.00
J HENRY LOVOSE 07-96	0510911	
	<u> </u>	100.0
Nailing Address	<u> </u>	
Mailing Address		\$
Mailing Address 944 Poplar BIVD		
Mailing Address 944 POPlar BIVD City, State, Zip Code		\$
Mailing Address 944 POPIAR BIVD City, State, Zip Code 39203-2010		\$
Mailing Address 944 POPlar BIVD City, State, Zip Code		\$ \$
Mailing Address 944 POPIAT BIVD City, State, Zip Code 5acksov, MS 39202-2010 Name of Employer (Required)		\$ \$ \$
Mailing Address 944 POPIAR BIVD City, State, Zip Code 39203-2010		\$ \$ \$

8804-05

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Name of Candidate or Committee Victor P. Mason
Name of Candidate of Committee LV 1010
Reporting period I May 2015 through 31 May 30 15
ITEMIZED RECEIPTS

I LIVIIZED I LE		
	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	D4 D4 IS	\$ 4000
Mailing Andress	\Box , \Box , \Box	\$
D. D. BOX 567-355-6363 City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$
KVO9er#474		\$
City, State, Zip Code	D\$15915	\$ 25.00
ENGIPWOOD, COLOTEGO Name of Employer (Regulred)		\$
Occupation (Regulred)	Aggregate	\$
	year-to-date	
C. Source Corperation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$
Malling Address		\$
City State, Zin Gode	06/04/13	\$ 50.00
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)	AS124113	
Full name [Dorotheas Travis		\$
Mailing Address P. O. BOX 36		\$
	1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	-
City, State, Zip Code TOUG a I DD. M.S. 39174 Name of Employer (Regulred)		\$

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Page	1	οf	<u> </u>

Name of Candidate or Committee Victor B Mason	
Reporting period TM442015 through 31M44	
ITEMIZED RECEIPTS	S

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Wo., Day, Teat)	this period
Euil name	DS112115	\$ 500.00
Malling Address		\$
P.O. BOX 330 City, State, Zip Code	$\square_I \square_I$	\$
Bolton, MS 39041 Name of Employer (Regulred)	$\square \square \square$	\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individua Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	55,04,15	\$ 700.00
E and C Enterprises, Lilic		
Mailing Address		\$
City, State, Zip Code		\$
Dackson, MAS 39212 Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
The Pac Mindred Land	year-to-date Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	D51 (4) [6	\$ 100.00
Mailing Address 2005 Old Krandow Rd APT8		\$
City, State, Zip Code		\$
Pearl, MS 39208 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)		
Full name	<u> </u>	\$
Malling Address		\$
City, State, Zip Code		. \$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	, \$
		•

SS04-05

Name of Candidate or Committee Victor P. Mason

Reporting period 1May 2015 through 31 May 2015

ITEMIZED DISBURSEMENTS

1		
Full name Space Age	Date (Mo., Day, Year)	Amount of each disbursement this period
Halling Address Northside D. Suite B	05/21/15	s 230.00
City, State, Zip Code 1 1 5 2 0 3 0 9	06/08/15	\$ 855.00
Dity, State, Zip Code DC CKSON, MS 39309 Purpose of Disbursament (Optional)	Aggragate Year-to-date	\$6,485.00
Malling Address T64Cavalier Rd City, State, Zip Code; SON, MS 3911()	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Malling Address	0572015	\$ 1,200.00
City, State, Zip Code, SON, MS 39/10	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,200.00
G. Full name 1, DID (WOLD) LIC ROBERT LIEWIS	Date (Mo., Day, Year)	Amount of each disbursement this period
The LIEW Crew LLC, Robert Liewis Mailing Address 209 Willow Brook Drive	05123115	\$ 1,070.00
City, State, Zip Code, NHS 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		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E, Full name	Date (Mo., Day, Year	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		. \$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Yea	Amount of each disbursement this period
Mailing Address	!!	_ \ \$
City, State, Zip Code		<u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

SSQ4-06

Delbert Hosemann SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	2013 LIEGI	ווש	
Name of Candidate Jekky Mi	PORC		
Address 6837 N. Dale	st		Land Mariana e
Telephone (Work) 60/- 965-8808	(Home) 69/-454-2	032 (Fax) 769-	233-8/28
Contact Name Telly Mooke	Email Addres	s qSKJEKLYM	ooke @ HotMa, 1. com
Office Sought Constable			
Check here if above is different from			FILED
May 8, 2015 Periodic Report (January	<u>TYPE OF I</u> 1, 2015, through April 30, 2015)	REPORT	
June 10, 2015 Periodic Report (May 1,	, 2015, through May 31, 2015)		Mandelerk
June 10, 2015 Periodic Report (May 1, July 10, 2015 Periodic Report (June 1,	, 2015, through June 30, 2015)		BARBARA DUNN, CINCON
July 28, 2015 Pre-Election Report (Jul)	and the state of t
August 18, 2015 Pre-Election Report	(July 26, 2015, through August 1		Runoff Candidates Only 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 (Primary Election Winners report October (Independent Candidates report January	1, 2015, through October 24, 2015)		Mandatory All Candidates and Political Committees
	• •	vember 14, 2015)	Runoff Candidates Only
		All Candidates	and Political Committees in a Runoff ElectionMandatory
Termination Report (Candidate will no lon outstanding campaign	ger accept contributions or make car		_
	IMPORTANT		
(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep	no contributions or expenditures lorted contributions and expenditu	have occurred. In such case, res during this period.	the candidate shall submit a report
(2) Until a Candidate files a Termination Report and (iii).	t, annual and periodic reports mus	t still be filed in accordance	with Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt acceptable.	celpt of the required reports by 5:00 p.r	0 p.m. on the reporting day. n. on the first working day be	If the deadline falls on a weekend or a afore the deadline. Faxed reports are
	REPORTED CONTRIBUTION	NS AND DISBURSEMEN	TS
Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	+\$ 200.00	s 200.6	90 s 200.00
Total amount of disbursements \$	+5 1890.76	\$ 1890.	78 \$ 1890,78
Total amount of cash on hand		\$ 200,00	
Han Wi	is report and to the best of my ki	-	ie, accurate, and complete.
Signature of Candidate		Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (197 Penalties: Failure to submit required reports, or failt fines of \$50 per day and/or prosecution in accordan	ure to submit reports in accordance v	with statutory deadlines, or fail	ure to submit valid reports shall result in

- 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 From STERRED COUNTY-CIRCUIT CLERK



MOOKE Name of Candidate or Committee through APL: | 30, 2015 Reporting period JGN 0/ 2015 JUN 11 2015 BARA DUNN CIRCUIT CLERK Amount of each Corporation PAC Individual Loan A. Source: [**Date** (Mo., Day, Year) this period Other (please specify) Full name 200.00 FRASER JA. ME LIONE **Mailing Address** 5920 City, State, Zip Code Jackson Name of Employer (Required) Aggregate 200,00 vear-to-date Amount of each Individual Loan B. Source: Corporation PAC Date receipt (Mo., Day, Year) this period Other (please specify) Full name 04107115 890.78 MOOLE Jekk Mailing Address 04110115 1000.00 5837 N. Ugle City, State, Zip Code Jackson M5. Name of Employer (Required) City of Jackson and Hindro. **Aggregate** Occupation (Required) OfficeR and constable year-to-date Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name \$ Mailing Address \$ [City, State, Zip Code \$ | Name of Employer (Required) \$ [**Aggregate** Occupation (Required) \$ year-to-date Amount of each Individual Loan Corporation PAC D. Source: Date receipt (Mo., Day, Year) this period Other (please specify) Full name \$ Mailing Address \$ City, State, Zip Code **\$** [

Name of Employer (Required)

Occupation (Required)

\$

Aggregate

vear-to-date

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Page	ح	of i	/	

Name of Candidate or Committee Jekky Meeke

Reporting period Jan el, 2015 through April 30, 2015

A F.D		
A. Full name Stephens Phinting Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	04,07,15	\$
642 MS, 469 City, State, Zip Code	01/01/13	\$90,78
Flokewice MS, 39073 Purpose of Disbursement (Optional)	<u></u>	*
Purpose of Disbursement (Optional)	Aggregate	\$ 850.78
B. Full name	Year-to-date Date	
B. Full name Stephens Printing	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Lo 42 M 5 , 46 9 City, State, Zip Code	0410115	\$ 1000.00
City, State, Zip Code Flo Revce MS, 39073 Purpose of Disbursement (Optional)	m	\$
Political Dook housels	Aggregate Year-to-date	\$ 1000,00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2 <u>2 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>	\$
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	\$

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SECRETARY OF STATE

Delbert Hosemann

REPORT OF RECEIPTS AND DISBURSEMENTS

	2015 Elect	ion	
Name of Candidate Jekky /	Mooke	**	_
Address 5837 N. Dale		County Hirs	
Telephone (Work) 601-965-886	© (Home) 601-454	-2032(Fax) 769-28	3-4/18
Contact Name Jekky Mooke	Email Addres	s 9 skuelly Mode	
Office Sought Constable	Political Party_	DeMocket	JUN 11 2015
Check here if above is different for	rom previous report		BARBARA DUNN, CIRCUIT CLE
May 8, 2015 Periodic Report (January	TYPE OF		BY
June 10, 2015 Periodic Report (May 1	- ·		•
July 10, 2015 Periodic Report (June 1			•
July 28, 2015 Pre-Election Report (Ju	ar and a second and	5)	Mandatory
			mary Candidates and Political Committees
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October 27, 2015 Pre-Election Repor (Primary Election Winners report Octobe (Independent Candidates report January	r 1, 2015, through October 24, 2015)		All Candidates and Political Committees
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Termination Report (Candidate will no lo outstanding campaig	nger accept contributions or make car		Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even it	IMPORTANT f no contributions or expenditures	have occurred. In such case, the	e candidate shall submit a report
indicating "0" (Zero) for total amount of reg (2) Until a Candidate files a Termination Repo	ported contributions and expenditu	ires during this period.	
and (iii).			
(3) The Secretary of State must be in actual re holiday, the office must be in actual receip acceptable.	ceipt of the required reports by 5:00 p.i	00 p.m. on the reporting day. If the m. on the first working day before the first working day before the first working day before the first working day.	he deadline falls on a weekend or a re the deadline. Faxed reports are
	REPORTED CONTRIBUTIO		Calendar
Itemized	+ Non-Itemized	This Period	year-to-date
Total amount of contributions \$	+\$	\$ 0	\$
Total amount of disbursements \$	+\$ 1709.78	\$ 1709.7	8 \$ 1709.78
Total amount of cash on hand		\$	7/5///
MI	is report and to the best of my k	nowledge and belief it is true,	accurate, and complete.
Signatule of Candidate		Date (J -
Authority: Refer to Miss. Code Ann. §23-15-801 (19 Penalties: Failure to submit required reports, or fai fines of \$50 per day and/or prosecution in accorda	lure to submit reports in accordance	with statutory deadlines, or failure	to submit valid reports shall result in
SEND TO:			

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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 (1906) STORMET PROFESSIONAL COUNTY PROFES

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

SOS 10-14

			Page 3	_ of
Name of Candidate or Committee _	Jekky	MEEKE		
Reporting period	J	through		

A. Full name Ste Phen's printing Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 642 MS. 469	05/04/15	\$ 1789.7%
City, State, Zip Code Flokence MS. 39076 Purpose of Disbursement (Optional)		\$
Purpose of Disbursement (Optional) Political Signs.	Aggregate 'Year-to-date	\$ 1709.78
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	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	/ (Mo., Day, Year)	disbursement this period \$
Mailing Address City, State, Zip Code	/ (Mo., Day, Year)	<u> </u>
	/ (Mo., Day, Year) //// Aggregate Year-to-date	\$
City, State, Zip Code	// Aggregate Year-to-date Date	\$ \$ Amount of each
City, State, Zip Code Purpose of Disbursement (Optional)	// // Aggregate Year-to-date	\$ \$ \$
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	// Aggregate Year-to-date Date	\$ Amount of each disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address	// Aggregate Year-to-date Date	\$ \$ Amount of each disbursement this period \$
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code	// Aggregate Year-to-date Date (Mo., Day, Year)// Aggregate	\$ Amount of each disbursement this period \$ Amount of each
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date	\$ Amount of each disbursement this period \$ \$
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name	Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	\$ Amount of each disbursement this period \$ Amount of each disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	\$ Amount of each disbursement this period \$ Amount of each disbursement this period \$

Page	フ	of	Γ	7	
		•	F	•	

Name of Candidate or Committee	han Mooke
Reporting period May 81, 2015	through May .31, 20/5
ITEM	IZED RÉCEIPTS

Other (please specify) Full name Tell Mobile Mobile	A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Section Sect			this period
Cfty, State, Zip Code City, State, Zip Code		<u>1051641175</u>	\$ 1709.78
Teck Sew M5	c437 w.Dale St		5
Name of Employer (Required) Name			\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address City, State, Zip Code Cocupation (Required) Other (please specify) Mailing Address City, State, Zip Code Cother (please specify) Mailing Address City, State, Zip Code Cother (please specify) Mailing Address City, State, Zip Code Cother (please specify) Date (Mo., Day, Year) Amount of each receipt this period Aggregate (Mo., Day, Year) Cother (please specify) City, State, Zip Code Cother (please specify) Cocupation (Required) Cocupatio	Name of Employer (Required)	CULTE	5
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify)	Occupation (Required) Actice Office A Constable		\$ 1789.78
Other (please specify) Mailing Address	B. Source: Corporation PAC Individual Loan		
Mailing Address	Other (please specify)	(Mo., Day, Year)	
City, State, Zip Code	Full name		\$
Name of Employer (Required) Occupation (Required) Other (please specify) PAC Individual Loan Loan	Mailing Address		\$
Name of Employer (Required) Occupation (Required) Other (please specify) Mailing Address City, State, Zip Code Date (Mo., Day, Year) Name of Employer (Required) Occupation (Required) Date (Mo., Day, Year) \$ City, State, Zip Code Aggregate year-to-date Amount of each receipt this period I / / \$ Cocupation (Required) Aggregate year-to-date Amount of each receipt this period Aggregate year-to-date Cocupation (Required) Date (Mo., Day, Year) Amount of each receipt this period Full name I / / \$ Mailing Address I / / \$ City, State, Zip Code I / / \$ Name of Employer (Required) Name of Employer (Required) Name of Employer (Required)	City, State, Zip Code		\$
Occupation (Required) Aggregate year-to-date C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address City, State, Zip Code D. Source: Corporation PAC Individual Loan Other (please specify) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Other (please specify) Full name Mailing Address City, State, Zip Code I J J S Amount of each receipt this period Mae, Day, Year) Full name I J S City, State, Zip Code I J J S Amount of each receipt this period Full name I J S City, State, Zip Code	Name of Employer (Required)		
Source Corporation PAC Individual Loan Date (Mo., Day, Year) Individual Loan City, State, Zip Code Corporation PAC Individual Loan Date (Mo., Day, Year) S City, State, Zip Code Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Cit		Aggregate	
Other (please specify) City, State, Zip Code	Occupation (Required)		1\$
Full name		year-to-date	L
City, State, Zip Code		Date	receipt
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Saggregate year-to-date (Ma., Day, Year) Amount of each receipt this period Full name City, State, Zip Code	Other (please specify)	Date	receipt this period
Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Aggregate year-to-date \$ Amount of each receipt this period Full name / / \$ City, State, Zip Code / / \$ Name of Employer (Required) / / \$	Other (please specify)	Date	receipt this period
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) \$ Mailing Address	Other (please specify) Full name Malling Address	Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Check (Mo., Day, Year) this period receipt this period T /	Other (please specify) Full name Malling Address City, State, Zip Code	Date	receipt this period \$
Full name Mailing Address	Other (please specify) Full name Malling Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) / / / / / / / / / / Aggregate	receipt this period \$
Mailing Address City, State, Zip Code Name of Employer (Required) State of Employer (Required)	Other (please specify) Full name Malling Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) / / / / / / / / / / / / / Aggregate year-to-date Date	receipt this period \$
City, State, Zip Code	Other (please specify) Full name Malling Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / / / / / / / Aggregate year-to-date Date	receipt this period \$
Name of Employer (Required)	Other (please specify) Full name Malling Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / / / / / / / Aggregate year-to-date Date	receipt this period \$
	Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) / / / / / / / / / / / / / Aggregate year-to-date Date	receipt this period \$
Occupation (Required)	Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) / / / / / / / / / / / / / Aggregate year-to-date Date	receipt this period \$
year-to-date year-to-date	Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) / / / / / / / / / / Aggregate year-to-date Date	receipt this period \$

Delbert Hosemann SECRETARY OF STATE

Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Name of Committee Friends of Cedric Morgan		>
1072 John R. Lynch Street Suite B	County Hinds	
Telephone 601-473-6233	Fax	SARBARA DUNA CIPO 2015
Treasurer Bobby Pamplin	Email Address	MEARA DUNA 2015
Check here if above is different from previous report	rt	SARBARA DUNA CIRCUT CLERK
May 8, 2015 Periodic Report (January 1, 2015, through	TYPE OF REPORT April 30, 2015)	Mandatory
X June 10, 2015 Periodic Report (May 1, 2015, through N		
July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015, through July 10, 2015 Periodic Report (June 1, 2015) Periodic Report (June 1, 201		
July 28, 2015 Pre-Election Report (July 1, 2015, throug		
August 18, 2015 Pre-Election Report (July 26, 2015, th	nrough August 15, 2015)	•
	<u>-</u>	
October 9, 2015 Periodic Report (July 1, 2015, through		
October 27, 2015 Pre-Election Report	October 24, 2015)	All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 20	015 through November 14 2015)	Runoff Candidates Only didates and Political Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2015, thro		
outstanding campaign debt obligation)		reporting obligations
(1) Pre-Election reports are mandatory, even if no contributions indicating "0" (Zero) for total amount of reported contribution	<u>IMPORTANT</u> or expenditures have occurred. In suc ns and expenditures during this period	h case, the candidate shall submit a report
 (1) Pre-Election reports are mandatory, even if no contributions indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period (iii). 	or expenditures have occurred. In suc ns and expenditures during this period	
 indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required receip	or expenditures have occurred. In suc ns and expenditures during this period odic reports must still be filed in accor-	dance with Miss. Code Ann. § 23-15-807 (b) (ii)
 indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required holiday, the office must be in actual receipt of the required reacceptable. 	or expenditures have occurred. In suc ns and expenditures during this period odic reports must still be filed in accor- ared reports by 5:00 p.m. on the reporti eports by 5:00 p.m. on the first working	dance with Miss. Code Ann. § 23-15-807 (b) (ii) ng day. If the deadline falls on a weekend or a day before the deadline. Faxed reports are
 indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required holiday, the office must be in actual receipt of the required reacceptable. 	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance reports by 5:00 p.m. on the reportice ports by 5:00 p.m. on the first working D CONTRIBUTIONS AND DISBURSEME	dance with Miss. Code Ann. § 23-15-807 (b) (ii) ng day. If the deadline falls on a weekend or a day before the deadline. Faxed reports are ENTS Calendar
indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required holiday, the office must be in actual receipt of the required reacceptable. REPORTED	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance reports by 5:00 p.m. on the reportice ports by 5:00 p.m. on the first working D CONTRIBUTIONS AND DISBURSEME	dance with Miss. Code Ann. § 23-15-807 (b) (ii) ng day. If the deadline falls on a weekend or a day before the deadline. Faxed reports are ENTS Calendar
indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required holiday, the office must be in actual receipt of the required reacceptable. REPORTED Itemized + Non-item Total amount of contributions \$ **	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance of the second of the	dance with Miss. Code Ann. § 23-15-807 (b) (ii) and day. If the deadline falls on a weekend or a day before the deadline. Faxed reports are ENTS Calendar Year-To-Date
indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required reacceptable. REPORTED Itemized + Non-item Total amount of contributions \$ **	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance of the second of the	dance with Miss. Code Ann. § 23-15-807 (b) (ii) Ing day. If the deadline falls on a weekend or a day before the deadline. Faxed reports are ENTS Calendar Year-To-Date
indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required reacceptable. REPORTED Itemized + Non-item Total amount of contributions \$ 500 +\$ 280 Total amount of cash on hand	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance fred reports by 5:00 p.m. on the report exports by 5:00 p.m. on the first working D CONTRIBUTIONS AND DISBURSEMENTALE This Period S 1, 2,77	dance with Miss. Code Ann. § 23-15-807 (b) (ii) Ing day. If the deadline falls on a weekend or a gray before the deadline. Faxed reports are ENTS Calendar Year-To-Date \$ 2
indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required reacceptable. REPORTED Itemized + Non-item Total amount of contributions \$500 +\$ 280	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance fred reports by 5:00 p.m. on the report exports by 5:00 p.m. on the first working D CONTRIBUTIONS AND DISBURSEMENTALE This Period S 1, 2,77	dance with Miss. Code Ann. § 23-15-807 (b) (ii) Ing day. If the deadline falls on a weekend or a day before the deadline. Faxed reports are ENTS Calendar Year-To-Date \$ 3 Column of the deadline falls on a weekend or a day before the deadline. Faxed reports are it is true, accurate, and complete.
indicating "0" (Zero) for total amount of reported contribution (2) Until a Candidate files a Termination Report, annual and period and (iii). (3) The receiving authority must be in actual receipt of the required reacceptable. REPORTED Itemized + Non-item Total amount of contributions \$ 500 +\$ 280 Total amount of cash on hand	or expenditures have occurred. In such and expenditures during this period odic reports must still be filed in accordance fred reports by 5:00 p.m. on the report exports by 5:00 p.m. on the first working D CONTRIBUTIONS AND DISBURSEMENTALE This Period S 1, 2,77	dance with Miss. Code Ann. § 23-15-807 (b) (ii) Ing day. If the deadline falls on a weekend or a gray before the deadline. Faxed reports are ENTS Calendar Year-To-Date \$ 2

- 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

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Name of Candidate or Committe	FRIENDS OF CEDRIC MORGAN
Reporting period 05/01/2015	through 05/31/2015
17	TEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	05 / 15 / 15	\$ 500.00
KENN COCKRELL		▼ [300.00
Mailing Address		\$
TO BE OBTAINED		
City, State, Zip Code		\$
JACKSON MS		V
Name of Employer (Required)		\$
HINDS COUNTY HUMAN RESOURCE AGENCY		• ,
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
T GIT TRAITO	<u> </u>	\$
Mailing Address		
	//	\$
City, State, Zip Code		\$
		Ψ
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
· †	year-to-date	,
	· · · · · · · · · · · · · · · · ·	
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date	1
	Date	receipt
Other (please specify)	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) ///////// Aggregate	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ////// //// ///// ///// Aggregate year-to-date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) ///////// Aggregate	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	receipt this period \$

Page	of

No	FRIENDS OF CEDRIC MORGAN
Name of Candidate or Committee	
Reporting period 05/01/2015	05/31/2015
Reporting period	through

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

Name of Candidate

Charlette Oswalt

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert Hosemann SECRETARY OF STATE

FILED

JUN 03 2015

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BY					

Address 1475 Speaks Road	(Hinds County	BARBARA DUNN CIRCUIT
	(Home) ⁶⁰¹⁻³³¹⁻⁵⁴⁵⁰	(Fax)	BY
Telephone (Work)	(Home)	charlottooswalt@gmail.com	
Contact NameCharlette Oswalt	Email Addres	s charletteoswalt@gmail.com	
Office Sought Hinds County Sheriff	Political Party ^{Re}	publican	
Check here if above is different from	previous report		
May 8, 2015 Periodic Report (January 1, 2	TYPE OF 2015, through April 30, 2015)	REPORT	Mandatory
× June 10, 2015 Periodic Report (May 1, 20	15. through May 31, 2015)		Mandatory
July 10, 2015 Periodic Report (June 1, 20			
July 28, 2015 Pre-Election Report (July 1		5)	Mandatory
		All Fillidiy	Candidates and I Olitical Committees
August 18, 2015 Pre-Election Report (Ju	ly 26, 2015, through August	15, 2015) All Primary Candidates and Po	Runoff Candidates Only litical Committees in a Runoff Election
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, 2) (Independent Candidates report January 1, 2)	 2015, through October 24, 2015)		
November 17, 2015 Pre-Runoff Report (All Candidates and Fo	illical Committees in a Narion Election
January 8, 2016 Periodic Report (Octobe	er 1, 2015, through December	r 31, 2015)	
Termination Report (Candidate will no longer outstanding campaign de	accept contributions or make caebt obligation)	ampaign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no	IMPORTAN	T have occurred. In such case, the ca	ndidate shall submit a report
indicating "0" (Zero) for total amount of report	ed contributions and expendit	ures during this period.	
(2) Until a Candidate files a Termination Report, a and (iii).			
(3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of acceptable.	ot of the required reports by 5: the required reports by 5:00 p.	00 p.m. on the reporting day. If the o .m. on the first working day <i>before</i> th	leadline falls on a weekend or a ne deadline. Faxed reports are
R	EPORTED CONTRIBUTION	NS AND DISBURSEMENTS	Calendar
Itemized 4	Non-Itemized	This Period	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 halve examined this i	enort and to the best of my	knowledge and belief it is true, apo	curate, and complete.

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

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

SEND TO:

. 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

Date

- 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

Reporting period May 1, 2015

Charlette Oswalt

through May 31, 2015

A. Full name	Date	Amount of each
Deluxe Check	(Mo., Day, Year)	disbursement this period
Mailing Address	5 / 5 / 15	\$ 15.00
City, State, Zip Code	1 1	\$
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	\$ 819.17

Name of Candidate or Committee
Reporting period May 1, 2015

Charlette Oswalt

through May 31, 2015

		
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	s

Delbert Hosemann SECRETARY OF STATE

Candidate

RE	PORT OF RECEIPTS 2015	AND DISBURSEM Election	IENTS	<u></u> 4
Name of Candidate <u>Leor</u>	2 Seal		<u> </u>	
Address 304 M	onterery [County		14 to such as
Telephone (Work) 60/-624	1-9949(Home)			
Contact Name	Sea (J Email	Address		LI. E D
Office Sought	Political F		_	
Check here if above is dif	ferent from previous report			UN 11 2015
May 8, 2015 Periodic Report (TY	PE OF REPORT	BARBARA	A DUNN, CIRCUIT CLERK
May 8, 2015 Periodic Report (.	(May 1, 2015, through May 31	2015)	ВУ	wandato u.c.
July 10, 2015 Periodic Report				•
July 28, 2015 Pre-Election Rep		•	••••	Mandatory
			All Primary Candida	tes and Political Committees
August 18, 2015 Pre-Election	Report (July 26, 2015, through a			Runoff Candidates Only mittees in a Runoff Election
October 9, 2015 Periodic Repo	ort (July 1, 2015, through Septer			
October 27, 2015 Pre-Election (Primary Election Winners report (Independent Candidates report	Report	24. 2015)	All Candidate	Mandatory es and Political Committees
November 17, 2015 Pre-Runof		ough November 14, 2015) F Candidates and Political Con	Runoff Candidates Only
January 8, 2015 Periodic Repo	ort (October 1, 2015, through De	ecember 31, 2015)		Mandatory
Termination Report (Candidate v outstanding	vill no longer accept contributions or campaign debt obligation)	make campaign expenditure		equired to terminate porting obligations
(1) Pre-Election reports are mandatory indicating "0" (Zero) for total amou	, even if no contributions or expe	PORTANT nditures have occurred. In expenditures during this per	such case, the candidate s	hall submit a report
(2) Until a Candidate files a Terminatio and (iii).	n Report, annual and periodic rep	orts must still be filed in ac	cordance with Miss. Code	Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in a holiday, the office must be in actua acceptable.	ctual receipt of the required repor I receipt of the required reports by	ts by 5:00 p.m. on the repo y 5:00 p.m. on the first work	rting day. If the deadline fi ing day <i>before</i> the deadlin	alls on a weekend or a ie. Faxed reports are
	REPORTED CONTR	BUTIONS AND DISBUI	RSEMENTS	
Iten	nized + Non-Itemized	Thi	is Period	Calendar year-to-date
Total amount of contributions \$	O +s	s	\$	
Total amount of disbursements \$ /	600°45	\$	\$	
Total amount of cash on hand	428. 00	\$		
I contify that I have example of the state o	ined this report and to the best	of my knowledge and bel	ief it is true, accurate, an	d complete.
Authority: Refer to Miss. Code Ann. §23-15 Penalties: Failure to submit required report fines of \$50 per day and/or prosecution in a	ls or failure to submit reports in acc	ordonas viite statutos	ate / /	id reports shall result in

- 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 rice should return forms to

Page c	of
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Name of Candidate or Committee _

Leon Seul

Reporting period ____

Funo MAy

through

June

A. Full game		·
	Date (Mo., Day, Year)	Amount of each disbursement this period
304 Monterery DR	//	\$ 160000
Mailing Address 304 Monter ery DR City, State, Zip Code City State, Zip Code Purpose of Disbursement (Optional)	//	\$ 11
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

Name of Candidate Jeff 3/a	Uniorth &		FILE
1	1 1	- Hoods	JUN 10 2015
Address 1338 Terry		County_ <i>HtndS</i>	- JUN 10 CIRCUIT CI
Telephone (Work) 601-259-57	(Home)	(Fax)	BARBARA DUNN, CIRCUIT CL
Contact Name	Email Add	ress	N. S.
Office Sought Spervisor Dist	Political Party	Democrat	
Check here if above is different fro	om previous report		
		OF REPORT	
May 8, 2015 Periodic Report (January 1	• .	·	
June 10, 2015 Periodic Report (May 1,			
July 10, 2015 Periodic Report (June 1,	2015, through June 30, 201	5)	Mandatory
July 28, 2015 Pre-Election Report (July	y 1, 2015, through July 25, 2	015)	mary Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through Augu		Runoff Candidates Only d 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 (Primary Election Winners report October (Independent Candidates report January 1	1, 2015, through October 24, 20	015)	
November 17, 2015 Pre-Runoff Report	t (October 25, 2015, through		Runoff Candidates Only
January 8, 2015 Periodic Report (Octo	ber 1, 2015, through Decem		
Termination Report (Candidate will no long outstanding campaign	-	e campaign expenditures and has no	Required to terminate reporting obligations
(4) D. Flating and the second s	<u>IMPORT</u>		
 Pre-Election reports are mandatory, even if a indicating "0" (Zero) for total amount of reports. 			e candidate shall submit a report
(2) Until a Candidate files a Termination Report and (iii).	, annual and periodic reports	must still be filed in accordance wit	h Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual rec holiday, the office must be in actual receipt acceptable.			
	REPORTED CONTRIBUT	TIONS AND DISBURSEMENTS	
Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$7 338, 10	+\$ 1004.49	\$ 8184.10	\$ 18,038.35
Total amount of disbursements \$ 5338.18		\$ 8171.59	s 15, 757, 37
Total amount of cash on hand		\$ 218.00	
<u> </u>	s report and to the best of m	ny 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).

- 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 ring should return forms to the Municipal Clerk ring should return

Name of Candidate or Committe	e Jeff	Stally	worth			
Reporting period May 1, 3	2015	through	May	31,	2015	
' iт	TEMI:	7FD	RFĊ	FI	PT	

A. Source: Corporation PAC X Individual Loan	<u> </u>	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Jeffery A Stallworth	医儿儿	\$ 1420-00
Mailing Address 1328 Fermwood Drive	<u>15,16,115</u>	\$ 1937.50
OCKSON, MS 39213	518115	\$ 560.00
Name of Employer (Required) Nord and Worship Church Occupation (Required)	15/6/15	\$ 7220.60
Bishop	Aggregate year–to-date	\$ 7138,10
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jeffery A. Stallworth	518115	\$ 70000
Mailing Address 1 1328 Fernwood Drive	5,56,55	\$ 110000
City, State, Zip Code ACCKSON, MS 39213	5/12/15	\$ 3000
Name of Employer (Required) Nord and Worship Church	5/13/15	\$ 70000
Occupation (Required)	Aggregate year–to-date	\$ 7.800.00
C. Source Corporation PAC Individual Loan		
in the factor of the state of t	Data	Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Deffery A. Stellworth		receipt
Other (please specify) Full name Jeffery A. Stallworth Mailir g Address 1328 Fernylood Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Jeffery A. Stallworth Mailir g Address City, State, Zip Code Jackson J. MS 39213	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Jeffery A. Stallworth Mailir g Address 1328 Fernwood Drive City, State, Zip Code Jackson MS 39213 Nam of Employer (Required)	(Mo., Day, Year)	receipt this period \$ \langle DOD \cdot OO \$ \langle 1000 \cdot OO
Other (please specify) Full name Jeffery A. Stallworth Mailir g Address 1328 Fernwood Drive City, State, Zip Code Jackson, MS 39213 Nam of Employer (Required) Word and Worship Church Occu, ation (Required) Bishop	(Mo., Day, Year)	receipt this period \$ \langle \langle OOO \cdot OO \cdot
Other (please specify) Full name Deffery A. Stallworth Mailir g Address 1328 Fernylood Drive City, State, Zip Code Dackson MS 39213 Nam of Employer (Required) Word and Worship Church Occu, ation (Required)	(Mo., Day, Year)	receipt this period \$ \langle DOD \cdot OO \$ \langle DOO \cdot OO \$ \langle DOO \cdot OO \$ \langle DOO \cdot OO
Other (please specify) Full name Jeffery A. Stallworth Mailir g Address 1328 Fernylood Drive City, State, Zip Code Jacksoni Ms 39213 Nam of Employer (Required) Vlord and Worship Church Occu, ation (Required) Bishop D. Sounce: Corporation PAC Individual Loan Other (please pecify) Full name	(Mo., Day, Year) Aggregate year-to-date Date	receipt this period \$ \langle DOD.00 \$ \langle DOD.00 \$ \langle DOD.00 Amount of each receipt
Other (please specify) Full name Jeffery A. Stellworth Mailir g Address 1328 Fernylood Drive City, State, Zip Code Jackson Ms 39213 Nam of Employer (Required) Word and Morship Church Occu, ation (Required) D. Soune: Corporation PAC Individual Loan Other (please pecify) Full name Jeffery A. Stellworth Mailing Address 1328 Fernylood Drive	(Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ \langle DOO.00 \$ \langle DOO.00 \$ \langle DOO.00 Amount of each receipt this period
Other (please specify) Full name Jeffery A. Stollworth Mailir g Address 1328 Fernwood Drive City, State, Zip Code Jackson MS 39213 Nam of Employer (Required) Mord and Morship Church Occu, ation (Required) Dishop D. Sourie: Corporation PAC Individual Loan Other (please pecify) Full name Jeffery A. Stollworth Mailing Address 1328 Fernwood Drive City, State, Zip Code Jackson MS 39213	(Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ \langle DOO.00 \$ \langle DOO.00 \$ \langle DOO.00 Amount of each receipt this period \$ \langle DO 00 \$ \langle DO 00
Other (please specify) Full name Jeffery A. Stallworth Mailing Address 1328 Fernwood Drive City, State, Zip Code Lactson Ms 39213 Nam of Employer (Required) Mordand Morship Church Occu, ation (Required) D. Source: Corporation PAC Individual Loan Other (please pecify) Full name Deffery A. Stallworth Mailing Address 1328 Fernwood Drive City, State, Zip Code	(Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ \langle

Name of Candidate or Committee Jeff Stallworth

Reporting period May 1, 2015 through May 31, 2015

A 2 Printing Mailing Address TV Road City, State, Zip Code Jackson MS 39202 Purpose of Disbursement (Optional) Date (Mo., Day, Year) ### Amount of each disbursement this subsursement this subsursement this subsursement (Mo., Day, Year) \$\frac{5}{415} \\$\$ \$\frac{4}{15} \\$\$ \$\frac{5}{420} \] \$\frac{5}{16} \] \$\frac{5}{15} \\$\$ \$\frac{937.50}{15} \]	
TV Rocc 5/4/15 \$ 420 00 City, State, Zip Code 5/6/15 \$ 937.50 Purpose of Disbursement (Optional)	perioa
Jackson MS 39202 5/6/15 937.50	
Turpose of Dispursement (Optional))
Aggregate S Year-to-date 13 5 7 5	_
B. Full name A Z Printing Mailing Address Date (Mo., Day, Year) Amount of earlie disbursement this	
TV Road 5/8/15 \$ 560 00	
Jackson MS 39202 " 516/15 " 220-60	<u> </u>
Purpose of Disbursement (Optional) Aggregate Year-to-date Aggregate Year-to-date	O
Timothy biddell Mailing Address Date (Mo., Day, Year) Amount of ea disbursement this	ch
422 Mason Blvd. 5.18.115 \$ 700 00	
Jackson, MS 39212 5,26/15 \$ 1100 00	2
Purpose of Disbursement (Optional) Aggregate Year-to-date Aggregate Year-to-date	
Date Amount of ea disbursement this	
Mailing Address 3914 Martin Luther King 5,12,15 \$ 30000	
City, State, Zip Code Lackson MS 39213	
Purpose of Disbursement (Optional) Aggregate Year-to-date \$ 300 = 6	2
E. Full name Date (Mo., Day, Year) Aggregate Year-to-date Aggregate Year-to-date One Amount of each disbursement this	
Purpose of Disbursement (Optional) Aggregate Year-to-date Social Section Pack Circles Aggregate Year-to-date Amount of ear disbursement this 5/13/15 1018 Pecan Pack Circles Amount of ear disbursement this	
Purpose of Disbursement (Optional) Aggregate Year-to-date Society, State, Zip Code Aggregate Year-to-date Amount of each disbursement this Society, State, Zip Code Jackson, Ms 39209 Aggregate Year-to-date Society, State, Zip Code Year-to-date Society, State, Zip Code Jackson, Ms 39209 Aggregate Year-to-date Society, State, Zip Code Society, State, Zip Code Jackson, Ms 39209	
Purpose of Disbursement (Optional) Aggregate Year-to-date Society, State, Zip Code Jackson, Ms 39209 Aggregate Year-to-date Society, State, Zip Code Jackson, Ms 39209 Aggregate Year-to-date Amount of each disbursement this 5/13/15 700 Aggregate Year-to-date Aggregate Year-to-date Aggregate Year-to-date Aggregate Year-to-date	
Purpose of Disbursement (Optional) Aggregate Year-to-date E. Full name WMPR Date (Mo., Day, Year) Mailing Address LD18 Pecan Park Circle City, State, Zip Code Jackson, Ms 39209 Purpose of Disbursement (Optional) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date Date (Mo., Day, Year) Amount of each disbursement this	period 2
Purpose of Disbursement (Optional) Aggregate Year-to-date E. Full name WMPR Date (Mo., Day, Year) Mailling Address LD 18 Pecan Park Circle City, State, Zip Code Jackson MS 39209 Purpose of Disbursement (Optional) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year) Amount of each disbursement this Date (Mo., Day, Year) Amount of each disbursement this Date (Mo., Day, Year)	period 2
Purpose of Disbursement (Optional) Aggregate Year-to-date Social Secretary Secretary Social Secretary Secretary Secretary Social Secretary Social Secretary Social Secretary Social Secretary Secretary Secretary Social Secretary Secre	period 2

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert Hosemann SECRETARY OF STATE	

Eric Stringfellow			
Address 1100 Lynch St, #307, Jackson, N	IS 39203	County Hinds	
Telephone (Work) 601-983-9490	(Home) 601-983-949	0 (Fax) 601-969	-7208
Contact Name Eric Stringfellow	Email Add	Iress edstring@hotmail.co	m
Office Sought Hinds County Supervisor Di			
Check here if above is different from	om previous report	0 1	S Secret Secret Secret
May 8, 2015 Periodic Report (January	1, 2015, through April 30, 20)15)	IUN 15 2015 Mandatory
× June 10, 2015 Periodic Report (May 1	2015, through May 31, 201	5) BARBAR	A DUNN, CIRCUIT CLERK Mandatory
July 10, 2015 Periodic Report (June 1,	2015, through June 30, 201	5)BY	D.CMandatory
		.015)	Mandatory All Primary Candidates and Political Committees
August 18, 2015 Pre-Election Report	July 26, 2015, through Augu	ust 15, 2015) All Primary Candidate	Runoff Candidates Only es and Political Committees in a Runoff Election
October 9, 2015 Periodic Report (July	1, 2015, through September	r 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January	1, 2015, through October 24, 20	015)	All Candidates and Political Committees
November 17, 2015 Pre-Runoff Repor	t (October 25, 2015, through	November 14, 2015)	Runoff Candidates Only as and Political Committees in a Runoff Election
January 8, 2016 Periodic Report (Octo	ober 1, 2015, through Decem	nber 31, 2015)	Mandatory
Termination Report (Candidate will no lon outstanding campaign		e campaign expenditures and ha	s no Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep	orted contributions and exper	res have occurred. In such cas nditures during this period.	
(2) Until a Candidate files a Termination Report and (iii).	t, annual and periodic reports	must still be filed in accordance	e with Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt acceptable.	ceipt of the required reports by of the required reports by 5:0	y 5:00 p.m. on the reporting day 0 p.m. on the first working day	y. If the deadline falls on a weekend or a before the deadline. Faxed reports are
	REPORTED CONTRIBU	TIONS AND DISBURSEME	
Itemized	+ Non-Itemized	This Perio	od 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	

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

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

June 10, 2015

Date

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

Page	1	of	2

Name of Candidate or Committee	Eric Stringfellow
Reporting period May 1, 2015	through May 31, 2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 15 / 15	
Godwin Dafe - State Farm Insurance	12 1 112 1 113	\$ 300.00
Mailing Address		\$
P. O. Box 11655	·'	3
City, State, Zip Code	F.F.	
Jackson, MS 39283	<u>'''</u>	\$
Name of Employer (Required)		
Self-employed	·/	\$
Occupation (Required)	Aggregate	\$ \$300.00
Insurance Agent	year-to-date	▼ [\$300.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	5 / 26 / 15	\$ 300
Statewide General Insurance Agency		1000
3073 Lynch St.		\$
City, State, Zip Code		
Jackson, MS 39209	<u> </u>	\$
Name of Employer (Required)	F .F .F	•
Statewide General Incurance Agency	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 300.00
Business Insurance	year-to-date	\$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 20 / 15	<u> </u>
John Perkins	13 / 120 / 113	\$ 300.00
Mailing Address		\$
1831 Robinson Street	<u>''</u>	V 1
City, State, Zip Code		\$
Jackson, MS 39209		<u> </u>
Name of Employer (Required) Retired	「「「「	\$
Occupation (Required)	Aggregate	\$ 300.00
Retired-Development Manager	yearto-date	\$ 300.00
D. Source: Corporation PAC Individual V Loan		Amount of each receipt
D. Source: Corporation PAC Individual V Loan Cother (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each
D. Source: Corporation PAC Individual V Loan Cother (please specify)	yearto-date Date	Amount of each receipt
Other (please specify) Full name J Kane Ditto, Jr.	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual V Loan Cother (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name J Kane Ditto, Jr. Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
D. Source: Corporation PAC Individual V Loan Other (please specify) Full name J Kane Ditto, Jr. Mailing Address P. O. Box 13925 City, State, Zip Code Jackson, MS 39236	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual V Loan Other (please specify) Full name J Kane Ditto, Jr. Mailing Address P. O. Box 13925 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
D. Source: Corporation PAC Individual V Loan Other (please specify) Full name J Kane Ditto, Jr. Mailing Address P. O. Box 13925 City, State, Zip Code Jackson, MS 39236	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$

Page	2	of	2

Name of Candidate or Committee	Eric Stringfellow		
Reporting period May 1, 2015		May 31, 2015	

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 26 / 15	A [
E. B. Robinson, Jr	15 / 120 / 115	\$ 1,000.00
Mailing Address		\$
49 Eastbrooke	<u>''</u>	•
City, State, Zip Code	F.F.	
Jackson, MS 39216	<u>''</u>	\$
Name of Employer (Required)	Γ Γ Γ	\$
Retired	<u>''</u>	4
Occupation (Required)	Aggregate	\$ 1,000.00
Banker-Retired	year-to-date	
B. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(11101, 54), 1041,	this period
Full name	5 / 26 / 15	\$ 500.00
Toni D. Cooley		¥ 1500.00
Mailing Address		\$
1028 Whitsett Walk	·//	-
City, State, Zip Code		\$
Jackson, MS 39056	<u>''</u>	7 1
Name of Employer (Required)		\$
Cooley Enterprise		*
Occupation (Required)	Aggregate	\$ 500.00
Self-employed	yearto-date	1 1300.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code	□,□,□	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	 	\$
Ditto Law Firm		\$
Occupation (Required)	Aggregate year-to-date	\$

	1		1	
age		of		

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

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	'	S
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	//	s
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	//	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2015 Election

JUN 1 0 2015

Delbert Hosemann

Anthony P. Thomas		n A D	BARA DUNA, CIRCUIT CLERK
Name of Candidate	0154) NO - 1.C.
Address 10700 Hwy 467, Raymond, MS 3	9134	_County	
Telephone (Work) (601)951-0308	(Home) ⁽⁶⁰¹⁾⁸⁵⁷⁸⁴⁴⁷	(Fax) (769)257-56	
Contact Name Valarie White	Email Addre	thomas4sheriff1@gmail.	com
Office Sought	Political Party D	emocratic	
Check here if above is different fr	om previous report		
May 8, 2015 Periodic Report (January	TYPE OF 1 2015 through April 30, 2015	REPORT	Mandatory
× June 10, 2015 Periodic Report (May 1			
July 10, 2015 Periodic Report (June 1			
July 28, 2015 Pre-Election Report (Ju		15)	Mandatory
	(1.) 00 004F the self A second		rimary Candidates and Political Committees
August 18, 2015 Pre-Election Report	(July 26, 2015, through August	15, 2015)All Primary Candidates a	nd Political Committees in a Runoff Election
October 9, 2015 Periodic Report (July	1, 2015, through September 3	0, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January	r 1, 2015, through October 24, 2015	5)	Mandatory All Candidates and Political Committees
November 17, 2015 Pre-Runoff Repo	rt (October 25, 2015, through N	lovember 14, 2015)	Runoff Candidates Only
a company to the Powert (Oak	should Dodge through Doggesh	• •	nd Political Committees in a Runoff Election
January 8, 2016 Periodic Report (Oct	ober 1, 2015, through Decembe	er 31, 2015)	mattuatory
Termination Report (Candidate will no lor outstanding campaig	nger accept contributions or make on the contributions of make on the contribution of the contributions of the contribution of the contributions of the contribution of th	ampaign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep	IMPORTAL no contributions or expenditure corted contributions and expendi	s have occurred. In such case, t	ne candidate shall submit a report
(2) Until a Candidate files a Termination Repor	t, annual and periodic reports me	ust still be filed in accordance w	th Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt acceptable.	ceipt of the required reports by 5 t of the required reports by 5:00 p	:00 p.m. on the reporting day. If o.m. on the first working day before	the deadline fails on a weekend or a ore the deadline. Faxed reports are
	REPORTED CONTRIBUTION	ONS AND DISBURSEMENT	<u>S</u> Calendar
Itemized	+ Non-Itemized	This Period	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 the	is report and to the best of my	knowledge and belief it is true	, accurate, and complete.
Milhing Y.	Moras	6/09/2015	
Signature of Candidate		Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (197 Penalties: Failure to submit required reports, or fail fines of \$50 per day and/or prosecution in accordar	ure to submit reports in accordance	e with statutory deadlines, or failu	re to submit valid reports shall result in

- 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

Delbert Hosemann	
SECRETARY OF STATE	
	•

FILED

Name of Committee	ttee to Elect Anthony P Tho	omas	7 -
Address P. O. Box 1247, Ray	mond, MS 39154	County Hinds	JUN 1 0 2015
Telephone (601)951-0308		Fax (769) 257-5659	BARBARA DUNN, CIRCUIT CLERK
Treasurer Valarie White		Email Address thomas4sherif	f1@gmati.com
	ove is different from previous re		
May 8, 2015 Periodic Re	eport (January 1, 2015, throug	gh April 30, 2015)	Mandatory
X June 10, 2015 Periodic	Report (May 1, 2015, through	n May 31, 2015)	Mandatory
July 10, 2015 Periodic I	Report (June 1, 2015, through	June 30, 2015)	Mandatory
July 28, 2015 Pre-Elect	ion Report (July 1, 2015, thro	ugh July 25, 2015)	Primary Candidates and Political Committees
August 18, 2015 Pre-El	ection Report (July 26, 2015,	through August 15, 2015)	Runoff Candidates Only and Political Committees in a Runoff Election
October 9, 2015 Period	lic Report (July 1, 2015, throu	gh September 30, 2015)	Mandatory
(Primary Election Winne	Election Reporters report October 1, 2015, through	n October 24, 2015) October 24, 2015)	All Candidates and Political Committees
• •	•	2015, through November 14, 2015)	Runoff Candidates Only and Political Committees in a Runoff Election
January 8. 2016 Period	lic Report (October 1, 2015, th		Mandatory
Termination Report (Car		ibutions or make campaign expenditures and has r	Required to terminate reporting obligations
Termination Report (Carouts (1) Pre-Election reports are ma	ndidate will no longer accept contribution standing campaign debt obligation	ibutions or make campaign expenditures and has r	reporting obligations
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total	ndidate will no longer accept contri- standing campaign debt obligation andatory, even if no contribution at amount of reported contribution	ributions or make campaign expenditures and has r IMPORTANT as or expenditures have occurred. In such case,	reporting obligations the candidate shall submit a report
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total (2) Until a Candidate files a Terand (iii). (3) The receiving authority must	ndidate will no longer accept contribution and atory, even if no contribution at amount of reported contribution rmination Report, annual and pest be in actual receipt of the registrons.	ibutions or make campaign expenditures and has r i) iMPORTANT is or expenditures have occurred. In such case, lons and expenditures during this period.	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total (2) Until a Candidate files a Terand (iii). (3) The receiving authority musholiday, the office must be	ndidate will no longer accept contribution and atory, even if no contribution at amount of reported contribution rmination Report, annual and peats be in actual receipt of the required in actual receipt of the required	ibutions or make campaign expenditures and has reported in such case, ions and expenditures have occurred. In such case, ions and expenditures during this period. Priodic reports must still be filed in accordance united reports by 5:00 p.m. on the reporting day.	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total (2) Until a Candidate files a Terand (iii). (3) The receiving authority musholiday, the office must be	ndidate will no longer accept contribution and atory, even if no contribution al amount of reported contribution rmination Report, annual and pest be in actual receipt of the required REPORT	ibutions or make campaign expenditures and has reported in such case, in sor expenditures have occurred. In such case, ions and expenditures during this period. Periodic reports must still be filed in accordance uired reports by 5:00 p.m. on the reporting day, reports by 5:00 p.m. on the first working day be	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total (2) Until a Candidate files a Terand (iii). (3) The receiving authority musholiday, the office must be	ndidate will no longer accept contribution and atory, even if no contribution all amount of reported contribution mination Report, annual and pest be in actual receipt of the required in actual receipt of the required REPORT	ibutions or make campaign expenditures and has reported in such case, ions and expenditures have occurred. In such case, ions and expenditures during this period. Priodic reports must still be filed in accordance uired reports by 5:00 p.m. on the reporting day, reports by 5:00 p.m. on the first working day be to contributions and dissurred to contributions and contributions and contributions and contributions are contributed to contribute the contributions and contributions are contributed to contribute the contributions and contributed to contribute the contributions and contributed to contribute the contributions and contributed to contribute the contributed the contributed to contribute the contributed to contribute the contributed to contribute the contributed the contributed to contr	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a efore the deadline. Faxed reports are Calendar
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for tot (2) Until a Candidate files a Terand (iii). (3) The receiving authority musholiday, the office must be acceptable.	ndidate will no longer accept contribution standing campaign debt obligation and atory, even if no contribution at amount of reported contribution remination Report, annual and persect the in actual receipt of the required in actual receipt of the required termized + Non-ite \$2054.00 +\$0.0	ibutions or make campaign expenditures and has reports or expenditures have occurred. In such case, ions and expenditures during this period. Priodic reports must still be filed in accordance uired reports by 5:00 p.m. on the reporting day, reports by 5:00 p.m. on the first working day be to contributions and DISBURSEMENTS emized.	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a efore the deadline. Faxed reports are Calendar Year-To-Date
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total (2) Until a Candidate files a Terand (iil). (3) The receiving authority musholiday, the office must be acceptable.	ndidate will no longer accept contribution and atory, even if no contribution and amount of reported contribution remination Report, annual and pest be in actual receipt of the required in actual receipt of the required REPORT Itemized + Non-Ite \$2054.00 +\$0.0	ibutions or make campaign expenditures and has reported in such case, lons and expenditures have occurred. In such case, lons and expenditures during this period. Priodic reports must still be filed in accordance using reports by 5:00 p.m. on the reporting day, reports by 5:00 p.m. on the first working day by the control of the contr	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a efore the deadline. Faxed reports are Calendar Year-To-Date \$ 2154.00
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total and (iii). (3) The receiving authority musholiday, the office must be acceptable. Total amount of contributions Total amount of disbursement	ndidate will no longer accept contribution and atory, even if no contribution all amount of reported contribution mination Report, annual and pest be in actual receipt of the required in actual receipt of the required REPORT Itemized + Non-ite \$2054.00 + \$0.0	ibutions or make campaign expenditures and has reported in such case, ions and expenditures have occurred. In such case, ions and expenditures during this period. Priodic reports must still be filed in accordance usired reports by 5:00 p.m. on the reporting day, reports by 5:00 p.m. on the first working day be reported by 5:00 p.m. on the first working day by 5:00 p.m. on the first working day be reported by 5:00 p.m. on the first working day by 5:00 p.m. on the first workin	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a efore the deadline. Faxed reports are Calendar Year-To-Date \$ 2154.00 \$ 2054.00
Termination Report (Carouts (1) Pre-Election reports are maindicating "0" (Zero) for total and (iii). (3) The receiving authority musholiday, the office must be acceptable. Total amount of contributions Total amount of disbursement	ndidate will no longer accept contribution standing campaign debt obligation and atory, even if no contribution all amount of reported contribution mination Report, annual and personal state of the required in actual receipt of the required REPORT Itemized + Non-ite \$2054.00 +\$0.0	ibutions or make campaign expenditures and has reported in such case, ions and expenditures have occurred. In such case, ions and expenditures during this period. Priodic reports must still be filed in accordance using the reports by 5:00 p.m. on the reporting day, reports by 5:00 p.m. on the first working day be reported by 5:00 p.m. on the first working day be reported. This Period \$ 2054.00 \$ 100.00 The best of my knowledge and belief it is training the reported by the best of my knowledge and belief it is training.	reporting obligations the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a efore the deadline. Faxed reports are Calendar Year-To-Date \$ 2154.00 \$ 2054.00

- 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

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		JUN		2015		
_ 1	ARBA	R A[JUNN,	CIRCU	IT CLE	RK 1 C
- -	BYA		/			,

obligations

Committee Name of Committee	JUN 1 0 2015	
P. O. Box 1247, Raymond, MS 39154 Address		BARBARA DUNN, CIRCUIT CL
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 (Month)	2015 Monthly Report (due 10 th of following Month)	Mandatory
Termination Report (Con	nmittee or Individual will no longer accept contributions or	Required to terminate reporting

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.
- 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.
- 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 th	is report and to the best of my	knowledge and belief it is 06/09/2015	
Signature of Director o	r Treasurer	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

make expenditures and has no outstanding campaign debt obligation)

Page	1	of	1
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Name of Candidat	e or Committee	Committe	ee to Elect Antho	ny P. Thomas
Reporting period	May 01. 2015		through	May 31. 2015
		- 1	3-5	DEOEIDTO

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 01 / 15	
lda Smith	05 / 01 / 15	\$ 200.00
Mailing Address	F.F.	
10700 Hwy 467	<u>''</u>	\$
City, State, Zip Code		
Raymond, MS 39154	<u> </u>	\$
Name of Employer (Required)		\$
Retired	<u>'' </u>	₹
Occupation (Required) Retired	Aggregate year-to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	05 / 08 / 15	e —
Valarie White	103 / 108 / 113	\$ 300.00
Mailing Address		\$
2353 Paden Strret	<u>/</u> /	4 1
City, State, Zip Code		\$
Jackson, MS 39204	<u>//</u>	4
Name of Employer (Required)		\$
Superior Nursing and Sitting Services	A	
Occupation (Required) Human Resources Supervisor	Aggregate year–to-date	\$ 300.00
C. Source Corporation PAC I Individual Loan	year-to-date	A
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 04 / 15	\$ 250.00
O. Vaughn Dudley		, , , , , , , , , , , , , , , , , , , ,
Mailing Address		\$
101 Martins Key		
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required)		
Retired	/	\$
Occupation (Required)	Aggregate	\$ 250.00
Retired	year-to-date	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Anthony P. Thomas	05 / 03 / 15	\$ 300.00
Mailing Address	05 / 11 / 15	\$ 450.00
10700 Hwy 467	105 / 111 / 115	\$ 450.00
City, State, Zip Code		\$
Raymond, MS 39154		· 1
Name of Employer (Required) East Mississippi Community College		\$
Occupation (Required)	Aggregate	\$ (850.00
Police Officer/ Professor	year-to-date	\$ 850.00

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ame of Candidate or Committee	Committee to Elect Anthony P. Thoma
aine di Candidate di Commune	

taile of Januarate of John Miles	
May 01, 2015	May 31, 2015
Reporting period May 01, 2015	through through

A. Full name T-Shirts and Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2650 Livington 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		s
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		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

Desert Hoseman SECRETARY OF STATE

Political Committee

REPORT OF RECEIPTS AND DISBURSEMENTS

JUN 1 0 2015

2015 Election BARBARA DUNN, CIRCUIT CLERK
Name of Committee Committee to elect lestie Tannehill www. D.C.
Address P.O. Box 721088 Byranounty Hinds The Street Street
Telephone <u>1001-832-5810</u> Fax <u>(001-878-9136)</u>
Treasurer Tracy Gardner Email Address Tonnehill for Sheriff
Check here if above-is different from previous report
<u>TYPE OF REPORT</u> 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)
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)
October 27, 2015 Pre-Election Report
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)
January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)
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 \$2500+\$ 1010U 13 \$ 41 64 13 \$ 10101413
QQ14113
Total amount of disbursements \$ 1,500+\$ 17280 \$ \$1,67280\$
Total amount of disbursements \$ 1,500+\$ 17280 \$ \$ 1,67280\$ \$ 1,67280
1100 110

- 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

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Name of Candidate	or Comi	mittee <u>HO C</u>	lect Les	lielan	nehil	—
Reporting period	May	1,7015	through _	may	31.70	10
–		ITEMI				_

may

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name DUNDOUTC	15/四/15	\$ 17000000000000000000000000000000000000
Mailing Address 121 Churinu Lauret Ln		\$
City, State, Zip Code R1000 1000 1005 39150		\$
Name of Employer (Required)	\Box \Box \Box \Box	\$
Occupation (Required)	Aggregate year–to-date	\$ 17000°
B. Source: Corporation PAC Individual X Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Benjamin A. Craddock	5位位	\$ 11000°
Mailing Address LITS IL HONEUSUCKIE IN.		\$
City, State, Zip Code		\$
Name of Employer (Required) Sel Femploged Craddock		\$
Occupation (Required)	Aggregate	\$ 1000°
CUSIN RES GOLF (SI	year-to-date	
C. Source Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date	receipt this period
Other (please specify) Full name Condition to the condition of the condit	Date	receipt this period
Full name Randall E. Howard Mailing Address Cranz Park	Date	receipt this period \$ \int \int \int \int \int \int \int \int
Other (please specify) Full name Condition Howard Mailing Address City, State, Zip Code Oack Son M5 39210	Date	receipt this period \$ \int \tag{\tag{\tag{\tag{\tag{\tag{\tag{
Other (please specify) Full name Condition Howard Mailing Address City, State, Zip Code Name of Employer (Required) Name of Employer (Required)	Date (Mo., Day, Year) // // // / // / Aggregate year-to-date Date	receipt this period \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Randall E. Howard Mailing Address City, State, Zip Code Occupation (Required) Dusiness Occupation (Required) Dusiness Dusines	Date (Mo., Day, Year) // // // / // / Aggregate year-to-date	receipt this period \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name And L. HOUGE Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) // // // / // / Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) // // // / // / Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) // // // / // / Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) // // // / // / Aggregate year-to-date Date	receipt this period \$

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Name of Candidate or Committee	toolect	(oslie lunnenill
Reporting period	through	

in alast Laglia Tons	sh. 11	Page of	
Name of Candidate or Committee Toolect (Sie Tonnehill		\mathcal{L}_{10}	
Reporting period through		$-\omega_{\ell}$	
ITEMIZED DISBURSEMENTS \			
A. Full name The Daniels Group	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 555 State St	5/27/15	s 1500	
City, State, Zip Code OCKSON, M5 397772	//	\$	
Purpase of Disbursement (Optional) Campaian Mot Firm	Aggregate Year-to-date	\$ 1,500°°	
B. Full name	Date (Mo., Day, Year)	Ámount 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	//	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	

Delbert Hosemann

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

SEC	CREI	ARY OF	SIAIL
I	L		
JU	N 1	0 2015	ı

Name of Candidate Zack Wallace RA DUNN, CIRCUIT CLERK Hinds PO Box 3648 County **Address** (Home)⁶⁰¹²⁰¹⁵⁶⁷⁷ Telephone (Work) 6016133910 (Fax) Email Address zackwallace4circuitclerk@gmail.com Contact Name Kedra Wallace **Hinds County Circuit Clerk** Democrat **Political Party** Office Sought Check here if above is different from previous report TYPE OF REPORT 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 27, 2015 Pre-Election Report (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) All Candidates and Political Committees in a Runoff Election Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no Required to terminate reporting obligations outstanding campaign debt obligation) **IMPORTANT** Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). 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 Calendar This Period Non-Itemized Itemized year-to-date \$21,348.00 \$43,168.00 Total amount of contributions \$8,700.00 + \$ 12,648.00 \$23,701.60 \$12,631.55 Total amount of disbursements \$12,522.50 + \$ 109.05 \$1,500.00 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.

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:

Signature of Candidate

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545

06/09/2015

Date

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

Page	2	of	

Name of Candidate or Committee	Zack Wallace	
Reporting period 05/01/2015		05/31/2015

A. Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 01 / 15	\$ 500.00
Davidson Bowie	100 / 101 / 110	Ψ 500.00
Mailing Address		\$
2506 Lakeland Dr.	<u>''</u>	Ψ
City, State, Zip Code		\$
Flowood, MS 39212	·/	P
Name of Employer (Required)		\$
Self	·/	ə
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	♥ [500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INO., Day, Teal)	this period
Full name	05 / 06 / 15	\$ 200.00
Anita Bell-Mohommad	155 / 155 / 115	▼ 200.00
Mailing Address		\$
Manchu Ct.	' / '	4 1
City, State, Zip Code		
Clinton, MS 39056	<u> </u>	\$
Name of Employer (Required)		\$
Hinds Community College		- ,
Occupation (Required)	Aggregate	\$ 200.00
Social Worker	year-to-date	
C. Source	5.4.	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
, · · · · · · · · · · · · · · · · · · ·		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Barry McNair Mailing Address	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Barry McNair	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ [
Other (please specify) Full name Barry McNair Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 500.00
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ [
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ [
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC / Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC 7 Individual Loan	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC / Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC / Individual Loan Other (please specify) Full name Howard Buford Mailing Address 3329 Moncure Marble Rd.	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Howard Buford Mailing Address 3329 Moncure Marble Rd. City, State, Zip Code	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Howard Buford Mailing Address 3329 Moncure Marble Rd. City, State, Zip Code Terry,MS 39170	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
Other (please specify) Full name Barry McNair Mailing Address City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC 7 Individual Loan Other (please specify) Full name Howard Buford Mailing Address 3329 Moncure Marble Rd. City, State, Zip Code Terry,MS 39170 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City, State, Zip Code Name of Employer (Required) Self Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Howard Buford Mailing Address 3329 Moncure Marble Rd. City, State, Zip Code Terry,MS 39170	(Mo., Day, Year) 05	receipt this period \$ 500.00 \$ \$

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Name of Candidate or Committee	Zack Wallace		
Reporting period 05/01/2015		05/31/2015	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 19 / 11	\$ 200.00
Sanford & Associates		¥ 1200.00
Mailing Address		\$
PO Box 1208		
City, State, Zip Code Jackson, MS 39215		\$
Name of Employer (Required)		
Law Firm	<u> </u>	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 200.00
B. Source: Corporation PAC V Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	05 / 12 / 15	\$ 200.00
Marc E. Brand		▼ 1200.00
Mailing Address		\$
PO Box 3508		* I
City, State, Zip Code		\$
Jackson, MS 39207		Y 1
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	\$ 200.00
Attorney	year-to-date	\$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name		receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC	(Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A	(Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address	(Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law	(Mo., Day, Year) 05	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$
Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm Mailing Address 1501 N. State St.	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 250.00 \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm Mailing Address 1501 N. State St. City, State, Zip Code Jackson, MS 39202 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 250.00 \$ 1 1 1 1 1 1 1 1 1
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm Mailing Address 1501 N. State St. City, State, Zip Code Jackson, MS 39202 Name of Employer (Required) Hearn Law Firm Hearn Law Firm Mame of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 250.00 \$ 1
C. Source Corporation PAC Individual Loan Other (please specify) Full name Smart Law, PLLC Mailing Address 125 S. Congress St. Suite 1600A City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Smart Law Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hearn Law Firm Mailing Address 1501 N. State St. City, State, Zip Code Jackson, MS 39202 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 250.00 \$ 1 1 1 1 1 1 1 1 1

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Name of Candidate or Committee	Zack Wallace		
Reporting period 05/01/2015		05/31/2015	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	05 / 14 / 15	\$ 500.00	
Sweet & Associates			
Mailing Address 158 E. Pascagoula St.	<u> </u>	\$	
City, State, Zip Code			
Jackson, MS 39201	<u> </u>	\$	
Name of Employer (Required)	FIFI	\$	
Sweet & Associates	<u> </u>	Ψ	
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 500.00	
B. Source: Corporation PAC / Individual Loan	Date	Amount of each	
Other (please specify)	(Mo., Day, Year)	receipt this period	
Full name	05 / 14 / 15	\$ 200.00	
J.E. Roberts Jr.	103 / 114 / 113	\$ 200.00	
Mailing Address		\$	
410 S. President St.		Y 1	
City, State, Zip Code		\$	
Jackson, MS 39201	<u></u>	* 1	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year–to-date	\$ 200.00	
C. Source Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Other (please specify)	(Mo., Day, Year)	receipt this period	
		receipt	
Other (please specify)	(Mo., Day, Year)	receipt this period \$ 250.00	
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427	(Mo., Day, Year)	receipt this period	
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 250.00	
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216	(Mo., Day, Year) 05	receipt this period \$ [250.00] \$ [
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 250.00	
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ [250.00] \$ [
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ 5	
Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC / Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC 7 Individual Loan Other (please specify) Full name Bryant D. Guy Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Other (please specify) Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bryant D. Guy Mailing Address 210 E. Capitol St. Ste 2150	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$	
Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC 7 Individual Loan Other (please specify) Full name Bryant D. Guy Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 250.00	
Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bryant D. Guy Mailing Address 210 E. Capitol St. Ste 2150 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$	
Full name Brandon Dorsey Mailing Address PO Box 13427 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC / Individual Loan Other (please specify) Full name Bryant D. Guy Mailing Address 210 E. Capitol St. Ste 2150 City, State, Zip Code Jackson, MS 39201	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

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Name of Candidate or Committee	Zack Wallace			_
Reporting period 05/01/2015		through	05/31/2015	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Carter & Body	05 / 14 / 15	\$ 500.00
Mailing Address	<u></u>	
407 Orchard Park Ste D	<u> </u>	\$
City, State, Zip Code		
Ridgeland, MS 39157	<u> </u>	\$
Name of Employer (Required)		\$
Carter & Body		Y
Occupation (Required) Law Firm	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	05 / 14 / 15	\$ 300.00
Fondren Nightingales	100 / 111 / 110	\$ 300.00
Mailing Address		\$
436 N. State St., Suite B7		Y
City, State, Zip Code		\$
Jackson, MS 39206		•
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 300.00
<u></u>		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt
Other (please specify) Full name Lumumba & Associates	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Lumumba & Associates Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Lumumba & Associates Mailing Address	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates	(Mo., Day, Year) 05	receipt this period \$ 250.00
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Crymes Pittman	(Mo., Day, Year) O5	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC / Individual Loan Other (please specify) Full name Crymes Pittman Mailing Address	(Mo., Day, Year) O5	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Crymes Pittman Mailing Address 410 S. President St.	(Mo., Day, Year) O5	receipt this period \$ 250.00 \$ \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC / Individual Loan Other (please specify) Full name Crymes Pittman Mailing Address	(Mo., Day, Year) O5	receipt this period \$ 250.00 \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 400.00
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Crymes Pittman Mailing Address 410 S. President St. City, State, Zip Code	(Mo., Day, Year) O5	receipt this period \$ 250.00 \$ \$
Other (please specify) Full name Lumumba & Associates Mailing Address PO Box 31782 City, State, Zip Code Jackson, MS 39286 Name of Employer (Required) Lumumba & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Crymes Pittman Mailing Address 410 S. President St. City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	(Mo., Day, Year) O5	receipt this period \$ 250.00 \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 400.00 \$ 400.00

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

A. Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 14 / 11	\$ 300.00
Jody and Michelle Owens II		1500.00
Mailing Address		\$
109 Inez Owens	<u></u>	V 1
City, State, Zip Code		\$
Jackson, MS 39212		Ψ
Name of Employer (Required)		\$
Southern Poverty Law	<u>'</u>	Y
Occupation (Required)	Aggregate	\$ 300.00
Attorney	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Day, Tear)	this period
Full name	05 / 14 / 15	\$ 1500.00
Aafram Sellers		+ 1300.00
Mailing Address		\$
5760 I-55 North, Suite 300	<u>'''</u>	* 1
City, State, Zip Code		\$
Jackson, MS 39211		Ψ
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	\$ 1500.00
Attorney	year-to-date	¥ [1500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 14 / 15	\$ 200.00
Faye Peterson	105 / 114 / 115	Ψ 1200.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required) Self	匚,匚,匚	\$
Occupation (Required)	Aggregate	\$ 200.00
Attorney	year-to-date	4 [200.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 15 / 15	\$ 200.00
Ben Piazza Jr.		V 1200.00
Mailing Address 5488 I-55N, Suite E		\$
City, State, Zip Code		•
City, State, Zip Code Jackson, MS 39211		\$
Jackson, MS 39211		\$
Jackson, MS 39211 Name of Employer (Required)	Aggregate year-to-date	

Page	7	of	

Name of Candidate or Committee	Zack Wallace	
Reporting period 05/01/2015		05/31/2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAC Construction	05 / 19 / 11	\$ 500.00
Mailing Address	Γ , Γ , Γ	\$
125 S. Congress St., Suite 1300	1_/1_/1_	Ψ
City, State, Zip Code		\$
Jackson, MS 39201	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	Ψ
Name of Employer (Required)		\$
MAC Construction	· · · · · · · · · · · · · · · · · · ·	Ψ
Occupation (Required)	Aggregate	\$ 500.00
Construction	year-to-date	
B. Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, 2),	this period
Full name	05 / 22 / 15	\$ 250.00
Ashley Wicks		1250.00
Mailing Address		\$
63 Springridge Circle		· 1
City, State, Zip Code		\$
Jackson, MS 39211		¥
Name of Employer (Required)		\$
Butler and Snow		,
Occupation (Required)	Aggregate year–to-date	\$ 250.00
Attorney	year-to-date	
a di E magica di Libraria Lagra E	B	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Joezon and Tracy Darby		receipt
Other (please specify) Full name Joezon and Tracy Darby Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr.	(Mo., Day, Year)	receipt this period \$ 300.00
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 300.00
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033	(Mo., Day, Year)	receipt this period \$ 300.00 \$ [
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 300.00
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033	(Mo., Day, Year)	receipt this period \$ 300.00 \$ [
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ Amount of each receipt
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: 7 Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ Amount of each receipt
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Danny E. Cupit	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ 300.00 \$ 300.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: 7 Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Danny E. Cupit Mailing Address	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Danny E. Cupit Mailing Address PO Box 22929 City, State, Zip Code Jackson, MS 39225	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ 300.00 \$ 300.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Danny E. Cupit Mailing Address PO Box 22929 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required)	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joezon and Tracy Darby Mailing Address 2280 Stuttgart Dr. City, State, Zip Code Frisco, TX 75033 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Danny E. Cupit Mailing Address PO Box 22929 City, State, Zip Code Jackson, MS 39225	(Mo., Day, Year) O5 22 15 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Page		of	

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

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		s
Purpose of Disbursement (Optional) Mail out	Aggregate	\$ 613.00

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Page		of	

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

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	//	S
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	11	\$
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	//	s
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. Fuil name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate	s

Name of Candidate

Contact Name (200

Office Sought_

Delbert Hosemann SECRETARY OF STATE

REPORT O

Candidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	FILED
2015 Election	7111
me of Candidate (360 18 5, Wolce	JUN 10 2015
dress 3904 Camilla Dr Jackson County Winds	BARBAKA DUNN CIRCUIT CLER
ephone (Work) 601, 855-0740 (Home) 601-503-555/ (Fax)	BY
ntact Name Googe S. Welch Email Address Gwelch can progned	Congil. com
ice Sought Brack of Supervisors Political Party Democratic	
Check here if above is different from previous report	
TYPE OF PEDOPT	All and determine
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
hely 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	mangatory
_ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	eary Candidates and Political Committees
	• • • • • • • • • • • • • • • • • • • •
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
O. J. OT DOLE Due Election Donort	All Candidates and Political Committees
2015 through November 14, 2015)	Runoff Candidates Only Political Committees in a Runoff Election
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
	Required to terminate reporting obligations
IMPORTANT	
Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.	1
Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with and (iii).	i i
The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before acceptable.	
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	Calendar
Iternized + Non-Iternized This Period	year-to-date
tal amount of contributions \$	· D
	CO. 00 214 00 (0)

acceptable.	· •	.m. on the first working day before the de	
Itemize		This Period	Calendar year-to-date
Total amount of contributions \$	- +\$ @	\$ 67	•
Total amount of disbursements \$ 850	عولان،	\$ (3) 850 00 990,0	
Total amount of cash on hand		\$ 189.00	3540.00
I gertify that I have exemine	d this report and to the best of my	knowledge and belief it is true, accurate	te, and complete.
Signature of Candidate		Date /	<i>(</i>

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

SEND TO:

- 1. Candidates for Statewide, State-District, Muiti-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

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r Name vi Candidate	: Or COMMINUES	Genrie	5.	Wela	
Reporting period_	May 1,2	015	through	My 31,	
	í IT	EMIZ	ED	RECE	IPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	//	\$
Mailing Address	//	\$
City, State, Zip Code		\$
Name of Employer (Required)	!!	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	//	\$
Mailing Address		\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	'	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	!!	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zlp Code	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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

A. Full name	Date	Amount of each
Carey Sparks (Electron Connection)	(Mo., Day, Year)	disbursement this period
Carey Sparks (Election Connection) Mailing Address	05/8/2015	\$ 500.00
City, State, Zip Code	05 1 16 1 2015	\$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00 \$ 100.00 \$ 600.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Signature Insurance Mailing Address 15 Northfown Dr. City, State, Zip Code	05 122 1295	\$ 250.00 -
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250 00
C. Full marine Jackson, Free Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10 5 5 Coogs 55 St	05/11/12015	140.00
Mailing Address 125 5 Con 91155 City, State, Zip Code 19c (San, MS 39203		\$
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	\$

2015 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Flection

	INTO INCOM	2015 Election		2211121110			
Name of Candidate Lee Var Address 1555 Beasley	Young						
Address 1555 Beasley	Rd	Coun	y /	tinds			
Telephone (Work)					FI	LE	D
Contact Name		Email Address					
		olitical Party				T10 20	
Check here if above is differen					BARBARA D		
		TYPE OF REPO	<u>DRT</u>		ВУ		D.C.
May 8, 2015 Periodic Report (Janu							
June 10, 2015 Periodic Report (Ma							
July 10, 2015 Periodic Report (Jur		•					
July 28, 2015 Pre-Election Report	(July 1, 2015, throi	ugn July 25, 2015)		All F	rimary Candidat	es and Politic	cal Committees
August 18, 2015 Pre-Election Rep	ort (July 26, 2015,	through August 15, 20	15) All Pri	mary Candidates a	R and Political Com	unoff Cand	didates Only Runoff Election
October 9, 2015 Periodic Report (July 1, 2015, throug	gh September 30, 2015)				Mandatory
October 27, 2015 Pre-Election Reg (Primary Election Winners report Oct (Independent Candidates report Janu	ober 1, 2015, through	October 24, 2015)					Mandatory al Committees
November 17, 2015 Pre-Runoff Re	eport (October 25,	2015, through Novemb	er 14,				
0 0045 P. 11 P. P. 114	0-1-1-1-1-0045-11		045)	All Candidates a			
January 8, 2015 Periodic Report (October 1, 2015, tr	nrough December 31, 2	015)			•••••••	Wandatory
Termination Report (Candidate will n outstanding cam	o longer accept contri paign debt obligation		n expen	nditures and has no		equired to porting ob	
(1) Pre-Election reports are mandatory, evindicating "0" (Zero) for total amount o					the candidate s	hall submit a	a report
(2) Until a Candidate files a Termination Re and (iii).	eport, annual and pe	eriodic reports must still	be filed	d in accordance v	vith Miss. Code	Ann. § 23-1	5-807 (b) (ii)
(3) The Secretary of State must be in actual holiday, the office must be in actual re- acceptable.							
	REPORTED	CONTRIBUTIONS A	ND DI	ISBURSEMENT	<u>rs</u>	0-1	.1
Itemize	ed + Non-Ite	mized		This Period		Calen year-to	
Total amount of contributions \$ 165	O Cas		\$	165000	\$		
Total amount of disbursements \$ 30	1018+5		\$	2010!8	\$		
Total amount of cash on hand	1.738.75		\$				
Certify that I have examine	d this report and to	o the best of my knowle	edge a		e, accurate, ar	ed complete	.
Authority: Refer to Miss. Code Ann. §23-15-80 Penalties: Failure to submit required reports, of fines of \$50 per day and/or prosecution in according to the state of the state	or failure to submit rep	ports in accordance with s	tatutor 813 (19	v deadlines, or fail	ure to submit val	id reports sh	all result in
SEND TO: 1. Candidates for Statewide, St	ate-District, Multi-C	County and all Legislati	ve offi	ces should retu	n form to Seci	etary of Sta	ate, 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 race streams recently

SOS 10-14

Page	TT o	f Z
I ago	LJ. V	1 ~

Name of Candidate or Com	mittee Lee Van Ya	ung
Reporting period	through	6-10-15
	ITEMIZED	RECEIPTS

	·	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
'LII heme		
Jefferey P. Kcynolds Malling Address		\$ 250.00
P O Box 24597	<u> </u>	\$
Dity, State, Zip Code	FIFI	\$
Jackson, MS 39225		<u> </u>
Name of Employer (Regulared) Jeffrey P. Reynolds, P.A.		\$
Docupation (Radulred)	Aggregate	\$ [250.00]
Attorney	year-to-date	السيب حضيت في مناطقة المساود ا
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$ 500.00
Gadow + Tyler, PLLC Malling Address		\$ [
3935 Foxbury Rd	<u> </u>	*
City, State, Zip Code		\$
Jackson, MS 39211 Name of Employer (Required)		\$
ratio of Pilibiosh (spagning)		9
Occupation (Required)	Aggregate year–to-date	\$ 500.00
!	year-to-date	
C. Source Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt
Other (please specify) Full name Brandon Doyscu Melling Address	Date	Amount of each receipt this period
Other (please specify) Full name Brandon Doyscy Malling Address P D Box 13427	Date	Amount of each receipt this period \$ 200.00
Other (please specify) Full name Brandon Doyscy Mailing Address PD Box 13427 City, State, Zip Code	Date	Amount of each receipt this period
Other (please specify) Full name Brandon Dorscy Mailing Address P D Box 13427 City, State, Zip Code Jackson , MS 39236 Name of Employer (Required)	Date	Amount of each receipt this period \$ 200.00
Other (please specify) Full name Brandon Doyseu Mailing Address PD Box 13427 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Brandon Doyseu, P. A.	Date (Mo., Day, Year) /////// Aggregate	Amount of each receipt this period \$ 200.00 \$ \$
Other (please specify) Full name Bramon Doysey Mailing Address P D Box 13427 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Brandon Doysey, P. A. Occupation (Required) Attorney	Date (Mo., Day, Year) / / / / / /	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Brandon Doyseu Mailing Address PD Box 13427 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Brandon Doyseu, P. A. Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) /////// Aggregate	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt
Other (please specify) Full name Brandon Doysey Mailing Address P D Box 13427 City, State, Zip Code Jackson, MS 39236 Name of Employer (Regulated) Brandon Doysey, P. A. Occupation (Regulated) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name Brandon Dorscy Mailing Address P D Box 13427 City, State, Zip Code Jackson , MS 39236 Name of Employer (Required) Brandon Dorscy, P. A. Occupation (Required) Attance Corporation PAC Individual Loan Other (please specify) Full name Kichard Molous, Jr	Date (Mo., Day, Year)	Amount of each receipt this period \$ \(200.00 \) \$ \(\) \$ \(\) \$ \(\) \$ \(\) Amount of each receipt this period \$ \(\) \(\) \(200.00 \) \$ \(\)
Other (please specify) Full name Brandon Dorscu Mailing Address PD Box 13427 Oily, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Brandon Dorscu, P. A. Occupation (Required) Attornu D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kichard Molpus, Jr Mailing Address 858 North State	Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name Brandon Doysey Mailing Address P D Box 13427 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Brandon Doysey, P. A. Occupation (Required) Attrice Corporation PAC Individual Loan Other (please specify) Full name Kichard Molous, Jr Mailing Address 858 North State City, State, Zip Gode	Date (Mo., Day, Year)	Amount of each receipt this period \$ \(200.00 \) \$ \(\) \$ \(\) \$ \(\) \$ \(\) Amount of each receipt this period \$ \(\) \(\) \(200.00 \) \$ \(\)
Other (please specify) Full name Brandon Dorscu Mailing Address PD Box 13427 Oily, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Brandon Dorscu, P. A. Occupation (Required) Attornu D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kichard Molpus, Jr Mailing Address 858 North State	Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Brandon Doysey Malling Address P D Box 13427 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Byandon Doysey, P. A. Occupation (Required) Attracy Other (please specify) Full name Kichard Molous, Jy Malling Address 858 North State City, State, Zip Gode Jackson MS 39202	Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ \$ 200.00 Amount of each receipt this period \$ 200.00 \$ \$ 200.00

Amount of each

receipt

this period

Amount of each

receipt

this period

\$

\$

\$

\$

\$

\$ [

\$

\$

Aggregate

year-to-date

Date

(Mo., Day, Year)

Aggregate

year-to-date

Date

(Mo., Day, Year)

Aggregate

year-to-date

	I	age O of O
Name of Candidate or Committee		
Reporting period ITEMIZED RECE	IPTS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
oll name		\$ 1500.00
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
New Hope, Earthst Church Pastry	Aggregate year-to-date	\$ 1500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$

Individual

Individual [

PAC

PAC

Other (please specify)

Corporation |

Other (please specify)

Loan [

Loan

City, State, Zip Code

Occupation (Required)

Full name

Malling Address

City, State, Zip Code

Occupation (Required)

D. Source:

Full name

Malling Address

City, State, Zip Code

Occupation (Regulred)

Name of Employer (Regulred)

Name of Employer (Required)

Name of Employer (Required)

C. Source Corporation

	- 1		-1
Page		of	1

Name	of	Candida	te or	Committee
Repor	tln	g period		

Ree Van Young through June 10, 2015

A. Full name Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address (042, HWU 469 S	5/15/15	s 923.53
City, State, 21p code lorence, 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
Malling Address 312 Water Dak Road	5,22,15	s 120.00
City, State, Zip Code Brandon, MS 39047		\$
Furpose of Disbursement (Optional) T-ShirtS	Aggregate Year-to-date	s 120.00
C. Full name Que Sera Sera	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3/16/15	s 11.94
City, State, Zip Code TackSon, MS	_'_'	s
Purpose of Disbursement (Optional) Business Lunch	Aggregate Year-to-date	s 11.94
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code		\$
Furpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$