

RECEIVED
JUN 10 2015
Campaign Finance
Secretary of State

☐ Check here if above is different from previous report

	TYPE OF REPORT	
_____	May 8, 2016 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
✕ _____	June 10, 2016 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
_____	July 10, 2016 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
_____	July 28, 2016 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
_____	August 18, 2016 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
_____	October 9, 2016 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
_____	October 27, 2016 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
_____	November 17, 2016 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
_____	January 8, 2017 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
_____	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

IMPORTANT

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

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$ 21,800	+	\$ 4,049	\$ 25,849	\$ 61,174
Total amount of disbursements	\$ 11,338.91	+	\$ 872.69	\$ 12,211.60	\$ 48,689.99
Total amount of cash on hand				\$ 114,910.01	

Date _____

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

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

Cecil Brown for PSC Itemized Receipts 5/1/2015- 5/31/2015

NAME	DATE	ADDRESS	CITY	STATE	ZIP	EMPLOYER	OCCUPATION	AMOUNT
Abston, Willis	5/7/2015	P.O. Box 320727	Flowood	MS	39232-0727	Self	Attorney	\$250.00
Banks, Earle	5/18/2015	2317 MLK Jr. Drive	Jackson	MS	39213	Self	Attorney	\$500.00
Branson, Reed	5/26/2015	6 Park Avenue	Jackson	MS	39202	Capitol Resources	Government Affairs	\$250.00
Central MS Building & Trades Council	5/27/2015	P.O. Box 821535	Vicksburg	MS	39182			\$10,000.00
Costas, Theo	5/19/2015	P.O. Box 1349	Jackson	MS	39216	Southern Beverage	President	\$500.00
Dixon, Louisa	5/4/2015	1620 Belmont Street	Jackson	MS	39202	Self	Attorney	\$500.00
Louisa Dixon YTD								\$1,000.00
Dodson, C.A.	5/5/2015	216 Stony Brook Cove	Jackson	MS	39211		Retired	\$300.00
Griffin, Larry	5/0/2015	3950 Airport Road	Morton	MS	39117	Self	Construction	\$1,000.00
Haugberg, Robert	5/5/2015	3946 Old Canton Road	Jackson	MS	39216	Baker Donelson	Attorney	\$250.00
Krutz, Fred	5/18/2015	1029 Annandale Drive	Madison	MS	39110	Forman, Watkins, Krutz & Tardy	Attorney	\$250.00
Leake, Eason	5/26/2015	2468 Meadowbrook Road	Jackson	MS	39211	Ross & Yarger	Insurance	\$250.00
Mayo, Lee Ann	5/19/2015	1417 Poplar Blvd	Jackson	MS	39202	Capitol Resources	Government Affairs	\$250.00
McInnis, Emily & Glade	5/19/2015	P.O. Box 176	Clinton	MS	39060	McInnis Electric	Owner	\$2,000.00
MHA PAC	5/4/2015	P.O. Box 1909	Madison	MS	39130			\$1,000.00
Morgan, Johnny	5/28/2015	P.O. Box 308	Oxford	MS	38655	Morgan White	Owner	\$1,000.00
Nicholas, Samuel	5/22/2015	P.O. Box 22512	Jackson	MS	39225-2512	Southland Management		\$250.00
Painter, William	5/5/2015	4268 I-55 North	Jackson	MS	39211	Baker Donelson	Attorney	\$500.00
Palmer, John	5/28/2015	P.O. Box 3747	Jackson	MS	39207	Self	Investor	\$300.00
Piazza, Ben	5/15/2015	P.O. Box 12445	Jackson	MS	39236	Keyes, Bryson & Piazza	Attorney	\$250.00
Schimmel, George	5/21/2015	3630 Kings Hwy	Jackson	MS	39216		Retired	\$200.00
George Schimmel YTD								\$600.00
Schwartz, Richard B.	5/5/2015	P.O. Box 3949	Jackson	MS	39207-3949	Self	Attorney	\$1,000.00
Scott, Joe	5/27/2015	13 Eastpark Cove	Jackson	MS	39211	Self	Executive	\$500.00
Showa, John	5/17/2015	358 Lakeway Drive	Brandon	MS	39047	Self	Attorney	\$500.00

Cecil Brown for PSC Itemized Disbursements 5/1/2015- 5/31/2015

NAME	ADDRESS	CITY	STATE	ZIP	AMOUNT	DATE
Brown, Ryan	102 Meadowview Ridge	Brandon	MS	39047	\$1,000.00	5/1/2015
Ryan Brown YTD					\$5,000.00	
Godfrey, Will	216 Linton Avenue	Natchez	MS	39120	\$2,000.00	5/1/2015
Will Godfrey YTD					\$10,000.00	
Hederman Brothers	500 Steett Road	Ridgeland	MS	39157	\$267.50	5/15/2015
Hederman Brothers	500 Steett Road	Ridgeland	MS	39157	\$267.50	5/19/2015
Hederman Brothers	500 Steett Road	Ridgeland	MS	39157	\$219.16	5/26/2015
Hederman Brothers YTD					\$1,498.74	
Scott Colon for District Attorney	P.O. Box 866	Columbus	MS	38703	\$250.00	5/12/2015
Scout Communications	357 Vista Creek Drive	Stockbridge	GA	30281	\$3,000.00	5/12/2015
Trustmark Mastercard					\$334.75	5/12/2015
Trustmark Mastercard YTD					\$2,359.37	
Washington, Bill	P.O. Box 931	Flora	MS	39071	\$2,000.00	5/1/2015
Washington, Bill	P.O. Box 931	Flora	MS	39071	\$1,000.00	5/5/2015
Bill Washington YTD					\$7,000.00	
Watkins, Susan	3668 Cavalier Drive	Jackson	MS	39216	\$1,000.00	5/1/2015
Susan Watkins YTD					\$4,000.00	

Candidate POINTS AND DIS 2015 Election

A large, black and white 'RECEIVED' stamp. The word 'RECEIVED' is in large, bold, sans-serif capital letters. Below it, the date 'JUN 05 2015' is stamped in a similar font. At the bottom of the stamp, the text 'Campaign Finance Secretary of State' is written in a smaller, sans-serif font. The stamp is slightly tilted and has a drop shadow effect.

TYPE OF REPORT

- ### Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).

(3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS			Calendar
Itemized	+ Non-Itemized	This Period	year-to-date
Total amount of contributions \$11295.00	+ \$300.00	\$11595.00	\$40795.00
Total amount of disbursements \$4969.63	+ \$	\$4969.63	\$21647.11
Total amount of cash on hand		\$19147.89	

06/03/2015
Date

SEND TO:

- SOS 10-14**

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED DISBURSEMENTS

A. Full name Raborn Media, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1000 Highland Colony Parkway, Suite 5203	05 / 01 / 15	\$ 1000.00
City, State, Zip Code Ridgeland, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Digital Marketing Package	Aggregate Year-to-date	\$ 2000.00
B. Full name The Republic Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 975 North Street, Suite 206	05 / 01 / 15	\$ 2500.00
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional) May Consulting Retainer	Aggregate Year-to-date	\$ 9945.85
C. Full name Discount Mugs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 12610 NW 115th Avenue	05 / 06 / 15	\$ 266.97
City, State, Zip Code Medley, FL 33178	05 / 23 / 15	\$ 165.00
Purpose of Disbursement (Optional) Huggles	Aggregate Year-to-date	\$ 431.97
D. Full name Tractor Supply-Richland	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 102 Baptist Drive	05 / 09 / 15	\$ 20.81
City, State, Zip Code Richland, MS 39218	___ / ___ / ___	\$
Purpose of Disbursement (Optional) 6 Foot Post	Aggregate Year-to-date	\$ 73.12
E. Full name Shell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2917 Highway 13 S	05 / 11 / 15	\$ 72.51
City, State, Zip Code Morton, MS 39117	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Gas	Aggregate Year-to-date	\$ 72.51
F. Full name Pay Pal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2211 North First Street	05 / 05 / 15	\$ 14.80
City, State, Zip Code San Jose, CA 95131	05 / 07 / 15	\$ 1.75
Purpose of Disbursement (Optional) Paypal Fee	Aggregate Year-to-date	\$ 23.25

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED DISBURSEMENTS

A. Full name Triple M Screen Printing	Date (Mo., Day, Year) 05 / 20 / 15	Amount of each disbursement this period \$ 117.60
Mailing Address 1408 Whiting Road	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional) T-Shirt Printing	Aggregate Year-to-date	\$ 446.10
B. Full name Kangaroo Express	Date (Mo., Day, Year) 05 / 12 / 15	Amount of each disbursement this period \$ 38.50
Mailing Address 4888 Highway 61 S	___ / ___ / ___	\$
City, State, Zip Code Vicksburg, MS 39180	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Gas	Aggregate Year-to-date	\$ 38.50
C. Full name Culinary Cowboy	Date (Mo., Day, Year) 05 / 18 / 15	Amount of each disbursement this period \$ 750.79
Mailing Address 116 Commercial Pkwy	___ / ___ / ___	\$
City, State, Zip Code Canton, MS 39046	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Reception Venue, Food	Aggregate Year-to-date	\$ 750.79
D. Full name Pay Pal	Date (Mo., Day, Year) 05 / 21 / 15	Amount of each disbursement this period \$ 14.80
Mailing Address 2211 North First Street	05 / 31 / 15	\$ 6.10
City, State, Zip Code San Jose, CA 95131	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Pay Pal Fee	Aggregate Year-to-date	\$ 44.15
E. Full name	Date (Mo., Day, Year) ___ / ___ / ___	Amount of each disbursement this period \$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) ___ / ___ / ___	Amount of each disbursement this period \$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Retzer Resources, Inc.</u>	<u>05</u> / <u>01</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>1215 South Main Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Greenville, MS 38704</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Corporation</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Corporation</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Misty Bailey</u>	<u>05</u> / <u>02</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>20 Lakes Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Delta Gamma</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>House Director</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ratliff Ferry Trading Post</u>	<u>05</u> / <u>07</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1275 Ratliff Ferry Road</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Canton, MS 39046</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Corporation-Ratliff Ferry Trading Post</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Corporation</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>J. Kelley Williams</u>	<u>5</u> / <u>7</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>2030 Eastover Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Greenover Managers</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Operator</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Brent Bailey for MSPCReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>05</u> / <u>15</u>	\$ <u>500.00</u>
Robert Leach	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
32 Breakers Lane	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Ridgeland, MS 39157	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
ACS, Inc.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
IT Manager		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>07</u> / <u>15</u>	\$ <u>50.00</u>
Casey Roberts	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
7517 Freret Street	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
New Orleans, LA 70118	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
Alliance for Affordable Energy	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50.00</u>
Executive		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>15</u> / <u>15</u>	\$ <u>100.00</u>
Alicia Falls	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
1812 Lincolnshire Blvd	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Ridgeland, MS 39157	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
MSU	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
Administrative Assistant		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>12</u> / <u>15</u>	\$ <u>150.00</u>
Terry Hollis	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
130 Peninsula Drive	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Brandon, MS 39047	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
BP	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>150.00</u>
Supervisor		

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Jerry Johnson	<u>05</u> / <u>11</u> / <u>15</u>	\$ <u>150.00</u>
Mailing Address 5315 - 33rd Place	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Meridian, MS 39305	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) MediComp PT	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Physical Therapist	Aggregate year-to-date	\$ <u>150.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Charles Sherwood	<u>05</u> / <u>12</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address 3954 Eastwood Drive	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39211	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Physician	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Billy McGivney	<u>05</u> / <u>10</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address PO Box 454	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Carthage, MS 39051	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Billie Irby	<u>05</u> / <u>13</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address 1553 Irby Road	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Morton, MS 39117	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Jeff Robinson		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
1633 N Davis Road		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Bolton, MS 39041		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Adco Electric		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
Purchasing Agent		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Richard Rogers		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
518 Quinn Drive		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Richland, MS 39218		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
USPS		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
Manager		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Suzanne Kinney		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
103 Falcon Court		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Brandon, MS 39047		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Trustmark National Bank		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
Accounting		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Debbie Waggener		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
PO Box 2162		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Madison, MS 39110		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Nissan		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
Analyst		

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
<u>Ouida Williams</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Mailing Address _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>1332 Arbor Court</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
City, State, Zip Code _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>Carthage, MS 39051</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>Retired</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50.00</u>
<u>Retired</u>		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>200.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>200.00</u>
<u>Caleb Dana</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Mailing Address _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>103 Pinetral Place</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
City, State, Zip Code _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>Madison, MS 39110</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>Allen Engineering & Science</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
<u>Engineer</u>		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
<u>Charlotte Dinsmore</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Mailing Address _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>1909 Barnes Road</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
City, State, Zip Code _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>Canton, MS 39046</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>ADP</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50.00</u>
<u>Accounting</u>		
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
<u>Prestage Farms MS, Inc.</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Mailing Address _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>PO Box 1425</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
City, State, Zip Code _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>West Point, MS 39773</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
<u>Farm</u>	<u>05</u> / <u>18</u> / <u>15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
<u>Farm</u>		

Name of Candidate or Committee Brent Bailey for MSPCReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>250.00</u>
Full name _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>250.00</u>
DPM Inc		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
222 Way Road		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Canton, MS 39046		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Farm		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
Farm			
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Full name _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Carl P Murphy		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
402 Way Road		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Canton, MS 39046		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
DPM Inc.		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>100.00</u>
Farmer			
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Full name _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Jeff Smith		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
4269 Hwy 43		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Brandon, MS 39042		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
MEMA		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>100.00</u>
Emergency Manager			
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>250.00</u>
Full name _____		<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>250.00</u>
Sumesh Arora		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
426 Cherry Hill Drive		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Madison, MS 39110		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
S3N Consulting		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
Owner			

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Judy Thomas	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
410 Woodhaven Blvd	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Carthage, MS 39051	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
Retired		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Mary Bilbro	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
2030 Red Dog Road	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Carthage, MS 39051	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
Retired		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>520.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>520.00</u>
Will Hegman	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
215 Popes Road	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Carthage, MS 39051	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
MS Solar, Inc.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>520.00</u>
Founder		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>200.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>200.00</u>
Virginia Chambers	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
95 Reformation Road	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Carthage, MS 39051	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
Retired		

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
Syble Ellis	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
1005 Pine Hill Drive	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Carthage, MS 39051	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Retired	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50.00</u>
Retired		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
John Mosley	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
1833 Carsley Road	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39209	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
MS Insurance Commissioner Candidate	Aggregate year-to-date	\$ <u>500.00</u>
Occupation (Required) _____		
Candidate		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Tim Reid	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
109 Lowe Circle	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Clinton, MS 39056	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Retired from Delphi	Aggregate year-to-date	\$ <u>100.00</u>
Occupation (Required) _____		
Retired		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
Full name _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
Mike Pepper	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
205 Breezy Hill Drive	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Madison, MS 39110	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Pepper Farm	Aggregate year-to-date	\$ <u>500.00</u>
Occupation (Required) _____		
Farmer		

Name of Candidate or Committee Brent Bailey for MSPCReporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>100.00</u>
Full name _____		
Tony Benton	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
150 Langford Cove	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Brandon, MS 39047	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
Door Exchange of AL	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>
President		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
Full name _____		
Tony Gregory	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
26 Dovecrest Cove	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Jackson, TN 38305	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
First State Bank of TN	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
CEO		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>50.00</u>
Full name _____		
Elizabeth Bailey	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
313 Ridgecrest Drive	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Starkville, MS 39759	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
MSU	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50.00</u>
VP of Student Affairs		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>300.00</u>
Full name _____		
Andy Divine Senior	<u>05</u> / <u>26</u> / <u>15</u>	\$ <u>25.00</u>
Mailing Address _____		
PO Box 300	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
Sharon, MS 39163	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
Canton Fire Department	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>325.00</u>
Fireman		

Name of Candidate or Committee Brent Bailey for MSPC
 Reporting period 05/01/2015 through 05/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>21</u> / <u>15</u>	\$ <u>500.00</u>
Full name _____		
<u>Kelly Trombley</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
<u>595 Market Street, 29th Floor</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
<u>San Francisco, CA 94105</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
<u>The Alliance for Solar Choice</u>	Aggregate year-to-date	\$ <u>500.00</u>
Occupation (Required) _____		
<u>Associate</u>		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>23</u> / <u>15</u>	\$ <u>1000.00</u>
Full name _____		
<u>Clarke Reed</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
<u>139 Bayou</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
<u>Greenville, MS 38701</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
<u>Reed-Joseph</u>	Aggregate year-to-date	\$ <u>1000.00</u>
Occupation (Required) _____		
<u>Self Employed</u>		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>05</u> / <u>18</u> / <u>15</u>	\$ <u>200.00</u>
Full name _____		
<u>Brian Cooper</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
<u>PO Box 1119</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
<u>Wilkesboro, NC 28697</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
<u>NC Farm Bureau Insurance</u>	Aggregate year-to-date	\$ <u>200.00</u>
Occupation (Required) _____		
<u>Agency Manager</u>		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Full name _____		
_____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		
_____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		
_____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		
_____	Aggregate year-to-date	\$ <u> </u>
Occupation (Required) _____		

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Tony M. Greer (Friends of Tony Greer)

Address P O Box 1159 Clinton, MS 39060 County Hinds

Telephone (Work) 601-750-9495 (Home) 601-750-9493 (Fax) 601-510-2646

Contact Name Tony Huffman Email Address tony@huffmanandcompanycpa.com

Office Sought Public Service Commissioner-Central Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

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

IMPORTANT

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$6500.00	+	\$ 1025.00	\$ 7525.00	\$ 32125.00
Total amount of disbursements	\$17267.62	+	\$ 143.36	\$17410.98	\$24577.84
Total amount of cash on hand				\$ 7547.16	

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

Signature of Candidate

Date _____

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

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

SEND TO:

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

Name of Candidate or Committee Friends of Tony GreerReporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mississippi Realtors PAC</u>	<u>05</u> / <u>01</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>P O Box 321000</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Delores or Troy Henderson</u>	<u>05</u> / <u>04</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>P O Box 599 219 Trace Circle</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Raymond, MS 39154</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Madison South Rubbish Landfill, Inc</u>	<u>05</u> / <u>01</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>P O Box 500</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39060</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Richard or Melanie White</u>	<u>05</u> / <u>06</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>130 Pine View Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Raymond, MS 39154</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Metro Mechanical</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Friends of Tinky GreerReporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Minor and Virginia Buchanan</u>	<u>05</u> / <u>13</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>332 Rollingwood Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Minor F Buchanan & Associates P.A.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Richard G White</u>	<u>05</u> / <u>28</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>12462 Springridge Rd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Terry, MS 39170 B131</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>City of Byram</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Mayor</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Scherrie Prince</u>	<u>05</u> / <u>20</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>306 Woodlands Green Pl</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brandon, MS 39047</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Prince & Associates, PLLC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Cecilia McKee</u>	<u>05</u> / <u>20</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>224 Oak Park Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Homemaker</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Tony GreerReporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Trust</u>		
Full name <u>J. Kelley Williams Revocable Trust</u>	<u>05</u> / <u>27</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>230 Eastover Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>Timothy and Alicia Parkman</u>	<u>05</u> / <u>26</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 2220</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39060-2220</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>CPI</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Owner/Insurance</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Friends of Tony Greer
 Reporting period May 7, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Jackson Jambalaya	Date (Mo., Day, Year) 05 / 28 / 15	Amount of each disbursement this period \$ 1000.00
Mailing Address 5106 Old Canton Road	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ 1000.00
B. Full name Capstone Public Affairs LLC	Date (Mo., Day, Year) 05 / 04 / 15	Amount of each disbursement this period \$ 3000.00
Mailing Address PO Box 2096	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39225-2096	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Contract services	Aggregate Year-to-date	\$ 3000.00
C. Full name Melanie Greer	Date (Mo., Day, Year) 05 / 04 / 15	Amount of each disbursement this period \$ 2000.00
Mailing Address 302 W. Leake Street	___ / ___ / ___	\$
City, State, Zip Code Clinton, MS 39056	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Contract services	Aggregate Year-to-date	\$ 2000.00
D. Full name Sara Williams	Date (Mo., Day, Year) 05 / 04 / 15	Amount of each disbursement this period \$ 5000.00
Mailing Address 1984 Petit Bois St.	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Consultant	Aggregate Year-to-date	\$ 8000.00
E. Full name Triumph Campaigns LLC	Date (Mo., Day, Year) 05 / 04 / 15	Amount of each disbursement this period \$ 262.50
Mailing Address PO Box 12243	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39236	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Graphic Design	Aggregate Year-to-date	\$ 262.50
F. Full name A2Z Printing	Date (Mo., Day, Year) 05 / 06 / 15	Amount of each disbursement this period \$ 2316.79
Mailing Address 5468 N. State St.	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ 3704.59

Name of Candidate or Committee Friends of Tony Greer
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Judy Bulkin	Date (Mo., Day, Year) 05 / 06 / 15	Amount of each disbursement this period \$ 437.00
Mailing Address 109 Billy Byrd Drive	____ / ____ / ____	\$
City, State, Zip Code Clinton, MS 39056	____ / ____ / ____	\$
Purpose of Disbursement (Optional) Catering	Aggregate Year-to-date	\$ 437.00
B. Full name Johannson Studio	Date (Mo., Day, Year) 05 / 06 / 15	Amount of each disbursement this period \$ 299.60
Mailing Address 1511 Old Vicksburg Rd.	____ / ____ / ____	\$
City, State, Zip Code Clinton, MS 39056	____ / ____ / ____	\$
Purpose of Disbursement (Optional) campaign photos	Aggregate Year-to-date	\$ 299.60
C. Full name Mississippi Association of Supervisors	Date (Mo., Day, Year) 05 / 12 / 15	Amount of each disbursement this period \$ 500.00
Mailing Address 793 North President Street	____ / ____ / ____	\$
City, State, Zip Code Jackson, MS 39202	____ / ____ / ____	\$
Purpose of Disbursement (Optional) exhibit booth	Aggregate Year-to-date	\$ 500.00
D. Full name Busby Companies	Date (Mo., Day, Year) 5 / 7 / 15	Amount of each disbursement this period \$ 750.00
Mailing Address PO Box 6439	____ / ____ / ____	\$
City, State, Zip Code Laurel, MS 39441	5 / 20 / 15	\$ 750.00
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ 1500.00
E. Full name Busby Companies	Date (Mo., Day, Year) 05 / 22 / 15	Amount of each disbursement this period \$ 750.00
Mailing Address PO Box 6439	____ / ____ / ____	\$
City, State, Zip Code Laurel, MS 39441	____ / ____ / ____	\$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ 2250.00
F. Full name Office Depot	Date (Mo., Day, Year) 05 / 19 / 15	Amount of each disbursement this period \$ 201.73
Mailing Address 4706 Robinson Road	____ / ____ / ____	\$
City, State, Zip Code Jackson, MS 39212	____ / ____ / ____	\$
Purpose of Disbursement (Optional) office supplies	Aggregate Year-to-date	\$ 487.89

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Committee	Committee to Elect Bruce W. Burton Public Service Commissioner for the Central District
-------------------	---

Address Post Office Box 13942, Jackson, Mississippi 39236 **County** HINDS

Telephone 601-850-9095

Fax NA

Treasurer Cheryl L. Burton

Email Address burton_clb@yahoo.com



Check here if above is different from previous report

TYPE OF REPORT

May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
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X	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
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July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) Mandatory

July 28, 2016 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory
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All Primary Candidates and Political Committees

August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only

All Primary Candidates and Political Committees in a Runoff Election

October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory

October 27, 2015 Pre-Election Report Mandatory

(Primary Election Winners report October 1, 2015, through October 24, 2015)

All Candidates and Political Committees

(Independent Candidates report January 1, 2015 through October 24, 2015)

November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only

All Candidates and Political Committees in a Runoff Election

January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
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____ **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	\$ 900	+	\$ 0.00	\$ 900.00	\$ 4,400.00
Total amount of disbursements	\$ 1,562.60	+	\$ 400	\$ 1,962.60	\$ 3,642.60
Total amount of cash on hand				\$ 757.40	

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

Signature of Director or Treasurer

Date _____

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

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

SEND TO:

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

Name of Candidate or Committee Committee to Elect Bruce W. Burton Public Service CReporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Bruce Burton		5 / 12 / 15	\$ 600.00
Mailing Address Post Office Box 23144			\$
City, State, Zip Code Jackson, Mississippi 39225			\$
Name of Employer (Required) Burton Law Firm			\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 4,100.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Alvin Armstad		5 / 23 / 15	\$ 300.00
Mailing Address 162 E. Amite Street			\$
City, State, Zip Code Jackson, Mississippi 39209			\$
Name of Employer (Required) Schwartz & Associates			\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Committee to Elect Bruce W. Burton Public Service Commissioner

Reporting period May 1, 2015

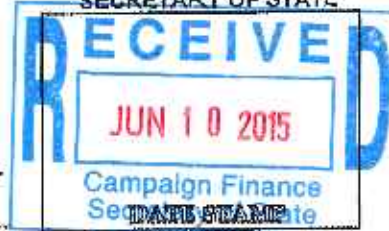
through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Service Printers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 North Flowood Drive	5 / 1 / 15	\$ 762.60
City, State, Zip Code Flowood, Mississippi 39207	__ / __ / __	\$
Purpose of Disbursement (Optional) advertisement	Aggregate Year-to-date	\$ 1,262.60
B. Full name Carey Sparks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1212 S Chrismen Ave	5 / 7 / 15	\$ 800.00
City, State, Zip Code Cleveland, Mississippi 38732	__ / __ / __	\$
Purpose of Disbursement (Optional) canvassing	Aggregate Year-to-date	\$ 800.00
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	\$

2015 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann
SECRETARY OF STATE

Name of Candidate LaTrice D. Notree
 Address 1000 N. 15th St MS. 39404 County Rankin
 Telephone (Work) _____ (Home) 601-434-5220 (Fax) _____

Contact Name Shawn O'Hara Email Address _____
 Office Sought Public Services Commissioner Political Party Reform

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
- ☒ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
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 (Primary Election Winners report October 1, 2015, through October 24, 2015)
 (Independent Candidates report January 1, 2015 through October 24, 2015) *All Candidates and Political Committees*
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized, Cash Only	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$ <u>200.00</u>	+\$	\$ <u>0</u>	\$ <u>200.00</u>
Total amount of disbursements	\$ <u>200.00</u>	+\$	\$ <u>0</u>	\$ <u>200.00</u>
Total amount of cash on hand			\$ <u>0</u>	

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

LaTrice D. Notree
 Signature of Candidate

6-10-15
 Date

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 812 (1972).

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