2015	EL	ECI	TION	CYC	LE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election Delbert Hosemann SECRETARY OF STATE

Cecil Brown for PS	2015 EK	551511	JUN 1 0 2015
Name of Candidate P.O. Box 55502, Jackson, MS	3 39236	Hinds	Campaign Finance
Address		County	Secretary of State
Telephone (Work)601-362-8383	(Home)	(Fax)	
Cecil Brown Contact Name	Email Add	cecilbrown5@gmail.con Iress	1
PSC Central District	Political Party	Democrat	
Check here if above is different f	CONTRACTOR AND CONTRACTOR AND A SOLUTION		
May 8, 2016 Periodic Report (January	1, 2015, through April 30, 20	DF REPORT 15)	Mandatory
June 10, 2015 Periodic Report (May 1			. 2014년 2017년 2
July 10, 2015 Periodic Report (June 1	, 2015, through June 30, 201	5)	Mandatory
July 28, 2015 Pre-Election Report (Ju	ly 1, 2015, through July 25, 2		
August 18, 2015 Pre-Election Report	(July 26, 2015, through Augu	st 15, 2015) All Primary Candidates and	Political Committees in a Runoff Election
October 9, 2015 Periodic Report (July	1, 2015, through September		
October 27, 2015 Pre-Election Report (Primary Election Winners report October	r 1, 2015, through October 24, 20	15)	Mandatory
(Independent Candidates report January November 17, 2015 Pre-Runoff Report		5)	
January 8, 2016 Periodic Report (Octo Termination Report (Candidate will no lon outstanding campaig	ger accopt contributions or make		Mandatory Required to terminate reporting obligations
	IMPORT	ΔΝΤ	
<ol> <li>Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> </ol>	no contributions or expenditur	es have occurred. In such case the	candidate shall submit a report
<ol> <li>Until a Candidate files a Termination Report and (iii).</li> </ol>	t, annual and periodic reports n	nust still be filed in accordance with	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.	elpt of the required reports by of the required reports by 5:00	5:00 p.m. on the reporting day. If the p.m. on the first working day <i>before</i>	e deadline falls on a weekend or a the deadline. Faxed reports are
	REPORTED CONTRIBUT	IONS AND DISBURSEMENTS	
Itemized	+ Non-Itemized	This Period	Calendar year-to-date
000	+ \$ 4,049	\$ 25,849	\$ 61,174
Total amount of contributions \$ 21,800			
	+ \$ 872.69	\$ 12,211.60	\$ 48,689.99
Total amount of disbursements \$ 11,338.91	+ \$ 872.69	\$ 12,211.60 \$ 114,910.01	<b>\$</b> 48,689.99
Fotal amount of disbursements \$ 11,338.91 Fotal amount of cash on hand		\$ 114,910.01	
Fotal amount of disbursements \$ 11,338.91 Fotal amount of cash on hand		RECORDER STREET	
Total amount of disbursements \$ 11,338.91 Fotal amount of cash on hand		\$ 114,910.01 knowledge and ballef it is true, ad	
Total amount of disbursements \$ 11,338.91 Total amount of cash on hand <i>I certify that I have examined this</i> <u>C</u> Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) Penalties: Failure to submit required reports, or failu	s report and to the best of my	\$ 114,910.01 whowledge and belief it is true, and 6/10/2015 Date nts. with statulory deadlines, or failure to a statulory deadlines, or failure to	curate, and complete.
Cn M	5 report and to the best of my 2) et. seq. for statutory requirement for to submit reports in accordance with Miss. Code Ann. §§ 23-16-	\$ 114,910.01 knowledge and belief it is true, and 6/10/2015 Date nts. re with statutory deadlines, or failure to 811 and 813 (1972).	submit valid reports shall result in

#### Cecil Brown for PSC Itemized Receipts 5/1/2015- 5/81/2015

	DATE	ADDRESS	CITY	STATE	ZIP	EMPLOYER	OCCUPATION	AMOUNT
bston, Willis	5/7/2015	P.O. Box 320727	· Flowood	:MS	39232-0727	Self	Allohtoy	\$250.00
anks, Eatle	5/18/2015	2317 MLK dr. Ortve	Jackson	MS	39213	: Self	Allomey	\$5DD.00
		·····						
ranson, Reed	5/28/2015	6 Park Avenue	Jackson	MS	39202	Capital Resources	Government Affairs	\$250.00
antesi MC Pulking A	Christense	DO 04-001525	<b>M</b> -1-1-1					
entral MS Building & rades Council	0202019	P.O. Box 821535	· Vickaburg	MS	39182			\$10,000.0
ostas, Theo	5/19/2015	P.O. 80x 1349	Jackson	MS	39215	Southern Beverage	President	\$500.00
lixon, Louisa	5/4/2015	1620 Beknont Street	Jackson	MS	 : 39202	 ! Self	Altoracy	; <b>\$5</b> 00. <b>0</b> 0
ouise Dixon YTD								\$1,000.00
lodson, C.A.	5/5/2015	216 Stoney Brook Cove	Jackson	MS	39211		Relired	\$300.00
ir]ffin, Larry	5/0/2015	3950 Airport Road	Morion	MS	39117	Self	Construction	\$1,000.00
	:						Construction	<b>4</b> 1,000,000
lauberg, Robert	5/5/2016	3946 Oki Canton Road	Jackson	MS	39216	Baker Donelson	Attomey	<b>\$250.0</b> 0
irutz, Fred	5/18/2015	1029 Annandalo Drive	Madison	MS	39110	Forman, Watkins, Krutz & Tardy	Attorney	\$250.00
eake, Eason	: 5/26/2015	2469 Mesdowbrook	Jackson	MS	: 39211	Ross & Yerger	: Insurance	\$250.00
		Road					·	4200.00
iayo, Lee Ann	5/19/2015	1417 Poplar Blvd	Jackson	: MS	39202	Capitol Resources	Co., 1949-19-10 Alf-19-	6050.00
	4 <b>.</b>				00202		Government Affaire	\$250.00
Icinnis, Emily & Olade	5/19/2015	P.D. Box 176	Clinton	MS	39060	McIanis Electric	Owner	:. \$2,000.00
IIFA PAC	5/4/2015	P.O. Box 1909	Madison	MS	39130			\$1,000.00
lorgan, Johnny	5/26/2015	: P.O. Box 308	Oxford	MS	38655	Morgan While	Owner	i \$1,000.00
	:					·····•••······························		10100100
icholas, Samueł	5/22/2015	P.O. Box 22512	Jackson	MŞ	39225-2512	Southland Management		\$250.00
ainter, William	5/5/2015	4268 1-55 North	Jackson	MS	39211	flaker Donelson	Altorney	\$500.00
almər, John	5/28/2015	P.O. Box 3747	Jackson	MS	39207	Self	Investor	\$300.00
							•	•
lazza, Ben	5/15/2015	P.O. 8ox 12445	Jackson	MS	30236	Keyes, Bryson & Plazra	Attorney	\$260.00
himmel Oecroe		2020 Kings Lines	120100	b 443			:	
chinanel, Cleorge surgs Schimmel YTD	ave 172015	3630 Kings Hwy	Jackson	MS	39216		Rutired	\$200.00 \$600.00
								4000.00
thwartz, Richard B.	5/5/2015	P.O. Box 3949	Jackson	MS	39207-3949	Seir	: Attorney	\$1,000.00
cott, doe	5/27/2015	13 Eastparke Cove	Jackson	MS	39211	Self	Executive	\$500.00
	5/17/20115	358 Lakeway Drive	Brandon	 MS	39047			enos 6.0
avier outilit	W1012010	upp Longway Milyo	Brandon		339947	Self	Altomey	\$500.00

Cecil Brown for PSC Itemized Disbursements	5/1/2015-5/31/2015
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NAME	ADDRESS	CITY	STATE	ZIP A	NOUNT	)ATE
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		\$2,000.0D {	5/1/2015
Will Godfrey YTD	· ···· ·			· · · · · · · · · · · · · · · · · · ·	\$10,000.00	
Hederman Brothers	500 Steed Road	Didasland	· MO			
		Ridgeland	MS	39157	\$267.50	5/15/2015
Hoderman Brothers	500 Stood Road	Ridgeland	MS	39157	\$267.50	5/19/2015
Hederman Brothors	500 Steed Road	Bidgeland	MS	39157	\$219.46	5/26/2015
Hedermen Brothers YTD				:	\$1,496.74	
Scott Colom for District Attorney	P.O. Box 866	Columbus	M5 .	39703	\$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, BIII	P.O. Box 931	Flora	MS	39071	 \$2,000.00 :	5/1/2015
Washington, Bill	P.O. Box 931	Flora	MS	39071	· · · · · · · · · · · · · · · · · · ·	
Bill Washington YTD				:	\$1,000.00 <b>\$7,000.00</b>	5/5/2015
Watkins, Susan	3668 Cavelier Drive	Jackson	MS	39216	\$1,000.00	5/1/2015
Susan Watkins YTD		·			\$4,000.00	

ELECTION CYCLE			Delbert Hosemann SECRETARY OF STATE
REPORT	OF RECEIPTS AN 2015 El	D DISBURSEMENTS	DECEIVE
Brent Bailey	a Kangara	<u> </u>	_ JUN 0 5 2015
Address 107 Cedar Ridge Drive, Canton, M	15 39046	County	Campatyn Finance Secretary of State
Telephone (Work) <sup>601-573-4815</sup>	(Home)	8 (Fax) 001-859-003	or constany of State
Contact Name		dressbrent@brentbailey4psc.c	om
Office Sought	ioner Political Part	Republican	
Check here if above is different fr	om previous report		
May 8, 2015 Periodic Report (January	1, 2015, through April 30, 2	015)	
× June 10, 2015 Periodic Report (May 1	, 2015, through May 31, 201	5)	Mandatory
July 10, 2015 Periodic Report (June 1	2015, through June 30, 20	15)	
July 28, 2015 Pre-Election Report (Ju	y 1, 2015, through July 25,	2015) All Pi	imary Candidates and Political Committees
August 18, 2015 Pre-Election Report	(July 26, 2015, through Aug	ust 15, 2015) All Primary Candidates ai	
October 9, 2015 Periodic Report (July	1, 2015, through September	ər 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January	1, 2015, through October 24, 20 1, 2015 through October 24, 20	015)	
November 17, 2015 Pre-Runoff Repo	rt (October 25, 2015, throug	h Novomber 14, 2015)	nd Politicel Committees in a Runoff Election
January 8, 2016 Periodic Report (Oct			
January 8, 2016 Periodic Report (Con-	nger accept contributions or ma		
(1) Pre-Election reports are mandatory, even in indicating "0" (Zero) for total amount of rep	Olfed Continnerious and exhi	tures have occurred. In such case, t anditures during this period.	
<ul> <li>(2) Until a Candidate files a Termination Report and (iii).</li> <li>(3) The Secretary of State must be in actual re</li> </ul>	the states as submittee states and the	w 5:00 p.m. on the reporting day. If	the deadline fails on a weekend or a
(3) The Secretary of State must be in actual re- holiday, the office must be in actual receip acceptable.	t of the required reports by 5.		
		JTIONS AND DISBURSEMENT This Period	Calenuar
Itemized	+ Non-Itemized		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	]
i certify that phave examined t	is report and to the best of	my knowledge and belief it is true	e, accurate, and complete.
provide a	ley	06/03/201 Date	J
Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (15 Penalties: Failure to submit required reports, or fa fines of \$50 per day and/or prosecution in accords		ements. dance with statutory deadlines, or failu	ire to submit valid reports shall result in
SEND TO: 1. Candidates for Statewide, State- Division, P. O. Box 136, Jackson Division, P. O. Box 136, Jackson	District, Multi-County and a n, MS 39205 or fax to (601) 5 County-District offices sho	ll Legislative offices should return 76-2545 uld return forms to their County C	n form to Secretary of State, Elections Circuit Clerk
3. Candidates for Countywher and 3. Candidates for Municipal office	should return forms to the	Municipai Clerk	

Reporting period \_\_\_\_\_

through \_\_\_\_\_

A. Full name Raborn Media, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1000 Highland Colony Parkway, Suite 5203	<u>05</u> / <u>01</u> / <u>15</u>	\$ <sup>1000.00</sup>
City, State, Zip Code Ridgeland, MS 39157	/	S
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
Malling Address 975 North Street, Suite 206	$\frac{05}{}/\frac{01}{}/\frac{15}{}$	\$ 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	<u>05</u> / <u>06</u> / <u>15</u>	\$ 266.97
City, State, Zip Code Medley, FL 33178	$\frac{05}{23}$ / $\frac{23}{15}$	<b>\$</b> 165.00
Purpose of Disbursement (Optional) Huggies	Aggregate Year-to-date	<b>\$</b> 431.97
D. Full name Tractor Supply-Richland	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 102 Baptist Drive	<u>05</u> / <u>09</u> / <u>15</u>	<b>\$</b> 20.81
City, State, Zip Code Richland, MS 39218	//	\$
Purpose of Disbursement (Optional) 6 Foot Post	Aggregate Year-to-date	<b>\$</b> 73.12
E, Full name Shell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2917 Highway 13 S	<u>05</u> / <u>11</u> / <u>15</u>	<b>\$</b> 72.51
Clty, State, Zip Code Morton, MS 39117	''	\$
Purpose of Disbursement (Optional) Gas	Aggregate Year-to-date	<b>\$</b> 72.51
F. Full name Pay Pal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2211 North First Street	<u>05</u> / <u>05</u> / <u>15</u>	<b>\$</b> 14.80
City, State, Zip Code San Jose, CA 95131	<u>05</u> / <u>07</u> / <u>15</u>	<b>\$</b> 1.75
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>\$</b> 23.25

Page \_\_\_\_ of \_\_\_\_

Reporting period 05/01/2015

through \_\_\_\_\_

		Amount of each
N Full name Hple M Screen Printing	Date (Mo., Day, Year)	disbursement this period
Alling Address 408 Whiting Road	$\frac{05}{20}/\frac{20}{20}/\frac{15}{20}$	\$ <sup>117.60</sup>
City, State, Zlp Code ackson, MS 39209	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>\$</b> 446.10
B. Full name Kangaroo Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Maliling Address 4888 Highway 61 S	$\frac{05}{2}$ / $\frac{12}{2}$ / $\frac{15}{2}$	\$ <sup>38.50</sup>
City, State, Zip Code Vicksburg, MS 39180	_/_/_	\$
Purpose of Disbursement (Optional) Gas	Aggregate Year-to-date	\$ <sup>38.50</sup>
C. Full name Culinary Cowboy	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 116 Commercial Pkwy	<u>05</u> / <u>18</u> / <u>15</u>	\$ 750.79
City, State, Zip Code Canton, MS 39046	//	S
Purpose of Disbursement (Optional) Reception Venue, Food	Aggregate Year-to-date	<b>\$</b> 750.79
D. Full name	Dat <del>e</del> (Mo., Day, Year)	Amount of each disbursement this period
Pay Pal Malling Address 2211 North First Street	<u>05</u> / <u>21</u> / <u>15</u>	<b>\$</b> 14.80
City, State, Zip Code San Jose, CA 95131	$\frac{05}{2}/\frac{31}{2}/\frac{15}{2}$	\$ <sup>6.10</sup>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>\$</b> 44.15
Pay Pal Fee 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		S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Page 1 of 10

Name of Candidate or Committee		
Reporting period 05/01/2015 through 05/31/2015		
ITEMIZED RECEIP	TS	
A. Source: 🖉 Corporation 🦳 PAC 🗋 Individual 📋 Loan 📋	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name		\$ 1000.00
Retzer Resources, Inc.		
Malling Address		\$
1215 South Main Street		* []
City, State, Zip Code		\$
Greenville, MS 38704		¢ []
Name of Employer (Required)		\$
Corporation Occupation (Required)	Aggregate	\$ 1000.00
Corporation	year-to-date	
B. Source: Corporation PAC / Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name	05 / 02 / 15	\$ 500.00
Misty Balley		
Mailing Address		\$
20 Lakes Bivd		
City, State, Zip Code		\$
Starkville, MS 39759		
Name of Employer (Regulred)		\$
Delta Gamma	Aggregate	\$ 500.00
Occupation (Required)	year-to-date	\$ 500.00
House Director C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Fullname	05 / 07 / 15	\$ 500.00
Ratliff Ferry Trading Post		
Mailing Address		\$
1275 Ratliff Ferry Road		
City, State, Zip Code		\$
Canton, MS 39046		
Canton, MS 39046 Name of Employer (Reguired)		\$ \$
Canton, MS 39046 Name of Employer (Reguired) Corporaton-Ratliff Ferry Trading Post		\$
Canton, MS 39046 Name of Employer (Regulred) Corporaton-Ratliff Ferry Trading Post Occupation (Regulred)	Image: constraint of the second se	\$ \$
Canton, MS 39046 Name of Employer (Reguired) Corporaton-Ratliff Ferry Trading Post	year-to-date Date	\$ \$ \$ Amount of each receipt
Canton, MS 39046 Name of Employer (Regulred) Corporaton-Ratiliff Ferry Trading Post Occupation (Reguired) Corporation D. Source: Corporation PAC / Individual Loan	year-to-date	\$ \$ \$ Amount of each receipt
Canton, MS 39046 Name of Employer (Regulred) Corporaton-Ratliff Ferry Trading Post Occupation (Regulred) Corporation D. Source: Corporation PAC / Individual Loan Other (please specify)	year-to-date Date	\$ \$ Amount of each receipt this period
Canton, MS 39046          Name of Employer (Regulred)         Corporaton-Ratliff Ferry Trading Post         Occupation (Regulred)         Corporation         D. Source:       Corporation         Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ \$ 500.00 Amount of each receipt this period \$ 500.00
Canton, MS 39046 Name of Employer (Regulred) Corporaton-Ratliff Ferry Trading Post Occupation (Regulred) Corporation D. Source: Corporation PAC / Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ \$ Amount of each receipt this period
Canton, MS 39046 Name of Employer (Regulred) Corporaton-Ratliff Ferry Trading Post Occupation (Regulred) Corporation D. Source: Corporation PAC / Individual Loan Other (please specify) Full name J. Kelley Williams Mailing Address 2030 Eastover Drive	year-to-date Date (Mo., Day, Year)	\$     \$     \$     \$     \$     \$     \$     \$     \$     \$
Canton, MS 39046 Name of Employer (Regulred) Corporaton-Ratliff Ferry Trading Post Occupation (Regulred) Corporation D. Source: Corporation PAC / Individual Loan Other (please specify) Full name J. Kelley Williams Mailing Address 2030 Eastover Drive City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$ \$ \$ Amount of each receipt this period \$ \$
Canton, MS 39046          Name of Employer (Regulred)         Corporaton-Ratiff Ferry Trading Post         Occupation (Regulred)         Corporaton         D. Source:       Corporation         PAC       Individual         Loan         Other (please specify)         Full name         J. Kelley Williams         Mailing Address         2030 Eastover Drive         City, State, Zip Code         Jackson, MS 39211	year-to-date Date (Mo., Day, Year)	\$ \$ \$ Amount of each recelpt this period \$ \$ \$ \$
Canton, MS 39046 Name of Employer (Reguired) Corporaton-Ratliff Ferry Trading Post Occupation (Reguired) Corporation D. Source: Corporation PAC Individual Loan Other (please specify) Full name J. Kelley Williams Mailing Address 2030 Eastover Drive Citv. State. Zip Code Jackson, MS 39211 Name of Employer (Reguired)	year-to-date Date (Mo., Day, Year)	\$     \$     \$     \$     \$     \$     \$     \$     \$     \$
Canton, MS 39046          Name of Employer (Reguired)         Corporaton-Ratiff Ferry Trading Post         Occupation (Reguired)         Corporation         D. Source:       Corporation PAC / Individual Loan         Other (please specify)         Full name         J. Kelley Williams         Mailing Address         2030 Eastover Drive         Citv. State. Zip Code         Jackson, MS 39211         Name of Employer (Required)         Greenover Managers	year-to-date         Date         (Mo., Day, Year)         5       / 7         /       / 15         /       /         /       /         /       /         /       /         /       /         /       /         /       /         Aggregate	\$ \$ \$ Amount of each recelpt this period \$ \$ \$ \$ \$ \$ \$
Canton, MS 39046 Name of Employer (Reguired) Corporaton-Ratliff Ferry Trading Post Occupation (Reguired) Corporation D. Source: Corporation PAC Individual Loan Other (please specify) Full name J. Kelley Williams Mailing Address 2030 Eastover Drive Citv. State. Zip Code Jackson, MS 39211 Name of Employer (Reguired)	year-to-date Date (Mo., Day, Year) 5 / 7 / 15 0 / 0 / 0 0 / 0 / 0 1 0 / 0	\$

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Name of Candidate or Committee Brent Balley for MSPC		
Beporting period 05/01/2015 through 05/31/2015		
Reporting period 05/01/2015 through 05/31/2015	TS	
		Amount of each
A. Source: Corporation PAC / Individual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)	05 / 05 / 15	
Full name	05 / 05 / 15	\$ 500.00
Robert Leach		\$
Mailing Address		•
32 Breakers Lane City, State, Zip Code		\$
		¥ ]
Ridgeland, MS 39157 Name of Employer (Required)		\$
ACS, Inc.		
Occupation (Required)	Aggregate	\$ 500.00
IT Manager	year-to-date	Amount of each
B. Source: Corporation PAC 🖉 Individual 🗍 Loan 🗌	Date	receipt
	(Mo., Day, Year)	this period
Other (please specify)		
Full name	05 / 07 / 15	\$ 50.00
Casey Roberts		
Malling Address		\$
7517 Freret Street		
City, State, Zip Code		\$
New Orleans, LA 70118		
Name of Employer (Required)		\$
Allance for Affordable Energy	Aggregate	\$ 50.00
Occupation (Required)	year-to-date	
Executive	Date	Amount of each
C. Source Corporation [] PAC [V] Interfecture []	(Mo., Day, Year)	receipt this period
Other (please specify)		tins period
Full name	05 / 15 / 15	\$ 100.00
Alicia Falls		
Mailing Address		\$
1812 Lincolnshire Blvd		
City, State, Zip Code	↓└┘/└┘/└┘	\$
Ridgeland, MS 39157		
Name of Employer (Required)		\$
MSU	Aggregate	\$ 100.00
Occupation (Reguired)	year-to-date	
Administrative Assistant	Date	Amount of each
D. Source: Corporation PAC 🖌 Individual Loan [	(Mo., Day, Year	) receipt ) this period
Other (please specify)		
Full name	5 / 12 / 15	\$ 150.00
Terry Hollis		
Malling Address		\$
130 Peninsula Drive		1 e
City, State, Zip Code		\$
Brandon, MS 39047		\$
Name of Employer (Required)		
BP Occupation (Regulred)	Aggregate year-to-date	\$ 150.00
Supervisor	year-to-date	

Page 3 of 10

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		Amoun	t of each
	Date		eipt
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1	Date		ceipt
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	Aggregate		
		\$ 200	.00
		Amo	unt of each
	Date	1	eceipt
(M	lo., Day, Year)	thi	s period
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Тг		S L	
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	Aggregate	\$ 50	00.00
	year-to-uate		ount of each
			receipt
	Date		
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	Mo., Day, Year	) tt _ \$ 5	
	Mo., Day, Year	) tł	
	Mo., Day, Year	) tt _ \$ [5 _ \$ [	
	Mo., Day, Year	) tt _ \$ 5	
	Mo., Day, Year	) tt _ \$ [5 _ \$ [	
	Mo., Day, Year	) tt - \$ [5 - \$ [ - \$ [ - \$ [ - \$ [ - \$ [	00.00
	Mo., Day, Year	) tt - \$ [5 - \$ [ - \$ [ - \$ [ - \$ [ - \$ [	
		(Mo., Day, Year) <u>(Mo., Day, Year)</u> <u>(Mo., D</u>	Date (Mo., Day, Year)       Amoun rec this         05       / 11       \$ 150.0         1       / 15       \$ 150.0         1       / 15       \$ 150.0         1       / 16       \$ 1         1       / 16       \$ 1         1       / 16       \$ 1         1       / 16       \$ 1         1       / 16       \$ 1         1       / 16       \$ 1         Aggregate year-to-date       \$ 100.0         05       / 12       15       \$ 200.0         1       1       \$ 100.0       \$ 100.0         05       / 12       15       \$ 200.0         1       1       \$ 100.0       \$ 100.0         05       / 12       15       \$ 200.0         1       1       \$ 100.0       \$ 100.0         1       1       \$ 100.0       \$ 100.0         1       1       \$ 100.0       \$ 100.0         1       1       \$ 100.0       \$ 100.0         1       1       \$ 100.0       \$ 100.0         1       1       \$ 100.0       \$ 100.0         1       1       \$ 100.0       \$ 100.0

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Name of Candidate or Committee Brent Bailey for MSPC		
Depending period 05/01/2015 through 105/31/2013		
ITEMIZED RECEIP	۲۹	
A. Source: Corporation PAC 🖌 Individual Loan	Date	Amount of each receipt
	(Mo., Day, Year)	this period
Other (please specify)		
Full name	05 / 18 / 15	\$ 100.00
Jeff Robinson		\$
Mailing Address		₽
1633 N Davis Road		\$
City, State, Zip Code		♥
Bolton, MS 39041		s
Name of Employer (Required) Adco Electric		
Addo Electric Occupation (Required)	Aggregate	\$ 100.00
Purchasing Agent	year-to-date	
B. Source: Corporation PAC I Individual Loan	Date	Amount of each receipt
	(Mo., Day, Year)	this period
Other (please specify)		
Full name	05 / 18 / 15	\$ 100.00
Richard Rogers		
Malling Address		\$
518 Quinn Drive		
City, State, Zip Code		\$
Richland, MS 39218		
Name of Employer (Required)		\$
USPS	Aggregate	
Occupation (Reguired)	year-to-date	\$ 200.00
Manager		Amount of each
C. Source Corporation PAC / Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
	05 / 18 / 15	\$ 100.00
		• 100.00
Suzanne Kinney		\$
Malling Address 103 Falcon Court		
City, State, Zip Code		\$
Brandon, MS 39047		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Reguired)		\$
Trustmark National Bank	1	
Occupation (Reguired)	Aggregate year-to-date	\$ 100.00
Accounting		Amount of each
D. Source: Corporation PAC I individual Loan	Date	receipt
	(Mo., Day, Year	) this period
Other (please specify)	05 / 18 / 15	\$ 100.00
Full name		
Debble Waggener		\$
Mailing Address PO Box 2162		
City, State, Zip Code		\$
Madison, MS 39110		
Name of Employer (Required)		
Nissan	Aggregate	\$ 100.00
Occupation (Required)	yearto-date	
Analyst		

Page <u>5</u> of <u>10</u>

Name of Candidate or Committee Brent Balley for MSPC			
Reporting period 05/01/2015 through 05/31/2015			
Reporting period 05/01/2015 through 105/31/2015	Γ	2	
ITEMIZED RECEIP		ر 	
		Date	Amount of each
A. Source: 📋 Corporation 🔄 PAC 🖌 Individual 📋 Loan 📋	(M	o., Day, Year)	receipt this period
Other (please specify)	<u>`</u>		
Full name	0		\$ 50.00
Oulda Williams			¢
Malling Address		┘′╘┘′╘┤	\$
1332 Arbor Court			\$
City, State, Zip Code		⊒′⊑≟′⊑≟ [	♥
Carthage, MS 39051	F		\$
Name of Employer (Required)	1		*
Retired Occupation (Required)	· · ·	Aggregate	\$ 50.00
Retired		year-to-date	Amount of each
B. Source: Corporation PAC 🗹 Individual 🗌 Loan 🗌		Date	receipt
	(7	No., Day, Year)	this period
Other (please specify)	┼╴		
Full name	<u> </u>	05 / 18 / 15	\$ 200.00
Caleb Dana	+		¢ [
Mailing Address	1		\$
103 Pinetrali Place	+		
City, State, Zip Code	1		\$
Madison, MS 39110	+		\$
Name of Employer (Required)	11		Ψ
Allen Engineering & Science		Aggregate	
Occupation (Paguired)			♦ 200.00
Occupation (Required)		year-to-date	\$ 200.00
	╉		Amount of each
Engineer C. Source Corporation PAC Individual Loan	╋	Date (Mo., Day, Year)	Amount of each receipt
		Date (Mo., Day, Year)	Amount of each receipt this period
Engineer C. Source Corporation PAC I individual Loan C Other (please specify)		Date	Amount of each receipt
Engineer C. Source Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00
Engineer C. Source Corporation PAC I individual Loan Other (please specify) Full name		Date (Mo., Day, Year)	Amount of each receipt this period
Engineer C. Source Corporation PAC I individual Loan Other (please specify) Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$
Engineer C. Source Corporation PAC I individual Loan Other (please specify) Full name Charlotte Dinsmore Malling Address 1909 Barnes Road City, State, Zip Code		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00
Engineer C. Source Corporation PAC I individual Loan Other (please specify) Full name Charlotte Dinsmore Malling Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ \$
Engineer C. Source Corporation PAC Individual Loan Other (please specify)  Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046 Name of Employer (Required)		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$
Engineer C. Source Corporation PAC Individual Loan Other (please specify) Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046 Name of Employer (Required) ADP		Date (Mo., Day, Year) 05 / 18 / 15 0 / 0 / 0 0 / 0 / 0 0 / 0 / 0 Aggregate	Amount of each receipt this period \$ 50.00 \$ \$
Engineer C. Source Corporation PAC I individual Loan Other (please specify)  Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046 Name of Employer (Required) ADP Occupation (Required)		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ \$ \$ \$ \$ \$ \$
Engineer   C. Source   Corporation   PAC   Individual   Loan      Other (please specify)      Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Accounting Accounting Description (Required) Accounting		Date (Mo., Day, Year) 05 / 18 / 15 1 0 / 0 1 0 / 0 Aggregate year-to-date Date	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Engineer   C. Source   Corporation   PAC   Individual   Loan     Other (please specify)     Full name   Charlotte Dinsmore   Malling Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Required)   ADP   Occupation (Required)   Accounting   D. Source:   Corporation   PAC   Individual		Date (Mo., Day, Year) 05 / 18 / 15 / / / / 0 / 0 / 0 Aggregate year-to-date	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00
Engineer   C. Source   Corporation   PAC   Individual   Loan      Other (please specify)      Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Accounting Accounting Description (Required) Accounting		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period
Engineer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Charlotte Dinsmore   Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Required)   ADP   Occupation (Required)   Accounting   D. Source:   Corporation   PAC   Individual   Loan   Other (please specify)		Date (Mo., Day, Year) 05 / 18 / 15 1 0 / 0 1 0 / 0 Aggregate year-to-date Date	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period
Engineer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Charlotte Dinsmore   Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Required)   ADP   Occupation (Required)   Accounting   D. Source:   Ø Corporation   PAC   Individual   Loan   Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 500.00
Engineer   C. Source   Corporation   PAC   Individual   Loan      Other (please specify)      Full name Charlotte Dinsmore Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Required)   ADP   Occupation (Required)   Accounting   D. Source:   Ø Corporation   PAC   Individual   Loan   Other (please specify)   Full name Prestage Farms MS, Inc. Mailing Address		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 500.00 \$ 500.00
Engineer   C. Source   Corporation   PAC   Individual   Loan      Other (please specify)      Full name Charlotte Dinsmore Mailing Address 1909 Barnes Road City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Accounting D. Source:   Corporation PAC Individual Loan Other (please specify) Full name Prestage Farms MS, Inc. Mailing Address PO Box 1425		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 500.00
Engineer   C. Source   Corporation   PAC   Individual   Loan      Other (please specify)      Full name   Charlotte Dinsmore   Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Required)   ADP   Occupation (Required)   Accounting   D. Source:   Ø Corporation   PAC   Individual   Loan      Po Box 1425 City, State, Zip Code		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 \$ 500.00
Engineer   C. Source   Corporation   PAC   Individual   Loan      Other (please specify)      Full name   Charlotte Dinsmore   Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Reguired)   ADP   Occupation (Reguired)   Accounting   D. Source:   Ø Corporation   PAC   Individual   Loan   Other (please specify)   Full name Prestage Farms MS, Inc. Mailing Address PO Box 1425 City, State, Zip Code West Point, MS 39773		Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 500.00 \$ 500.00
Engineer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Charlotte Dinsmore   Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Required)   ADP   Occupation (Required)   Accounting   D. Source:   Ø Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Prestage Farms MS, Inc.   Mailing Address   PO Box 1425   City, State, Zip Code   West Point, MS 39773   Name of Employer (Required)   Farm		Date (Mo., Day, Year)	Amount of each         recelpt         this period         \$
Engineer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Charlotte Dinsmore   Mailing Address   1909 Barnes Road   City, State, Zip Code   Canton, MS 39046   Name of Employer (Reguired)   ADP   Occupation (Reguired)   Accounting   D. Source:   ✓   Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Prestage Parms MS, Inc.   Mailing Address   PO Box 1425   City, State, Zip Code   Vest Point, MS 39773   Name of Employer (Reguired)		Date (Mo., Day, Year)	Amount of each         recelpt         this period         \$

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Name of Candidate or Committee Brent Bailey for MSPC			
Reporting period 05/01/2015 through 05/31/2015	_		
Reporting period 05/01/2015 through 05/31/2013	Τ	2	
ITEMIZED RECEIP	1	5	
			Amount of each
A. Source: 🖌 Corporation 🔄 PAC 🔄 Individual 📋 Loan	/M	Date Io., Day, Year)	receipt
Other (please specify)	/10		this period
Full name	0	5 / 18 / 15	\$ 250.00
DPM inc			
Mailing Address	۱Ľ		\$
222 Way Road			
City, State, Zip Code			\$
Canton, MS 39046	┝╤		•
Name of Employer (Required)	[		\$
Farm	┼─	Aggregate	\$ 250.00
Occupation (Required)		year-to-date	
Farm	T	Date	Amount of each
B. Source: Corporation PAC 🖌 Individual Loan		Mo., Day, Year)	receipt this period
Other (please specify)	Ľ		this period
	Ĩ	05 / 18 / 15	\$ 100.00
Full name	Ŀ		
Carl P Murphy Mailing Address	11		\$
	Ŀ		
402 Way Road			\$
City, State, Zlp Code	Ŀ		
Canton, MS 39046 Name of Employer (Required)		$\Box \Box \Box$	\$
	_ <u> </u> _	Aggregato	
DPM Inc.	┼	Aggregate vear-to-date	\$ 100.00
DPM Inc. Occupation (Required) Farmer		Aggregate year-to-date	
DPM Inc. Occupation (Required) Farmer Farmer		year-to-date Date	Amount of each receipt
DPM Inc. Occupation (Required) Farmer C. Source Corporation PAC I Individual Loan		year-to-date	Amount of each
DPM Inc. Occupation (Required) Farmer Farmer		year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
DPM Inc. Occupation (Required) Farmer C. Source Corporation PAC I Individual Loan		year-to-date Date	Amount of each receipt
DPM Inc.         Occupation (Required)         Farmer         C. Source       Corporation         PAC       Individual         Loan         Other (please specify)		year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
DPM Inc.         Occupation (Required)         Farmer         C. Source       Corporation         PAC       Individual         Loan         Other (please specify)         Fuil name         Jeff Smith         Mailing Address		year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify) Fuil name Jeff Smith Mailing Address 4269 Hwy 43		year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00
DPM Inc.         Occupation (Required)         Farmer         C. Source       Corporation         PAC       Individual         Loan         Other (please specify)         Fuil name         Jeff Smith         Mailing Address         4269 Hwy 43         City, State, Zip Code		year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042		year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.         Occupation (Reguired)         Farmer         C. Source       Corporation         PAC       Individual         Loan         Other (please specify)         Full name         Jeff Smith         Malling Address         4269 Hwy 43         City, State, Zip Code         Brandon, MS 39042         Name of Employer (Required)		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 1 / 1 / 1 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ [100.00] \$ [ \$ [ \$ []
DPM Inc.         Occupation (Reguired)         Farmer         C. Source       Corporation         PAC       Individual         Loan         Other (please specify)         Fuil name         Jeff Smith         Mailing Address         4269 Hwy 43         City, State, Zip Code         Brandon, MS 39042         Name of Employer (Required)         MEMA		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 /	Amount of each receipt this period \$ [100.00 \$ [
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emperator		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify) Fuil name Jeff Smith Mailing Address 4269 Hwy 43 City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) MEMA Occupation (Required) Emergency Manager the Emergency Manager		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / / / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source:   Corporation   PAC   Individual   Loan		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 100.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify) Fuil name Jeff Smith Mailing Address 4269 Hwy 43 City, State, Zip Code Brandon, MS 39042 Name of Employer (Required) MEMA Occupation (Required) Emergency Manager the Emergency Manager		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source:   Corporation   PAC   Individual   Loan   Other (please specify)		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / / / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source:   Corporation   PAC   Individual   Loan   Other (please specify)		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source □ Corporation □ PAC ☑ Individual □ Loan □   Other (please specify)   Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source: □ Corporation □ PAC ☑ Individual □ Loan □   Other (please specify)		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source □ Corporation □ PAC ☑ Individual □ Loan □   Other (please specify)   Fuil name   Ieff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source: □ Corporation □ PAC ☑ Individual □ Loan □   Other (please specify)		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source Corporation PAC Individual Loan   Other (please specify)     Full name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   Emergency Manager   D. Source: Corporation PAC I Individual Loan   Other (please specify)     Full name   Sumesh Arora   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Full name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source:   Corporation   PAC   Individual   Loan   Sumesh Arora   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code   Mailing Address   Mailing Address   Mailing Address   Mailing Address   Mailing Address		year-to-date Date (Mo., Day, Year) 05 / 18 / 15 / 1 / 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MeMA   Occupation (Required)   Emergency Manager   D. Source:   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Sumesh Arora   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code   Mailing Address   Address   Corporation   PAC   Vinder (please specify)     Consulting		year-to-date         Date         (Mo., Day, Year)         05       / 18       / 15         1       / 1       /         1       / 1       /         1       / 1       /         1       / 1       /         1       / 1       /         1       / 1       /         Aggregate       year-to-date         Mo., Day, Year       05       / 18       / 15         05       / 18       / 15         1       / 1       /       /         05       / 18       / 15         1       / 1       /       /         1       / 1       /       /         1       / 1       /       /         1       / 18       /       /         1       / 1       /       /         Aggregate       /       /       /	Amount of each receipt this period \$ 100.00 \$
DPM Inc.   Occupation (Required)   Farmer   C. Source   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Jeff Smith   Mailing Address   4269 Hwy 43   City, State, Zip Code   Brandon, MS 39042   Name of Employer (Required)   MEMA   Occupation (Required)   Emergency Manager   D. Source:   Corporation   PAC   Individual   Loan   Other (please specify)     Fuil name   Sumesh Arora   Mailing Address   426 Cherry Hill Drive   City, State, Zip Code   Mailson, MS 39110   Name of Employer (Required)		year-to-date         Date         (Mo., Day, Year)         05       / 18         05       / 18         1       / 1         1       / 1         1       / 1         1       / 1         1       / 1         1       / 1         1       / 1         Aggregate       year-to-date         Date       (Mo., Day, Year)         05       / 18       15         1       / 1       1         1       / 1       1         1       / 1       1	Amount of each receipt this period         \$ 100.00         \$ [

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Name of Candidate or Committee Brent Balley for MSPC					
Reporting period 05/01/2015 through 05/31/2015					
Reporting period 05/01/2015 through 05/31/2015	T	2			
ITEMIZED RECEIP	1	3			
			Am	ount of eac	h
A. Source: Corporation PAC 🗸 Individual Loan	784	Date Io., Day, Year)		receipt	
Other (please specify)	(IN	10., Day, 10al /	t	his period	
Full name	0	5 / 18 / 15	\$ [	00.00	
Judy Thomas					
Mailing Address	L		\$[		
410 Woodhaven Blvd					 
City, State, Zip Code	1 [	그/□/└-	\$		
Carthage, MS 39051					
Name of Employer (Required)		<u>↓/└</u> /└─│	\$		
Retired	+-	Ággregate	• 1		
Occupation (Required)		year-to-date	\$	100.00	
Retired	1		Ar	nount of ea	ch
B. Source: Corporation PAC / Individual Loan		Date Mo., Day, Year)		receipt	
Other (please specify)	1	WO., Day, 10417		this period	
	T	05 / 18 / 15	\$	100.00	-1
Full name					
Mary Bilbro			\$	[	
Mailing Address					
2030 Red Dog Road	Т		\$		
City, State, Zip Code	1				
Carthage, MS 39051	1		\$		
Name of Employer (Required)			-		
Retired Occupation (Reguired)		Aggregate year-to-date	\$	100.00	
	╋	year-to-date		mount of e	ach
Retired C. Source Corporation PAC / Individual Loan		Date	<b>P</b>	receipt	aon
		(Mo., Day, Year)		this perio	d
Other (please specify)			+		
Eull name		05 / 18 / 15	\$	520.00	
Will Hegman	+		s		
Mailing Address			9		J
215 Popes Road	-†		\$		
City, State, Zip Code			4		
Carthage, MS 39051	-†		\$		
Name of Employer (Required)			Ľ		
MS Solar, Inc.		Aggregate	1	520.00	
Occupation (Required)		year-to-date	┿	A	aaab
Founder		Date		Amount of receipt	
D. Source: Corporation PAC V Individual P		(Mo., Day, Year	)	this peri	
Other (please specify)			-+-		
Full name		05 / 18 / 15		\$ 200.00	
Virginia Chambers				\$	
Mailing Address		╽╘╧╵╘╼┵╵╘╼╸			
95 Reformation Road			1T	\$	1
City, State, Zip Code			<u>_</u> +	<u> </u>	
Carthage, MS 39051	1		]	\$	
Name of Employer (Required)			-+	\$ 200.00	
Retired Occupation (Required)	1	Aggregate year-to-date		\$ 200.00	
Retired	<u> </u>				

Page 8 of 10

Name of Candidate or Committee Brent Balley for MSPC		
Name of Candidate of Committee		
Reporting period 05/01/2015 through 05/31/2015		
ITEMIZED RECEIP	13	
		Amount of each
A. Source: Corporation PAC 🖉 Individual 🚺 Loan	Date (Mo., Day, Year)	receipt
	(1010., Day, 100.)	this period
Other (please specify)	05 / 18 / 15	\$ 50.00
Full name Syble Ellis		
Malling Address		\$
1005 Pine Hill Drive		
City, State, Zip Code		\$
Carthage, MS 39051		
Name of Employer (Required)		\$
Retired	Aggregate	e [
Occupation (Required)	year-to-date	\$ 50.00
Retired		Amount of each
B. Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)	(NO., Day, 102.)	this period
	05 / 18 / 15	\$ 500.00
Full name		
John Mosley		\$
Mailing Address		
1833 Carsley Road		s
City, State, Zip Code		
Jackson, MS 39209		\$
Name of Employer (Required)		•
MS Insurance Commissioner Candidate	Aggregate year-to-date	\$ 500.00
Occupation (Required) Candidate	year-to-uate	Amount of each
Candidate	Date	receipt
	(Mo., Day, Year	) this period
Other (please specify)	┼╤╴╤	
Full name	05 / 18 / 15	\$ 100.00
Tim Reid		<b>s</b>
Mailing Address		
109 Lowe Circle		1 5
City, State, ZIp Code		· · · · · · · · · · · · · · · · · · ·
Clinton, MS 39056		\$
Name of Employer (Required)		
Retired from Delphi	Aggregate	\$ 100.00
Occupation (Required)	year-to-date	Amount of each
Retired	Date	receipt
D. Source: Corporation PAC V Individual	(Mo., Day, Ye	ar) this period
Other (please specify)		
Full name	05 / 18 / 1	5 \$ 500.00
Mike Pepper		\$
Mailing Address	╽└─┘╵└─┤╵┕	
205 Breezy Hill Drive		
City, State, Zip Code		
Madison, MS 39110		
Name of Employer (Required)		
Name of Employer (Required) Pepper Farm	Aggregate vear-to-da	\$ 500.00
Name of Employer (Required)	Aggregate year-to-da	\$ 500.00

Page 9 of 10

Name of Candidate or Committee Brent Balley for MSPC				
Reporting period 05/01/2015 through 05/31/2015	_			
Reporting period 05/01/2015 through 105/31/2015	T	<b>S</b>		
ITEMIZED RECEIP	1	0		
		Date	Amou	nt of each
A. Source: Corporation PAC I Individual Loan	/N	lo., Day, Year)	re thio	period
Other (please specify)				period
Full name	0	5 / 18 / 15	\$ 100	.00
Tony Benton				
Mailing Address		ᆜ/ᆜ/ᆜ	\$	
150 Langford Cove	┢╌			
City, State, Zip Code	۱L		\$	
Brandon, MS 39047	┝╴		• F~	
Name of Employer (Required)	<u>  L</u>	ᆜ/ᆜ/ᆜ	\$	
Door Exchange of AL	╂─	Aggregate	\$ 100	
Occupation (Regulred)		year-to-date		
President	T			unt of each
B. Source: Corporation PAC 📝 Individual Loan		Date Mo., Day, Year)		receipt
		wo., Day, real)	th	is period
Other (please specify)	Т	05 / 18 / 15	\$ 50	0.00
Full name	Ŀ			
Tony Gregory	Т		\$ 5	
Mailing Address	1			
26 Dovecrest Cove	T		<b>\$ Г</b>	
City, State, Zip Code				
Jackson, TN 38305			\$ F	
Name of Employer (Required)			$\downarrow$	
First State Bank of TN		Aggregate	\$ 5	00.00
Occupation (Required)	╋	year-to-date		ount of each
CEO		Date	Am	receipt
		(Mo., Day, Year)	1 t	his period
Other (please specify)	_			
		05 / 18 / 15	<b>\$</b>	50.00
Full name Elizabeth Balley				
Mailing Address			_   \$	
313 Ridgecrest Drive				
City, State, Zip Code			_ \$	
Starkville, MS 39759			\$	
Name of Employer (Required)			- <b>*</b>	
MSU		Aggregate	- s	50.00
Occupation (Required)		year-to-date		<b></b>
VP of Student Affairs		Date		mount of each receipt
D. Source: Corporation PAC 🗹 Individual L Loan L		(Mo., Day, Yea	r)	this period
Other (please specify)	_		-+	
	1	05 / 18 / 15	\$	300.00
Full name Andy Divine Senior	<b></b>		11.	1
Mailing Address	1	05 / 26 / 15		25.00
PO Box 300	<u></u>		]\$	]
City, State, Zip Code	]	hand I have I have	<u> </u>	L
Sharon, MS 39163	7		]\$	
Name of Employer (Regulred)				
Canton Fire Department	٦	Aggregate year-to-dat	• \$	325.00
Occupation (Required)				
Fireman				

#### Page 10 of 10

Name of Candidate or Committee Brent Balley for MSPC				
Reporting period 05/01/2015 through 05/31/2015	_			
Reporting period 05/01/2015 through 05/01/2015	T	2		
ITEMIZED RECEIP	1	5		
A. Source: Corporation PAC 🖌 Individual Loan	(M	Date Io., Day, Year)		ount of each receipt this perlod
Other (please specify)	<u> </u>			
Full name	0	512115	\$	500.00
Kelly Trombley			*	
Mailing Address	1		\$	
595 Market Street, 29th Floor	┟┍		*	
City, State, Zip Code	╎└		\$	
San Francisco, CA 94105	tr		\$	
Name of Employer (Required)			Ψ	
The Alliance for Solar Cholce		Aggregate	\$	500.00
Occupation (Required) Associate	_	year-to-date		
		Date		mount of each receipt
	1 (	Mo., Day, Year)		this period
Other (please specify)	╀╴		+	
Full name		05   23   15	\$	1000.00
Clarke Reed	+		1.	
Malling Address			\$	
139 Bayou	+		+	
City, State, Zip Code			\$	
Greenville, MS 38701			+	
Name of Employer (Reguired)		[]/[]/[]	\$	
Reed-Joseph		Aggregate	\$	[
Occupation (Regulred)		year-to-date	7	1000.00
Self Employed	╈			Amount of each
C. Source Corporation PAC 🖉 Individual Loan		Date (Mo., Day, Year)		receipt
Other (please specify)		(1410., Day, 104.)		this period
		05 / 18 / 15	1	200.00
Full name			-	
Brian Cooper			1	
Mailing Address PO Box 1119	-+		╌┼╼	· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code			_   {	\$
Wilkesboro, NC 28697			+	
Name of Employer (Reguired)			<u> </u>	\$
NC Farm Bureau Insurance	-+	Aggregate	-	\$ 200.00
Occupation (Regulred)		year-to-date		
Agency Manager		Date		Amount of each
D, Source: Corporation PAC Individual Loan		(Mo., Day, Yea	$\mathbf{n}^{\dagger}$	receipt this period
Other (please specify)		(11101) 2-31		this period
			]	\$
Full name			╤┼	
Mailing Address	1		_	\$
	]		╗┤	· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code	1		-	\$
	<u></u>	In, n,r	71	\$
Name of Employer (Required)				
	7	Aggregate		\$
Occupation (Required)		year-to-dat	•	

5 ELECTION CYCLE			Delbert Hosemann SECRETARY OF STAT
i	T OF RECEIPTS A 2015	lidate AND DISBURSEMENT: Election	AECEIVE
Name of Candidate Tony M. Greer (Frien			Campaign Finance Secretary of State
Address P O Box 1159 Clinton, MS 3906	50	County_Hinds	
Telephone (Work) <sup>601-750-9495</sup>	(Home) <sup>601-750-9</sup>	9493 (Fax) <sup>601-510</sup>	
Contact Name	and the second s	Address_tony@huffmanandco	mpanycpa.com
Office Sought Public Service Commissio	ner-Central_Political Pa	arty_Republican	
Check here if above is different	from previous report		
		E OF REPORT	Mandato
5-155 B			Mandato Mandato
Strength (1) the strength control of the strength of the stren			Mandato
			Mandator Il Primary Candidates and Political Committee
August 18, 2015 Pre-Election Repor	t (July 26, 2015, through A	ugust 15, 2015) All Primary Candidate	Runoff Candidates On is and Political Committees in a Runoff Election
			Mandato
October 27, 2015 Pre-Election Repo (Primary Election Winners report Octobe (Independent Candidates report Januar)	er 1, 2015, through October 24	. 2015)	Mandato All Candidates and Political Committee
November 17, 2015 Pre-Runoff Repo	ort (October 25, 2015, throu	ugh November 14, 2015) All Candidate	Runoff Candidates On s and Political Committees in a Runoff Electic
January 8, 2016 Periodic Report (Oc	tober 1, 2015, through Dec		Mandator
Termination Report (Candidate will no lo outstanding campai		take campaign expenditures and has	no Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even i indicating "0" (Zero) for total amount of re	if no contributions or expend		e, the candidate shall submit a report
(2) Until a Candidate files a Termination Repo	rt, annual and periodic repor	rts 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 re- holiday, the office must be in actual receip acceptable.	cceipt of the required reports It of the required reports by t	by 5:00 p.m. on the reporting day. 5:00 p.m. on the first working day t	If the deadline falls on a weekend or a before the deadline. Faxed reports are
	REPORTED CONTRIB	UTIONS AND DISBURSEMEN	
Itemized	+ Non-Itemized	This Perio	d 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 Thave examined th	is report and to the best of	f my knowledge and belief it is tr	ue, accurate, and complete.
E	~	(e	19/15
Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (197 Penalties: Failure to submit required reports, or fail lines of \$50 per day and/or prosecution in accordan	ure to submit reports in accor-	dance with statutory deadlines, or fai	ure to submit valid reports shall result in
SEND TO:	District, Multi-County and a MS 39205 or fax to (601) 5 County-District offices sho	II Legislative offices should retu 76-2545 uld return forms to their County	rn form to Secretary of State, Election: Circuit Clerk

10

SOS 10.14

Page 5 of 3

Name of Candidate or Committee	<u>.</u>	
Reporting period May 1, 2015 through May 31, 2015	_	
ITEMIZED RECEIP	TS	
	10	
A. Source: (Corporation PAC / Individual Loan Other (please specify)	Dato (Mo., Day, Year)	Amount of each receipt this period
Full name	los 1 10: 1 115	
Mississippi Realtors PAC	103 / 10. J 115	00.001; <b>\$</b>
Mailing Add/oss		¢ (
P O Bex 321000		Ψ :
Clty, State, Zip Godo		\$
Flowood, MS 39232	· · · · · · · · · · · · · · · · · · ·	<b>*</b> ;
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ (1000.00
B. Source: Corporation PAC [ Individual  / Loan [	1	Amount of each
······································	Date (Mo., Day, Year)	receipt
Other (please specify)	(wid., Day, Tear)	this period
Full name	05 1 64 1 15	\$ 250.00
Delores or Troy Henderson	······································	★ 1X20100
Malling Address		\$   <sup></sup>
P O Box 599 219 Trace Circle	· ′ <u>·</u> ′ <u>·</u>	· ·
Chy, State, Zip Gode	· · · · · · · · · · · · · · · · · · ·	\$ [ <sup></sup>
Raymond, MS 39154	·····	•
Name of Employer (Required)	<u> </u>	\$ [
Occupation (Required)	Aggregate year-to-date	\$ 250,09
C. Source Gorporation [7 PAC   Individual / Loan ;		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	05 / 01 / 15	\$ 1000.00
Madison South Rubbish Landfill, Inc	· * 1 · · · · · · · · · · · · · · · · ·	
Maillog Address		\$ [
City, State, Zip Code		\$ (
Clipton, MS 30060	/ ·/ ·	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
D. Source: Corporation PAC Individual V Loan	Dete	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	05 1 00 1 15	
Richard or Melanic White	<u> 05_  06_   18_</u>	\$ 250.00
Mailing Address 130 Pine View Orive		\$
City, State, Zip Code		\$ [
Raymond, MS 39154 Name of Employer (Required)		
Metro Mechanical		\$
Occupation (Required)	Aggregate	\$ 250.00
Owner	year-to-date	l

\_\_\_\_\_

Page	( <u>&gt;</u>	of	3
· · · ·			

through [mev 31.3015         ITEMIZED RECEIPTS         A. Source: [ Corporation [ PAC [ Individual [7 Loan [ (Mo, Day, Year) / His period         Other (please specify) [ (Mo, Day, Year) / His period         Date (Mo, Day, Year) / Mount of each receipt / His period         Date (Mo, Day, Year) / Mount of each receipt / His period         Date (Mo, Day, Year) / Mount of each receipt / His period         Date (Mo, Day, Year) / Mount of each receipt / His period         Date (Mo, Day, Year) / His period         Date (Mount of each receipt (Mo, Day, Year) / His period         Date (Mount of each receipt (Mo, Day, Year) / His period         Date (Mount of each receipt (Mo, Day, Year) / His period         Date (Mount of each receipt (Mo, Day, Year) / His period         Date (Mount of each receipt (Mo, Day, Year) / His period         Date (Mount of each receipt (Mo, Day, Year) / His period         Date (Mount of each receipt (Moo, Day, Year) / His period         Date (Mount of each recei	Name of Candidate or Committee		- <u>6</u> - <u></u>
ITEEMIZED RECEIPTS         A. Source: !       Corporation [ PAC [ Individual [ Loan [ [ (Mo., Day, Year)]       Amount of oach receipt the period         Full mane       Date [ (Mo., Day, Year)]       This period         Full mane       Date [ / [ / ] / ]       \$ [ / [ / ] ]         Source: [ / Corporation [ PAC [ Individual [ / Loan [ ]       Date [ / [ / ] ]       \$ [ / [ / ] ]         Mailing Address       [ / [ / ] ]       \$ [ / [ / ] ]       \$ [ / [ / ] ]         Marce of Parlmane       [ / [ / ] ]       \$ [ / [ / ] ]       \$ [ / [ / ] ]         Manour full mane       [ / [ / ] ]       \$ [ / [ / ] ]       \$ [ / [ / ] ]         Marce of Parlmane       [ / [ / ] ]       \$ [ / [ / ] ]       \$ [ / [ / ] ]         Marce of Employer (Resulted)       [ / [ / ] ]       \$ [ / [ / ] ]       \$ [ / [ / ] ]         Attemncy       Aggregate       \$ [ / [ / ] ]       \$ [ / [ / ] ]         B. Source: [ Corporation   PAC [ Individual [ / Loan   ]       Date       Amount of each receipt (Assocher PA         Cher (please specify)       [ / ] / ] ]       \$ [ / ] / ] ]       \$ [ / ] / ] ]       \$ [ / ] / ] ]         Full name       [ / ] / ] ]       \$ [ / ] / ] ]       \$ [ / ] / ] ]       \$ [ / ] / ] ]       \$ [ / ] / ] ]         Cher (please specify)       [ / ] / ] ] ]       \$ [ /	Reporting period (May ) 2015 through May 31, 2015		
A. Source:       Corporation [ PAC ]       Individual [7 Loan ]       Date (Mo., Day, Year)       Amount of each raceipt this period         Full mane       [01, 1] [1] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	ITEMIZED RECEIP	TS	
A solution is comparison in the intervent in the intervent in the period in the pe			Amount of pach
Full name       001 / 12 / 12       \$ 12000         Main add Varials Buchalsen       011 / 12 / 12       \$ 12000         Main add Varials Buchalsen       11 / 12       \$ 1         Main address       11 / 12       \$ 1         132 Refine yood Dr       11 / 1       \$ 1         CRV, State, Zip Code       11 / 1       \$ 1         Income f Buchalsen       11 / 1       \$ 1         Namer G Employer (Required)       Aggregate       \$ 1/2000         Namer G Employer (Required)       Aggregate       \$ 1/2000         Namer G Employer (Required)       Date       Mount of each         Namer G Employer (Required)       Date       Amount of each         Namer G       Docupation (Testulined)       Aggregate       \$ 1/2000         Alterner       005 / 128 / 155       \$ 12000       Mailing Address       1 / 1 / 1       \$ 1         Iter, MS 3070 B13       Individual I/ Loan [       Date       Mount of each       receipt       1 / 1 / 1       \$ 1         Namer & Employer (Required)       Mailing Address       [ / 1 / 1 ]       \$ 1       1       1 / 1       \$ 1       1         Namer & Employer (Required)       Mailing Address       [ / 1 / 1 ]       \$ 1       1       1 / 1       \$ 1	······································		receipt
Material Bulliance			
Mailing Address       [1 [] ]       \$         132 Rolling-wood 01       [1 []]       \$         Gitty, State, Zip, Code       [1 []]       \$         [		<u>:05 / :13 / :15</u>	\$ \$250.00
132 Rollingwood U/		rr	
City, State, Zip Code		<u> </u>	Φ.
Jarkson MS 39211		· · · · · · · · · · · · · · · · · · ·	•
Name of Employer (Required)      //		· / · / · / · · ·	\$
Interor Fluchana & Associate FA.       Image:		· · · · · · · · · · · · · · · · · · ·	÷ [
Occupation (Required)       Automay       Year-to-date       \$ [250.00         Attorney       Corporation   PAC   Individual  / Loan         Date       Amount of each receipt this period         Other (please specify)       [05] / [28] / [55] \$ [250.00       Amount of each receipt this period         Full name       [05] / [28] / [55] \$ [250.00       [05] / [28] / [55] \$ [250.00         Mailing Address       [] / [] / [] \$ [       [] [] \$ [         Lickbard 6 While       [05] / [28] / [55] \$ [250.00       [] / [] \$ [         Mailing Address       [] / [] \$ [       [] [] \$ [         Lickbard 6 While       [] / [] \$ [       [] [] \$ [         City, State, Zip Code       [] / [] \$ [       [] [] \$ [         City, State, Zip Code       [] / [] \$ [       [] [] \$ [         City of Brain       [] [] \$ [       [] [] \$ [         Other (please specify)       [] [] \$ [       [] [] \$ [         Other (please specify)       [] [] \$ [] \$ [       [] [] \$ [         Scheric Prince       [] / [] \$ [] \$ [       [] [] \$ [         Scheric Prince       [] / [] \$ [] \$ [       [] [] \$ [         Scheric Prince       [] / [] \$ [] \$ [       [] [] \$ [			2
[Atterney       year-to-date       P 12430         B. Source:       Corporation       PAC       Individual I/ Loan       Date (Mo., Day, Year)       Amount of each receipt this period         Full name       [05 / ]28 / [55]       \$ [250.00         Mailing Address       [		Aggregate	\$ [
Other (please specify)         (Mo., Day, Year)         receipt this period           Full name         [05, 1] 28, 1] 53         \$ [25000           Mailing Address         [			♦ [250.00]
Other (please specify)         Image: The plane         The period           Full name         Ios / 128 / 455         \$ [25000           Mailing Address         [/ [] ]         \$ [25000           Mailing Address         [/ [] ]         \$ [           I/A62 Springridge Rd         [/ [] ]         \$ [           City, State, Zg, Code         [/ [] ]         \$ [           [cry, MS 3070 B13]         Name of Employer (Required)         Aggregate year-to-date         \$ [:250.00           Main of Employer (Required)         Aggregate year-to-date         \$ [:250.00         Amount of each receipt this period           C. Source [         Corporation [         PAC [         Individual [/ Loan [         Date (Mo., Day, Year)         Amount of each receipt this period           Scheric Prince         Jos / Jos / Jis \$ Individual [/ Loan [         Date (Mo., Day, Year)         This period           Scheric Prince         Sold (Gen PI         [/ ]         \$ [/ ]         \$ [/ ]           Scheric Prince         Sold (Gen PI         [/ ]         \$ [/ ]         \$ [/ ]           Scheric Prince Associated, MAS 39647         [/ ]         \$ [/ ]         \$ [/ ]         \$ [/ ]           Scheric Prince Associated, PIC         [/ ]         [/ ]         \$ [/ ]	(**************************************		receipt
Itschard G White       Image: product of the product of	······································		this period
Inchard G White		OS 1 28 1 55	\$ 250,00
1/2462 Springridge Rd			
City, State, Zip Code       I	Mailing Address		\$
Iterg, MS 39170 B131       Image: fill of the second			
Name of Employer (Required)       I <tdi< td=""><td></td><td></td><td>\$  </td></tdi<>			\$
City of Byram       Aggregate year-to-date       \$ 120.00         Occupation (Regulred)       PAC   Individual [7 Loan   Other (please specify)       Oate (Mo., Day, Year)       Amount of each receipt this period         Eull name       jos / [20 / ]15       \$ 1000.00         Scherrie Prince       jos / [20 / ]15       \$ 1000.00         Mailing Address       [] / [] / []       \$ []         Standard, MS 39647       [] / [] / []       \$ []         Name of Employer (Required)       [] / [] / []       \$ []         Prince & Associates, PLC       Qegregate year-to-date       \$ []         Occupation (Regulred)       [] / [] / []       \$ []         Prince & Associates, PLC       Qegregate year-to-date       \$ []         Outer (please specify)       []       Loan []       Date (Mo., Day, Year)         D. Source   Corporation []       PAC []       Individual [7 Loan []       Date (Mo., Day, Year)         Other (please specify)       []       []       []       []       []         D. Source   Corporation []       PAC []       Individual [7 Loan []       []       []       []         Other (please specify)       []       []       []       []       []       []       []         D. Source   Corporation []       PAC []			
Occupation (Regulated)       Aggregate year-to-date       \$ 1250.00         Mayor       C. Source [ Corporation [ PAC [ Individual [7 Loan [ Oate (Mo., Day, Year] His period]       Amount of each receipt this period         Other (please specify)		<u>                                      </u>	\$
Mayor       year-to-date       * 12000         C. Source       Corporation       PAC       Individual [7] Loan [       Oate (Mo., Day, Year)       Amount of each receipt this period         Eull name.       305 / 120 / 115       \$ 1000,00         Scheric Prioce       1       1       \$         Mailing Address       1       1       \$         Job Weadlands Green PI       1       1       \$         City, State, Zip Code       1       1       1       \$         Brandon, MS 19047       1       1       1       \$         Name of Employer (Required)       1       1       1       \$         Prince & Associates. PLC       Orcupation (Required)       Aggregate year-to-date       \$       10000/00         D. Source:       Corporation [       PAC [       Individual [7] Loan [       Date (Mo., Day, Year)       Amount of each receipt this period         Full name.       105, 1 (20, 1 15       \$       10000/00       \$         Certia MLKee       1       1       \$       \$         Malling Address       1       1       \$       \$         City, State, Zip Code       1       1       \$       \$		Aggregate	¢
C. Source       Corporation       PAC       Individual [7] Loan [       Date (Mo., Day, Year)       Amount of each receipt this period         Eull name.       jos / [20 / ]15       \$ 1000.00         Scheric Prince       jos / [20 / ]15       \$ 1000.00         Mailing Address       [] / [] / []       \$ []         106 Wootlands Green Pl       [] / [] / []       \$ []         City, Stats, Zip Code       [] / [] / []       \$ []         Brandon, MS 39047       [] / [] / []       \$ []         Name of Employer (Required)       [] / [] / []       \$ []         Prince & Associates, PUC       Aggregate year-to-date       \$ []         Occupation (Required)       PAC []       Individual [7]       Loan []         D. Source; []       Corporation (]       PAC []       Individual [7]       Loan []         Other (please specify)       []       []       []       []       Amount of each receipt this period         Full name.       []       []       []       []       []       []       []         Other (please specify)       []       []       []       []       []       []       []         Other (please specify)       []       []       []       []       []       [] <t< td=""><td></td><td></td><td>• !250.00</td></t<>			• !250.00
Full name       jos j [20 j [15]       \$ [1000,00]         Scherrie Prince       [] j [] j []       \$ []         Mailing Address       [] j [] j []       \$ []         306 Woodlands Green PI       [] j [] j []       \$ []         Gity, Stata, Zip Code       [] j [] j []       \$ []         Brandon, MS 39047       [] j [] j []       \$ []         Name of Employer (Required)       [] j [] j []       \$ []         Prince & Associates, PLLC       Aggregate       \$ []         Occupation (Required)       [] year-to-date       \$ []         Attorney       [] Other (please specify)       [] Loan []       [] Date         Other (please specify)       [] Individual [] Loan []       [] Date       Amount of each         receipt       [] [] j [] j []       \$ []       [] 1000,00         Full name       [] [] j [] j []       \$ []       [] 1000,00         [] Certilis MLKee       [] j [] j []       \$ []       [] 1000,00         Malling Address       [] j [] j []       \$ []       [] 1000,00         [] Certils MLKee       [] j [] j []       \$ []       [] 1000,00         [] Certils MLKee       [] j [] j []       \$ []       [] 1 [] j []       \$ []         224 Oak Park Dr       [] j [] j			receipt
Scherric Prince		r r	
Mailing Address		<u>305 / 20 / 115 </u>	<b>\$</b> 1000,00
10b Weddhads Green Pi         City, State, Zip Code         Brandon, MS. 39047         Name of Employer (Required)         Prince & Associates, PUC         Occupation (Required)         Atterney         D. Source:         Corporation (PAC)         Individual (V Loan)         Date         (Mo., Day, Year)         Full name         Certila MLKee         Malling Address         224 Oak Park Dr         City, State, Zip Code		[ , [ <sup></sup> , ! <sup></sup>	e
City, State, Zip Code       I		<u> </u>	₩ I
Brandon, MS 39047		·····	<b>s</b> i
Prince & Associates, PULC     Aggregate year-to-date     \$ [1000,00]       Attorney     D. Source:     Corporation ( PAC   Individual [ Loan   Date (Mo., Day, Year) )     Amount of each receipt this period       D. Source:     Other (please specify)     Individual [ Loan   Date (Mo., Day, Year) )     Amount of each receipt this period       Fuil name     Image: Display (Display (Displa	Brandon, MS 39047	· · · · · · · · · · · · · · · · · · ·	¥
Occupation (Regulred)     Aggregate year-to-date     \$ [1000.00]       Attorney     D. Source: [Corporation (PAC] Individual [/ Loan ]     Date (Mo., Day, Year)     Amount of each receipt this period       Other (please specify)     Individual [/ Loan ]     Date (Mo., Day, Year)     Amount of each receipt this period       Fuil name     Io5 / Io0 / Io5     I 000.00       Cecilia Muxce     Io5 / Io7     \$ (1000.00)       Malling Address     Io7     I Io7       State, Zip Code     Io7     \$ [Io7			\$
D. Source:       Corporation [       PAC         Individual [/       Loan         Date (Mo., Day, Year)       Amount of each receipt this period         Other (please specify)	Occupation (Regulred)		<b>5</b>  1000.00
Date     receipt       Other (please specify)     (Mo., Day, Year)     receipt       Full name     105 / 120 / 115     \$ (1000.00)       Cerdia McKee     1 / 1 / 1     \$ (1000.00)       Malting Address     1 / 1 / 1     \$ (1000.00)       224 Oak Park Dr     1 / 1 / 1     \$ (1000.00)		Dete	Amount of each
Cerilia MuKee         Image: Cerilia MuKee           Malling Address         Image: Cerilia MuKee           224 Oak Park Dr         Image: Cerilia MuKee           Gity, State, Zip Code         Image: Cerilia MuKee			
Cecilia MuKee        //		05 / 20 / 15	\$ 1000.00
224 Oak Park Dr			
		<u> </u>	\$ {
[Madison, MS 39110			\$
Name of Employer (Required)	Madison, MS 39110 Name of Employer (Socialized)	······	e (
Occupation (Required) Aggregate year-to-date \$ 1000.00			◆ 1000.00

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Page 🔝 of 🔝

Name of Candidate or Committee Frends of fony Green		
Reporting period May 1, 2015 through May 31, 2015	_	
ITEMIZED RECEIP	TS	
	10	
A. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Trust		
I. Ketley Wilijams Hevorable Tisat	<u>(05</u> / <u>127</u> / <u>115</u>	\$ 500.00
Mailing Address		\$ [
230 Eastove/ Drive	· · · · · · · · · · · · · · · · · · ·	* 1
City, State, Zip Code		\$
Jackson, MS 39211		* ;
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
8. Source: Corporation PAC   Individual V Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	[os / [26 / [15	\$ 1000.00
Timothy and Alicia Parkman	<u></u>	✓ [1000.00
Mailing Address	$\underline{[]}_{i} \underline{[]}_{i} \underline{[]}_{i}$	\$
PO 8ox 2220 City, State, Zip Cods	1 <sup></sup> 1	
Clinton, MS 39060-2220	<u> </u>	\$
Name of Employer (Required)		\$
(39)		* !
Occupation (Required) Owner/Insurance	Aggregate year-to-date	\$ 1000.00
C. Source Corporation PAC I Individual Loan i	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
	······	
Full name	<u>} 1   1  </u>	\$
Mailing Address		\$
City, State, Zip Code		\$ [
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year-to-date	\$
D. Source:   Corporation [ PAC   Individual   Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address	$\subseteq I \subseteq I \subseteq$	\$ [
City, State, Zip Code	<u> </u>	\$ [
Name of Employer (Regulred)		\$
Occupation (Required)	Aggregate yearto-date	\$

Page \_\_\_\_\_ of \_\_\_\_

Friends of Tony Green

Reporting period \_\_\_\_\_

through May 31, 2015

A. Fult name Jackson Jambalaya	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
S106 Old Canton Road	<sup>05</sup> / <sup>28</sup> / <sup>15</sup>	S 1000,00
City, State, Zip Code Jackson, MS 39213		s
Purpose of Disbursament (Optional) advertising	Aggregate Year-to-date	\$ 1000.00
B. Full name Capitone Public Affairs ELC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PD Box 2096	<u>05</u> / <u>04</u> / <u>15</u>	S 3000.00
City, State, Ziy Code Jackson, MS 39225-2006	//	\$
Purpose of Disbursement (Optional) Contract services	Aggregate Year-to-date	\$ <sup>3000.00</sup>
C, Full name Melanio Greer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 302 W. Leake Street	05 / <sup>04</sup> / <u>15</u>	8 300moli
City, State, Zip Code Clinton, MS 39056	·····/ ·····/ ·····/	s
Purpose of Disbursement (Optional) Contract services	Aggregate Year-to-dato	S 2000.00
D, Fuit name Sara Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1984 Potit Bois St.	<u>05 / 04 / 15</u>	\$ 5000.00
City, State, Zip Code Jackson, MS 39211	///	s
Purpose of Disbursoment (Optional) Campaign Consultant	Aggrogato Year-to-data	S 8000.00
Ē. Fuli name Triumph Campaigus II.C	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 12243	05 / 04 / 15	\$ 262.50
City, State, Zip Code Jackson, MS 39236	/	S
Purpose of Disbursement (Optional) Graphic Oesign	Aggregate Year-to-date	S 262.50
F. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5468 N. State St.	0.5 / <u>06</u> / <u>15</u>	\$ 2316.79
City, State, Zip Code Jackson, MS 39206	and an a second second second second	S
Purpose of Disbursement (Optional) Vintung	Aggregate Year-to-date	\$ 3704,59

Page \_\_\_\_\_ of \_\_\_\_

Friends of Yony Green

Reporting period May 1, 2015

through May 31, 2015

A. Fuð same Judy Bufkin	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Addross 109 Billy Byrd Dove	05 / 06 / 15	S <sup>437.00</sup>
City, State, Zip Code Clintor, MS 39056	······/_····/_···	s
Purpose of Disbursement (Optional) Catering	Aggregate Year-to-date	\$ 497.00
B. Full name Johansten Studio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address (\$13 Old Vicksburg Rd.	<u>05</u> / <u>06</u> / <u>15</u>	S 299.60
City, State, Zip Code Clinton, MS 39056		s
Purpose of Disbursement (Optional) campsign photos	Aggregate Year-to-date	\$ <sup>299.60</sup>
C. Full name Mississippi Association of Supervisors	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 293 North President Street	$\frac{05}{-}/\frac{12}{-}/\frac{15}{-}$	S 500.00
City, State, Zip Code Jackson, MS 39202	/	s
Purpose of Disbursement (Optional) exhibit booth	Aggregate Year-to-date	\$ 500.00
D, Fußiname Busby Companies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PG Box 6439	5_/ <u>7_</u> / <u>IS</u>	\$ 750.00
City, State, Zip Code Laurel, MS 39443	<u>5</u> / <del>20</del> / <del>25</del>	S 750.00
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-dato	S 1500.00
E. Pull name Rusby Companies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6439	<u>es</u> / <u>22</u> / <u>15</u>	\$ 750.00
City, State, Zip Code (aure), MS 39441	//	5
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	S 2250.00
F. Full name Office Depot	Date (Mo., Day, Ycar)	Amount of each disbursement this period
Mailing Addross 4706 Robinson Road	05 / <u>19</u> / <u>15</u>	S 201.73
Člay, State, Zip Code Jackson, MS 39232	/ /	\$
Purpose of Disbursement (Optional) affice supplies	Aggregate Year-to-date	S 187.89

ELECTION CYCLE	STRAY O	and the second sec	Delbert Hosemann SECRETARY OF STAT
	Political Co	単数化 小説 時間を たいてんしょう ひんしかい しょうしん ひょうしょう しょうしょう しょうかい	DEOCIVE
	2015 E	ND DISBURSEMENTS	DECEIVE
Committee to Elect B	ruce W. Burton Public Se	ervice Commissioner for the Ce	INTRA JUN 1 0 2015
Address Post Office Box 13942, Jackson, M	Aississippi 39236	County	Campaign Finance Secretary of State
Telephone 601-850-9095		Fax	Generally of Glate
Cheryl L. Burton		Email Address burton_clb@ya	hoo.com
Check here if above is different fr			
May 8, 2015 Periodic Report (January	1. 2015. through April 30.	E OF REPORT	Mandat
X June 10, 2015 Periodic Report (May 1	그는 그릇 한 것에서 그가 성장에 가려가 못했다.	and the second	
July 10, 2015 Periodic Report (June 1	, 2015, through June 30, 2	:015)	Mandat
July 28, 2015 Pre-Election Report (Ju	ly 1, 2015, through July 25	i, 2015)	Mandat Primary Candidates and Political Commit
August 18, 2015 Pre-Election Report	(July 26, 2015, through Au	igust 15, 2015)	(3)
October 9, 2015 Periodic Report (July	1, 2015, through Septemb	oer 30, 2015)	Mandat
October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January	1, 2015, through October 24,	2015)	
November 17, 2015 Pre-Runoff Repor			Runoff Candidates O
January 8, 2016 Periodic Report (Octo	ober 1, 2015, through Dec	All Candidates a	and Political Committees in a Runoff Elec
January 8, 2016 Periodic Report (Octo Termination Report (Candidate will no lon outstanding campaign	ger accept contributions or ma	All Candidates a ember 31, 2015)	and Political Committees in a Runoff Elec Mandat o Required to termin
Termination Report (Candidate will no lon outstanding campaig (1) Pre-Election reports are mandatory, even if	ger accept contributions or main debt obligation) <i>IMPO</i> no contributions or expend	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case,	and Political Committees in a Runoff Elec Mandat o Required to termin reporting obligatio
<ul> <li>Termination Report (Candidate will no lon outstanding campaig)</li> <li>(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> <li>(2) Until a Candidate files a Termination Report</li> </ul>	iger accept contributions or m n debt_obligation) <u>IMPO</u> no contributions or expend orted contributions and exp	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period.	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio
<ul> <li>Termination Report (Candidate will no ion outstanding campaign</li> <li>(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> <li>(2) Until a Candidate files a Termination Report and (iii).</li> <li>(3) The receiving authority must be in actual re</li> </ul>	ger accept contributions or main n debt obligation) <u>IMPO</u> no contributions or expend orted contributions and exp t, annual and periodic report ceipt of the required reports	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still bo filed in accordance v s by 5:00 p.m. on the reporting day.	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a
<ul> <li>Termination Report (Candidate will no lon outstanding campaig)</li> <li>(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> <li>(2) Until a Candidate files a Termination Report and (iii).</li> </ul>	ger accept contributions or main n debt obligation) <u>IMPO</u> no contributions or expend orted contributions and exp t, annual and periodic report ceipt of the required reports	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still bo filed in accordance v s by 5:00 p.m. on the reporting day.	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a
<ul> <li>Termination Report (Candidate will no lon outstanding campaig)</li> <li>(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> <li>(2) Until a Candidate files a Termination Report and (iii).</li> <li>(3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable.</li> </ul>	iger accept contributions or main n debt obligation) no contributions or expend orted contributions and exp t, annual and periodic report ceipt of the required reports of the required reports by 5 <u>REPORTED CONTRIE</u>	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still bo filled in accordance v s by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day be: BUTIONS AND DISBURSEMENTS	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are
<ul> <li>Termination Report (Candidate will no ion outstanding campaign</li> <li>(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> <li>(2) Until a Candidate files a Termination Report and (iii).</li> <li>(3) The receiving authority must be in actual receipt holiday, the office must be in actual receipt</li> </ul>	ger accept contributions or main n debt obligation) <u>IMPO</u> no contributions or expend orted contributions and exp t, annual and periodic report ceipt of the required reports by 5	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still bo filed in accordance v s by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day bea	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a
<ul> <li>Termination Report (Candidate will no lon outstanding campaig)</li> <li>(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep</li> <li>(2) Until a Candidate files a Termination Report and (iii).</li> <li>(3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable.</li> </ul>	iger accept contributions or main n debt obligation) no contributions or expend orted contributions and exp t, annual and periodic report ceipt of the required reports of the required reports by 5 <u>REPORTED CONTRIE</u>	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still bo filled in accordance v s by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day be: BUTIONS AND DISBURSEMENTS	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar
Termination Report (Candidate will no ion outstanding campaig (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep (2) Until a Candidate files a Termination Report and (iii). (3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable. Itemized Total amount of contributions \$900	Iger accept contributions or main debt obligation) IMPO no contributions or expend orted contributions and exp t, annual and periodic report celept of the required reports by 5 REPORTED CONTRIE + Non-itemized	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. Its must still be filed in accordance v is by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day bea <u>BUTIONS AND DISBURSEMENTS</u> This Period	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar Year-To-Date
Termination Report (Candidate will no ion outstanding campaig (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep (2) Until a Candidate files a Termination Report and (iii). (3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable. Itemized Total amount of contributions \$900	Iger accept contributions or main debt obligation) IMPO no contributions or expend orted contributions and exp t, annual and periodic report of the required reports by 5 <u>REPORTED CONTRIE</u> + Non-itemized + \$ 0.00	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still be filed in accordance v s by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day be: BUTIONS AND DISBURSEMENTS This Period \$900.00	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii lf the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar Year-To-Date \$ 4,400.00
Termination Report (Candidate will no ion outstanding campaig (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep (2) Until a Candidate files a Termination Report and (iii). (3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable. Itemized Total amount of contributions \$900 Total amount of disbursements \$1,562.60 Total amount of cash on hand	Inger accept contributions or main debt obligation) IMPO no contributions or expend orted contributions and exp t, annual and periodic report of the required reports by 5 REPORTED CONTRIE + Non-itemized + \$ 0.00 + \$ 400	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. Its must still bo filed in accordance v is by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day bei BUTIONS AND DISBURSEMENTS This Period \$900.00 \$1,962.60	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar Year-To-Date \$ 4,400.00 \$ 3,642.60
Termination Report (Candidate will no ion outstanding campaig (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep (2) Until a Candidate files a Termination Report and (iii). (3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable. Itemized Total amount of contributions \$900 Total amount of disbursements \$1,562.60 Total amount of cash on hand	Inger accept contributions or main debt obligation) IMPO no contributions or expend orted contributions and exp t, annual and periodic report of the required reports by 5 REPORTED CONTRIE + Non-itemized + \$ 0.00 + \$ 400	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. Its must still bo filed in accordance v is by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day be: BUTIONS AND DISBURSEMENTS This Period \$900.00 \$1,962.60	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar Year-To-Date \$ 4,400.00 \$ 3,642.60
Termination Report (Candidate will no ion outstanding campaig (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep (2) Until a Candidate files a Termination Report and (iii). (3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable. Itemized Total amount of contributions \$900 Total amount of disbursements \$1,562.60 Total amount of cash on hand	Inger accept contributions or main debt obligation) IMPO no contributions or expend orted contributions and exp t, annual and periodic report of the required reports by 5 REPORTED CONTRIE + Non-itemized + \$ 0.00 + \$ 400	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. Its must still bo filed in accordance v is by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day bei BUTIONS AND DISBURSEMENTS This Period \$900.00 \$1,962.60	and Political Committees in a Runoff Elec Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar Year-To-Date \$ 4,400.00 \$ 3,642.60
Termination Report (Candidate will no ion outstanding campaig (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of rep (2) Until a Candidate files a Termination Report and (iii). (3) The receiving authority must be in actual re holiday, the office must be in actual receipt acceptable. Itemized Total amount of contributions \$900 Total amount of disbursements \$1,562.60 Total amount of cash on hand i certify that I have examined the	In debt obligation) Impo In debt obligation) Impo In contributions or expend orted contributions and exp It, annual and periodic report of the required reports by 5 <u>REPORTED CONTRIE</u> + Non-itemized + \$ 0.00 + \$ 400 2) ot. soq. for statutory require treport and for the best of the required reports in according 2) ot. soq. for statutory require the submit reports in according 1000	All Candidates a ember 31, 2015) ake campaign expenditures and has no <u>RTANT</u> itures have occurred. In such case, benditures during this period. ts must still bo filed in accordance v is by 5:00 p.m. on the reporting day. i:00 p.m. on the first working day bei BUTIONS AND DISBURSEMENTS This Period \$900.00 \$1,962.60 \$757.40 Any knowledge and belief is true Date ements. dance with statutory deadilines, or fallu	and Political Committees in a Runoff Elec Mandat Mandat Required to termin reporting obligatio the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii If the deadline falls on a weekend or a fore the deadline. Faxed reports are Calendar Year-To-Date \$ 4,400.00 \$ 3,642.60 , accurate, and complete.

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Page	1	l	of	<u>]</u> 1

Name of Candidate or Committee	committee to Elect Bruce W. Burton Public Service C	

Reporting period May 1, 2015

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through May 31. 2015

A. Source: Corporation PAC Individual Loan V Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 12 / 15	\$ 600.00
Bruce Burton	<u> </u>	+ 1000.00
Malling Address		\$
Post Office Box 23144		· · · · · · · · · · · · · · · ·
City, State, Zip Code		\$
Jackson, Mississippi 39225		• • • •
Name of Employer (Required)	$\Box \square$	\$
Burton Law Firm		•   ;
Occupation (Regulred) Attorney	Aggregate year-to-date	\$ 4,100.00
B. Source: Corporation PAC I Individual V: Loan	year-to-date	Automation of earth
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Alvin Armstad	5 / 23 / 15	\$ 300.00
Mailing Address		
162 E. Amite Street		\$
City, State, Zip Code		\$
Jaçkson, Mississippi 39209	<u>L</u>	₩ <b>I</b> :
Name of Employor (Required)		\$
Schwartz & Associates		* I
Occupation (Required)	Aggregate	\$ 300.00
Attorney	year-to-date	
C. Source Corporation PAC Individual Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		\$
Mailing Address		
	<u> </u>	\$
City, State, Zip Code		
		\$
Name of Employer (Required)		
	<u>l i f Il</u> f <u>Ii</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation : PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		•
		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Regulred)	Accurate	¢
	Aggregate year-to-date	\$

Name of Candidate or Committee Reporting period <sup>May 1, 2015</sup>

A. Full name Service Printers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 North Flowcod Drive	<u>5</u> / <u>1</u> / <u>15</u>	\$ <sup>762.60</sup>
City, State, Zlp Code Flowood, Mississippi 39207	<i>II</i>	s
Purpose of Disbursement (Optional) advertisement	Aggregate Year-to-date	S 1,262.60
B, Full name Carey Sparks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1212 5 Chrisman Ave	5 / <sup>7</sup> / <u>15</u>	\$ 800.00
City, State, Zip Code Cleveland, Mississippi 38732	//	\$
Purpose of Disbursement (Optional) canvasing	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	s
D. Foll 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	\$
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Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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V June 10, 2015 Periodic R	eport (May 1, 2015, through	May 31, 2015}		Mandato
July 10, 2015 Periodic Re	eport (June 1, 2016, through	June 30, 2015)		Mandato
July 28, 2015 Pre-Electio	n Report (July 1, 2015, throa	ugh July 25, 2015)	All Prima	ny Candidates and Political Committee
				Runoff Candidates On Collicel Committees in a Runoff Election
October 9, 2015 Periodic	Report (July 1, 2015, throug	gh September 30, 2015)		Mandato
October 27, 2015 Pre-Ela	ction Report report October 1, 2016, through report January 1, 2015 through 0	October 24, 2015)	A	Mandatol I Genoldates and Political Committee
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