### **Political Committee** REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann SECRETARY OF STATE
h	ECEIVE
K	JUN 1 0 2015
-	Campaign Finance Secretary of State

Nam	FRIENDS OF PHIL BRYANT		JUN 1 0 2015
Addı	POST OFFICE BOX 321226 - FLOWOOD, MS 39232	RANKINCounty	Campaign Finance
	ohone (601) 969-7440	FaxFax	Secretary of State
	PAUL V. BREAZEALE surer	Email Addresspbreazeale@b	soltd.com
	Check here if above is different from previous report	PE OF REPORT	No doto-
	May 8, 2015 Periodic Report (January 1, 2015, through April 3	30, 2015)	mandatory
	June 10, 2015 Periodic Report (May 1, 2015, through May 31,	, 2015)	Mandatory
	July 10, 2015 Periodic Report (June 1, 2015, through June 30	), 2015)	Mandatory
	July 28, 2015 Pre-Election Report (July 1, 2015, through July	25, 2015)	Mandatory Primary Candidates and Political Committees
	_ August 18, 2015 Pre-Election Report (July 26, 2015, through	, ,	
	October 9, 2015 Periodic Report (July 1, 2015, through Septe	ember 30, 2015)	Mandatory
	October 27, 2015 Pre-Election Report	24, 2015)	All Candidates and Political Committees
	November 17, 2015 Pre-Runoff Report (October 25, 2015, th	rough November 14, 2015)	Runoff Candidates Only and Political Committees in a Runoff Election
	_ January 8, 2016 Periodic Report (October 1, 2015, through D	December 31, 2015)	Mandator
	_Termination Report (Candidate will no longer accept contributions o outstanding campaign debt obligation)	or make campaign expenditures and has r	no Required to terminat reporting obligations
(1)	Pre-Election reports are mandatory, even if no contributions or expindicating "0" (Zero) for total amount of reported contributions and	exhemotrates agains and become	
(2)	Until a Candidate files a Termination Report, annual and periodic re	eports must still be filed in accordance	
(3)	The receiving authority must be in actual receipt of the required repholiday, the office must be in actual receipt of the required reports acceptable.	ports by 5:00 p.m. on the reporting day by 5:00 p.m. on the first working day <i>b</i>	. If the deadline falls on a weekend or a efore the deadline. Faxed reports are

			REPORTED CONTRIBU	ITIONS AND DISBURSEMENTS		Calendar
	Itemized	+	Non-itemized	This Period		Year-To-Date
Total amount of contributions	\$ 152,301	+ \$	4,109	\$ 156,410	\$	642,045
Total amount of disbursements	<b>\$</b> 83,475	+\$	723	\$ 84,198	\$	364,623
Total amount of cash on han				\$ 2,721,336		
	ekamped th	is rep	ort and to the best of n	ny knowledge and belief it is true, June 10, 20	<i>ассиі</i> 15	rate, and complete.
Sign Muse of Director	or Treasurer			Date		

Authority: Refer to Miss. Code Ann. §25-15-8 1 (1972) et. seq. for statutory requirements.

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

### SEND TO:

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

# Page 1 of 2

# Friends of Phil Bryant Itemized Contributions For the Period May 1 to May 31, 2015

Complete Monte	Address	Š	State	Zip	Source	Occupation	Employer	Ш	Donation	ΛΤΟ
John W. Chain	57 Waterford Drive			9402 Ir	39402 Individual		Chain Electric		2,000.00	2,000.00
	46 Priest Point	Hattiesburg	MS	9401 In	39401 Individual	Chairman	Tatum Development		250.00	250.00
	utt Road	Grenada	_	1068	38901 Individual	Owner	Hankins Lumber	5/29/2015	5,000.00	5,000.00
		Ocean Springs	WS	9564 Ir	39564 Individual	Attorney	Self	5/13/2015	5,000.00	5,000.00
naker	116 Colony Way	Brandon	WS ;	9047 Ir	39047 Individual	Homemaker	Homemaker	5/19/2015	250.00	250.00
	Post Box 889	Brookhaven	MS	39602 Corp	orp			5/6/2015	200.00	200.00
		Becker	WS	18825 Ir	38825 Individual	Owner	JBS Construction	5/29/2015	250.00	250.00
	9	Philadelphia	MS	9350 Ir	39350 Individual	President/CEO	Yates Construction	5/19/2015	830.00	1,151.00
	P.O. Box 456	Philadelphia		19350 Ir	39350 Individual	President/CEO	Yates Construction	5/1/2015	721.00	1,151.00
1.	107 Natalie Lane	Hattiesburg	_	39402 lr		Ж	Chain Electric		2,000.00	2,000.00
	11 Saint Martin Road	Hattiesburg		39402 Ir	39402 Individual	Retired	Retired	5/29/2015	1,000.00	1,000.00
	551 North First Street	Rolling Fork	MS	39149 lr	39149 Individual	Farmer	Self	5/13/2015	250.00	250.00
Caban for Mississippi	190 I ong Street	Guntown	_	38849 Other	olitical Cttee			5/29/2015	500.00	500.00
Т	PO Rox 2058	Hattiesburg	1	39403 Corp	orp			5/29/2015	1,000.00	1,000.00
Chaincey Coduin Ir	2730 Northolace Drive	Tupelo	MS	38804 Ir	38804 Individual	General Manager	Honeybaked Ham Tupelo	5/29/2015	500.00	500.00
On Frankin	2978 West Jackson Street	Tupelo		38803 Ir	38803 Individual	President and CEO Franklin Services	Franklin Services		5,000.00	5,000.00
Daniele Aviation Inc	1111 Montanmery Drive	Inverness	WS	38753 Corp	orp				1,000.00	1,000.00
Danny Cash	P.O. Box 663	Tupelo		38802 11	38802 Individual	Retired	Retired		250.00	250.00
David D Parker	1363 West Ctv Hwv 30A Unit 3112	Santa Rosa Beach	긥	32459 Ir	32459 Individual	Business	Self		10,000.00	10,000.00
Mond I am Office		Hattiesburg	WS	39401 Corp	duo				1,000.00	1,000.00
Edward Hill	1376 Country Wood Cove	Tupelo	MS	38801	38801 Individual	Physician	Self		250.00	250.00
Edward   Langton	PO Box 15637	Hattiesburg	MS	39404	39404 Individual	Banker	Grand Bank		5,000.00	5,000.00
Evan S Dillard	109 Carrie Road	Hattiesburg	MS	39402	39402 Individual	CEO	Forrest General Hospital		500.00	500.00
Geoffrey Carter	154 Garden Park Drive	Saltillo	MS	38866	38866 Individual	President	Hyperion		1,000.00	1,000.00
Grenow L Fairev	PO Box 1842	Gulfport	SW	39502 11	39502 Individual	CPA	Nicholson & Company PLLC		5,000.00	5,000.00
Ginno Investment Group 1 P	4002 Links Cove	Oxford	MS	38655	Other - LP				1,000.00	1,000.00
Hankins Limber Company Inc.	PO Box 1397	Grenada	MS	38902 Corp	corp				1,000.00	1,000.00
Hol-Mac Plant #1	PO Box 349	Bay Springs	MS	39422 Corp	orp				1,000.00	1,000.00
I Dur Boyles	215 Winged Foot Circle	Jackson	MS	39211	39211 Individual	Insurance	Boyles Moak Insurance		2,500.00	2,500.00
James Rish	Post Office Box 2483	Tupelo	MS	38803	38803 Individual		Self		1,000.00	1,000.00
Javant Dev	2585 Primrose Lane	Tupelo	MS	38801	38801 Individual	Physician	Self	5/29/2015	250.00	250.00
JBS Construction Inc.	PO Box 247	Amory	MS	38821 Corp	Sorp				250.00	250.00
Joe F. Sanderson Jr.	P.O. Box 988	Laurel	MS	39441	39441 Individual	and CEO	Sanderson Farms Inc.		10,000.00	20,000.00
	9114 Victoria Cir.	Gulfport	MS	395031	39503 Individual	ant	Hancock Bank		5,000.00	5,000.00
Keith Blakenev	PO Box 545	Bay Springs	MS	39422	39422 Individual	Owner	SIC	$\perp$	2,000.00	2,000.00
Kenneth B Hood	1903 32 Hwy	Gunnison	MS	38746	38746 Individual	Farmer	Self		1,000.00	1,000.00
Kent Ritchev	8565 Woodlane	Germantown	N.	38138	38138 Individual	President	First Tennessee Bank		2,500.00	2,500.00
I aurel Machine and Foundry	PO Box 1049	Laurel	MS	39441 Corp	Sorp			5/29/2015	200.00	200.00
l erov Frev Farms	PO Box 356	Hollandale	MS	38748 Corp	Corp				500.00	200.00
Lisa B. Sledge	P.O. Box 9	Sunflower	MS	38778	38778 Individual	President	Sunflower Enterprises Inc.		1,000.00	1,000.00
Matthew Shoemaker	36 Belltower Turn	Hattiesburg	MS	39402	39402 Individual				250.00	250.00
Merck Sharp & Dohme Corp.	304 Mossy Oak Court	Antioch	Z.	37013 Corp	Corp			5/29/2015	1,000.00	1,000.00

152,301.00 4,109.11 156,410.11

Total Itemized Total Non-Itemized Total Non-Itemized

# Friends of Phil Bryant Itemized Contributions For the Period May 1 to May 31, 2015

Complete Name	Addross	2	State	Zip	LCe	Occupation	Employer	Date	Donation	YTD
Name of	1761 N Parc Circle			Corp				5/29/2015	250.00	250.00
Ms Engineering Group Inc	P.O. Box 12227	Jackson	$\overline{}$	39236 Corp				5/26/2015	1,000.00	1,000.00
	143a Leffeurs Square	Jackson		39211 Other - LLC				5/26/2015	5,000.00	5,000.00
PAC		Jackson		39202 PAC				5/29/2015	10,000.00	10,000.00
Γ	pad	Tupelo	MS 3	38804 Individual	0)	State Senator	Mississippi	5/29/2015	250.00	250.00
Neighborhood Restoration LLC		Jackson	MS 3	39211 Other - LLC	0			5/26/2015	3,000.00	3,000.00
Paige A. Carter	611 Rue Maupesant	Ocean Springs	MS 3	39564 Individual	ш.	Retired	Retired	5/26/2015	10,000.00	10,000.00
Patricia Nelson	14 Stonecrest	Hattiesburg	MS 3	39402 Individual		Homemaker	Homemaker	5/29/2015	250.00	250.00
Philip Moran Campaign	PO Box 6201	Diamondhead	MS 3	39525 Other - Political Cttee Owner	itical Cttee	wner	Philip's Pest Control	5/29/2015	250.00	250.00
PRCC Development Foundation	PO Box 5389	Poplarville	MS 3	39470 Corp				5/29/2015	250.00	250.00
Prosperity PAC	PO Box 1869	Brandon	MS 3	39043 PAC				5/26/2015	10,000.00	10,000.00
Randy Paton	3809 Iron Bridge Road	Olive Branch	MS 3	38654 Individual	J	GM	Landers Buick GMC	5/29/2015	1,000.00	1,000.00
Raytheon PAC RAYPAC	1 #1500	Arlington	VA 2	22202 PAC				5/29/2015	7,500.00	10,000.00
Regions Financial Corp. PAC		Birmingham	AL 3	35202 PAC	0,	State President	Regions	5/29/2015	250.00	250.00
Robert M. Holliman	1106 S. 34th Avenue	Hattiesburg	MS 3	39402 Individual		Retired	Retired	5/29/2015	250.00	250.00
S. F. Thames	37 Bocage Road	Hattiesburg	MS 3	39402 Individual		Director	USM Polymer Science Dept.	5/29/2015	2,500.00	2,500.00
Samuel S. McHard	10 GRAND BAYOU CIR	Hattiesburg	MS 3	39402 Individual	,	Attorney	McHard & Associates	5/29/2015	250.00	250.00
Shane J. Guidry	701 Poydras Street	New Orleans	- Y	70139 Individual	ľ	CEO	Harvey Gulf International	5/29/2015	2,500.00	2,500.00
Southern Bone & Joint	3688 Veterans Memorial Dr #200	Hattiesburg	MS 3	39401 Other - PLLC	ე ე			5/29/2015	2,500.00	2,500.00
Steve Wallace	4707 Butler Rd.	Tupelo	MS 3	38801 Individual				5/29/2015	250.00	250.00
Steven Dickerson	PO Box 1249	Kosciusko	MS 3	39090 Individual	4	President	Dickerson Petroleum	5/26/2015	5,000.00	5,000.00
Thad F. Waites M.D.	1017 Richburg Road	Hattiesburg	MS 3	39402 Individual	<u>.</u>	Physician	Hattiesburg Clinic	5/29/2015	250.00	250.00
The Skin Institute	2525 Hwy 1 South #A	Greenville	MS 3	38701 Corp				5/29/2015	1,000.00	1,000.00
Thomas A. Dews	1515 S 40th Avenue	Hattiesburg	MS 3	39402 Individual		President	C.L. Dews and Sons	5/29/2015	250.00	250.00
Thomas Janoush	PO Box 1448	Cleveland	MS	38732 Individual	1	Attorney	Self	5/29/2015	1,000.00	1,000.00
Timothy Wildmon	103 Cori Cove	Saltillo	MS	38866 Individual		President	American Family Association	5/29/2015	250.00	250.00
V.M. Cleveland	1879 North Coley Road	Tupelo	MS	38801 Individual		CEO	Tupelo Furniture Market	5/29/2015	2,500.00	2,500.00
Vendworks LLC	P.O. Box 17197	Hattiesburg	MS	39404 Other - LLC				5/29/2015	250.00	250.00
W. James Threadgill	3119 Plantation Circle	Tupelo	MS	38804 Individual		Executive V.P.	Bancorp South	5/29/2015	1,000.00	1,000.00
W.T. Robertson Jr.	65 Holly Ridge Road	Indianola	MS	38751 Individual	J	CEO	Indianola Pecan House	5/29/2015	1,000.00	1,000.00
Waqqoner Engineering Inc.	PO Box 12227	Jackson	MS 3	39236 Corp				5/26/2015	1,000.00	1,000.00
William Jernigan	370 Deer Run Road	Batesville	MS	MS 38606 Individual	Ĭ	Consultant	Self	5/29/2015	1,000.00	1,000.00
William Lewis	PO Box 5090	Poplarville	MS	MS 39470 Individual		President	Pearl River Community College 5/29/2015	5/29/2015	250.00	250.00
Xan Robertson	3305 Old Hwy 61 South	Leland	MS	38756 Individual		Farmer	Self	5/29/2015	500.00	500.00
							Total Itemized	II	152,301.00	

# Friends of Phil Bryant Itemized Disbursements For the Period May 1 to May 31, 2015

								ATA
		Address	City	State	Zip	Purpose	Amount	Aggregate
_	9		laurel	MS	39441	Donations	500.00	500.00
			Bidgeland	WS	39157	Printing costs	1,064.33	
			Ridoeland	SE		Printing costs	6,188.05	10,193.56
$\neg$	Nices	Ď	Flowood	S.	39232	Donations	1,000.00	1,000.00
05/02/15			Notice of the second	V X		Travel Reimbursement	1,495.05	1,495.05
05/21/15	ong, Jr, Jim W		Atlanta		3	Telephone	30.00	
05/02/15	AT&T	Post Office Box 105262	Atlanta	7	2020-0100		26.60	525 21
		Post Office Box 105262	Atlanta	7	30348-5262 Telephone	elephone	20.07	00 806
	AT&T Mobility	Post Office Box 6463	Carol Stream	=	60197	Telephone	163.87	398.99
20,00	Donk of Brookbaven	Post Box 889	Brookhaven	MS	39602	In-Kind Event Booth	200.00	200.00
ci /gn/cn	Ballk of Brookliaver	Post Office Box 80	Jackson	MS	39205	Professional Fees	283.07	4,356.50
05/05/15	S & C INCH, LIU.	Doct Office Box 1033	Jackson	MS	39215	Payroll Taxes	381.00	1,571.33
05/15/15	Bureau of Revenue	1918 McCullouch Boulevard	Tupelo	MS	38801	Event Expense	1,827.52	1,827.52
05/18/15	Busyland, Inc	Of the Office Box 640	Meadville	1	39653-0519 Telephone	Telephone	730.82	3,403.25
05/18/15	C Spire Wireless	Post Office box 319	Vickehura	1	39180	Donations	450.00	450.00
05/02/15	Crosses Across America	3300 Indiana Avenue, Suite C	Indianola	NS N	38751	Event Expense	324.58	324.58
05/18/15	Double Quick	242 Znd Street		4	30000	Modia Consultant	15 383 30	83.185.02
05/04/15		Post Office Box 13292	Jackson	2	39230		4 000 00	
05/02/15	Т	1507 Hardy Street, Suite 208	Hattiesburg	MS	39401	Donations	1,000.00	
00/02/13	_	1507 Hardy Street, Suite 208	Hattiesburg	MS	39401	Donations	200.00	
C1/01/C0	_	1507 Hardy Street Suite 208	Hattiesburg	MS	39401	Donations	500.00	3,000.00
05/18/15	$\neg  au$		Ridaeland	MS	39158	Postage	103.79	5,653.54
05/21/15		Post Office Box 37046	Baltimore		21297-3046	21297-3046 Data Services	500.00	
05/04/15	1360	rust Childe Dox 97046	Baltimore		21297-3046	21297-3046 Data Services	500.00	1,000.00
05/21/15 i360	1360	Post Office Box 37 040	Indianola	Т	38751	Event Expense	259.26	259.26
05/18/15	Jaron Inc dba Tezi's Marketplace	421 Highway oz vycst	Indianola	MS	38751	Event Expense	758.05	758.05
05/18/15	05/18/15 Lindsay Andrus	4000 Foot Modheide Drive Suite 250	Jackson	WS	39211	Event Expense	425.61	1,440.76
05/02/15		ح او	Atlanta	&	30318	Email Service	150.00	890.00
05/20/15		r j	Jackson	MS	39225	Donations	1,000.00	1,000.00
05/02/15		FOST CHICE DOX 22000	Jackson	MS	39205	Donations	1,000.00	
05/04/15	_	FOST Office Box 60	Jackson	MS	39205	Donations	5,000.00	12,800.00
05/28/15	$\neg \top$	Post Office Box 50	Madison	MS	39110	Event Expense	747.63	747.63
05/18/15		100 Delle Follite	Indianola	MS	38751	Catering for event	3,000.00	3,000.00
05/18/15	$\neg$	TIZ COULT Avenue	Madison	V.	39110	Fundraising Consultant	5,000.00	70,148.72
05/05/15	_	134 Cedar Woods Cove	Meridian	Y.	39301	Catering for event	3,595.20	3,595.20
05/21/15	5   Pretty Presentations	809 Zsra Avenue						Page 1 of

# Friends of Phil Bryant Itemized Disbursements For the Period May 1 to May 31, 2015

05/18/15	05/18/15 Rankin County Republican Women	405 Grandview Court	Pearl	MS	39208	Donation	200.00	200.00
05/04/15	05/04/15 Republican Governors Association	1747 Pennsylvania Avenue NW, Ste 250 Washington	Nashington	8	20006	Fees	1,316.53	1,316.53
05/05/15	05/05/15 Shook Amanda S	214 East Lake Drive	Brandon	MS	39047	Net Payroll	3,417.75	14,043.11
05/12/15	05/12/15 Stor It Storage King		Flowood	MS	39232	Rent	291.00	1,455.00
05/13/15 Strine	Strine	Ste 100	San Francisco	δ	94110	Credit Card Fees	152.85	
05/19/15 Stripe	Strine		San Francisco	Š	94110	Credit Card Fees	7.55	
05/20/15 Stripe	Stripe		San Francisco	CA	94110	Credit Card Fees	3.20	
05/28/15 Stripe	Stripe		San Francisco	გ	94110	Credit Card Fees	72.80	į
05/29/15 Stripe	Stripe	3180 18th Street, Ste 100	San Francisco	Š	94110	Credit Card Fees	29.30	686.70
05/18/15	05/18/15 Telesouth Communications	Suite 120	Hattiesburg	MS	39402	Booth Sponsor	750.00	750.00
05/04/15	05/04/15 The MIND Center		Jackson	MS	39216	Donation	1,000.00	1,250.00
05/02/15	05/02/15 Top It Off	9	Jackson	MS	39211	Event Expense	352.62	694.17
05/13/15	05/13/15   Trent Kelly for Congress	Post Office Box 7092	Tupelo	MS	38802	Donations	1,000.00	1,000.00
05/18/15	05/18/15 Tupelo Automobile Museum		Tupelo	MS	38804	Event Expense	619.75	619.75
05/15/15	05/15/15 United States Treasury	Post Office Box 105083	Atlanta	₽ B	30348	Payroll Taxes	2,698.50	11,045.50
05/02/15	05/02/15 Victory Phones	V, 5th Floor	Grand Rapids	Ξ	49503	Research	8,516.65	8,516.65
05/28/15	05/28/15 Vince Mangold Campaign Fund	1276 Wellman Drive Se	Brookhaven	MS	39601	Donations	500.00	200.00
05/11/15	05/11/15 Voter Trove, Inc	921 Calvary Ride Train	Austin	ř	78732	Data Services	1,261.00	6,755.00
05/02/15	05/02/15  White, Shadrack T.	4363 Forest Park Drive	Jackson	WS	39211	Expense Reimbursement	285.60	
05/04/15	05/04/15 White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Expense Reimbursement	1,155.84	
05/05/15	05/05/15 White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Net Payroll	3,804.50	
05/18/15	05/18/15 White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Expense Reimbursement	100.80	22,516.09
05/01/15	05/01/15 Yates, Bill	Post Office Box 456	Philadelphia	MS	39350	In-Kind Flight/Travel	721.00	
05/19/15	05/19/15   Yates Bill	Post Office Box 456	Philadelphia	MS	39350	In-Kind Flight/Travel	830.00	1,551.00
							83,474.97	

**2015 ELECTION CYCLE** 

# Candidate REPORT OF RECEIPTS AND DISBURSEMENT 2015 Election

n	E	Delbert Hosemann	ħ
K		JUN 1 0 2015	
-	Ē	ampaign Finance	

Name of Candidate Vicki	Slater			Campaign Finance
Address P.O. Box 23384	Jackson, MS 3	39225	Cou	inty HindSecretary of State
<b>Telephone (Work)</b> (769) 257		(Home)	(Fa	
Contact Name Will Godf:	геу		_ Email Address w	ill@slater2015.com
Office Sought Governor			Political Party D	emocrat
Check here if above	e is different from p	previous report		
May 8, 2015 Periodic Report	(January 1, 2	TYPE OF F 2015, through Ap	REPORT oril 30, 2015)	Mandatory
✓ June 10, 2015 Periodic Report	t (May 1, 2015	5, through May 3	1, 2015)	Mandatory
— ☐July 10, 2015 Periodic Report	(June 1, 201	5, through June	30, 2015)	Mandatory
July 28, 2015 Pre-Election Re		i, through July 2	5, 2015)	Mandatory
			•	All Primary Candidates and Political Committees
August 18, 2015 Pre-Election	Report (July 26,	2015, through A	ugust 15, 2015)	Runoff Candidates Only ttes and Political Committees in a Runoff Election
October 9, 2015 Periodic Repo	ort (July 1, 2015	i, through Septer		Mandatory
	Report	hrough October 24, 2	015)	Mandatory All Primary Candidates and Political Committees
				Runoff Candidates Only
-	-		All Primary Candida	tes and Political Committees in a Runoff Election
☐ January 8, 2016 Periodic Rep	ort (October 1, 2	015, through De	cember 31, 2015)	Mandatory
				Daniel and An Annual and A
Termination Report (Candid expendi	ate will no longer actures and has no ou	cept contributions	or make campaign gn debt obligation)	Required to terminate reporting obligations
expendi	tures and has no ou	itstanding campai	gn debt obligation)	reporting obligations
expendi	tures and has no ou	Itstanding campai	gn debt obligation)  ANT  have occurred. In such case,	· •
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination	y, even if no contributed contributions and ex	IMPORT  ions or expenditures penditures during this iodic reports must stil	gn debt obligation)  ANT.  s have occurred. In such case, s period.  I be filed in accordance with Miss	reporting obligations the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii)
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination  (3) The Compten of State must be in	y, even if no contributed contributions and ex	IMPORT.  ions or expenditures penditures during this iodic reports must still quired reports by 5:0	gn debt obligation)  ANT  is have occurred. In such case, is period.  I be filed in accordance with Misson on the reporting day. If the	reporting obligations the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination	y, even if no contributed contributions and ex report, annual and per actual receipt of the re- te required reports by 5	instanding campainment in importations or expenditures during this iodic reports must still quired reports by 5:0:00 p.m. on the first vision in interest with the company of the company	gn debt obligation)  ANT  s have occurred. In such case, s period.  I be filed in accordance with Miss 0 p.m. on the reporting day. If the vorking day before the deadline.	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination  (3) The Compten of State must be in	y, even if no contributed contributions and ex report, annual and per actual receipt of the rele required reports by 5	instanding campainment in importations or expenditures during this iodic reports must still quired reports by 5:0:00 p.m. on the first vision in interest with the company of the company	gn debt obligation)  ANT  s have occurred. In such case, s period.  I be filed in accordance with Miss of p.m. on the reporting day. If the working day before the deadline.  IS AND DISBURSEME	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination  (3) The Compten of State must be in	y, even if no contributed contributions and ex report, annual and per actual receipt of the rele required reports by 5	IMPORT. ions or expenditures penditures during this iodic reports must stil quired reports by 5:00 p.m. on the first von TRIBUTION + non-Itemized	gn debt obligation)  ANT.  s have occurred. In such case, s period.  I be filed in accordance with Miss 0 p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Per	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination  (3) The Secretary of State must be in office must be in actual receipt of the	y, even if no contributed contributions and exercise report, annual and per actual receipt of the reference required reports by 5	instanding campains imports in im	gn debt obligation)  ANT s have occurred. In such case, s period.  If be filed in accordance with Miss 0 p.m. on the reporting day. If the working day before the deadline.  IS AND DISBURSEME This Period.  2.30 \$44,	reporting obligations the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS lod  Calendar Year-To-Date
expendication reports are mandator "0" (zero) for total amount of reports (2) Until a candidate files a termination (3) The Secretary of State must be in office must be in actual receipt of the Total amount of contributions  Total amount of disbursements  Total amount of cash on hand	y, even if no contributed contributed contributions and exercise report, annual and per actual receipt of the rele required reports by 5  REPORTED CO (itemized \$38,801.15	interest and ing campains in	gn debt obligation)  ANT.  s have occurred. In such case, s period.  Il be filed in accordance with Miss 0 p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME  I) This Period 2.30 \$44,	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS lod Calendar Year-To-Date  253.45 \$148,672.48  853.34 \$87,902.67
expendication reports are mandator "0" (zero) for total amount of reports (2) Until a candidate files a termination (3) The Secretary of State must be in office must be in actual receipt of the Total amount of contributions  Total amount of disbursements  Total amount of cash on hand	y, even if no contributed contributed contributions and exercise report, annual and per actual receipt of the rele required reports by 5  REPORTED CO (itemized \$38,801.15	interest and ing campains in	gn debt obligation)  ANT shave occurred. In such case, speriod.  If be filed in accordance with Miss of p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Period 2.30 \$44,  7.34 \$51,  \$52,  may knowledge and belief it.	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS iod  Calendar Year-To-Date 253.45  \$148,672.48  853.34  \$87,902.67
expendication reports are mandator "0" (zero) for total amount of reports (2) Until a candidate files a termination (3) The Secretary of State must be in office must be in actual receipt of the Total amount of contributions  Total amount of disbursements  Total amount of cash on hand	y, even if no contributed contributed contributions and exercise report, annual and per actual receipt of the rele required reports by 5  REPORTED CO (itemized \$38,801.15	interest and ing campains in	gn debt obligation)  ANT shave occurred. In such case, speriod.  If be filed in accordance with Miss of p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Period 2.30 \$44,  7.34 \$51,  \$52,  may knowledge and belief it.	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS iod  Calendar Year-To-Date 253.45  \$148,672.48  853.34  \$87,902.67
expendication reports are mandator "0" (zero) for total amount of reports (2) Until a candidate files a termination (3) The Secretary of State must be in office must be in actual receipt of the Total amount of contributions  Total amount of disbursements  Total amount of cash on hand	y, even if no contributed contributed contributions and excreport, annual and per actual receipt of the rele required reports by 5  REPORTED CO (itemized \$38,801.15 \$51,386.00	interest and ing campain import in i	gn debt obligation)  ANT shave occurred. In such case, speriod.  If be filed in accordance with Miss of p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Period 2.30 \$44,  7.34 \$51,  \$52,  may knowledge and belief it.	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS lod Calendar Year-To-Date  253.45 \$148,672.48  853.34 \$87,902.67
expendicular contributions  Total amount of contributions  Total amount of cash on hand  i certify that i have example of Cauthority: Refer to Miss. Code Ann.	y, even if no contributed contributed contributions and excreport, annual and per actual receipt of the rele required reports by 5  REPORTED CO (itemized \$38,801.15 \$51,386.00	IMPORT  ions or expenditures penditures during this iodic reports must still quired reports by 5:0:00 p.m. on the first v  ONTRIBUTION + non-Itemized + \$5,45:  + \$46	gn debt obligation)  ANT shave occurred. In such case, speriod.  If be filed in accordance with Miss of p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Period 2.30 \$44,  7.34 \$51,  This period 5.2,  This	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  INTS iod  Calendar Year-To-Date 253.45  \$148,672.48  853.34  \$87,902.67  226.78  Is true, accurate and complete.
expendi  (1) Pre-Election reports are mandator "0" (zero) for total amount of reports  (2) Until a candidate files a termination  (3) The Secretary of State must be in office must be in actual receipt of the secretary of State	y, even if no contributed contributed contributions and excreport, annual and per actual receipt of the rele required reports by 5  REPORTED CO (itemized \$38,801.15 \$51,386.00	IMPORT  ions or expenditures penditures during this iodic reports must still quired reports by 5:0:00 p.m. on the first v  ONTRIBUTION + non-Itemized + \$5,45:  + \$46  Indicate the best of the period of the best of the best of the period of	gn debt obligation)  ANT shave occurred. In such case, speriod.  Il be filed in accordance with Miss of p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Period 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS iod  Calendar Year-To-Date 253.45 \$148,672.48  853.34 \$87,902.67  226.78  Is true, accurate and complete.  — 2015  Interrupt deadlines, or fallure to submit valid
expendicular contributions  Total amount of contributions  Total amount of cash on hand  I certify that I have example for the contributions  Authority: Refer to Miss. Code Ann Penalties: Failure to submit require reports shall result in fines of \$50 pr	y, even if no contributed contributed contributions and exercise report, annual and per actual receipt of the reterequired reports by 5  REPORTED CO (itemized \$38,801.15 \$51,386.00  mined this report and and idate . \$23-15-801 (1972 and reports, or failured and/or in actual street district, multi-contributions and exercise and street district, multi-contributions and exercise and street district, multi-contributions and exercise	IMPORT.  ions or expenditures penditures during this iodic reports must still quired reports by 5:0:00 p.m. on the first v  DNTRIBUTION + non-Itemized + \$5,45;  + \$46  Ind to the best of increase to submit reports cordance with M pounty and all legisla	gn debt obligation)  ANT shave occurred. In such case, speriod.  I be filed in accordance with Miss of p.m. on the reporting day. If the vorking day before the deadline.  IS AND DISBURSEME This Period 2.30 \$44,  7.34 \$51,  7.34 \$51,  This period 2.30 \$44,  7.34 \$51,  This period 3.30 \$44,  7.34 \$51,  This period 3.30 \$44,  This period 3.30 \$52,  This period 3.30 \$5	the candidate shall submit a report indicating s Code Ann. § 23-15-807(b) (ii) and (iii) e deadline falls on a weekend or a holiday, the Faxed reports are acceptable.  NTS iod  Calendar Year-To-Date 253.45 \$148,672.48  853.34 \$87,902.67  226.78  Is true, accurate and complete.  — 2015  Interrupt deadlines, or fallure to submit valid

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

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Name of Candidate or	Committee	Vicki	Slater
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Reporting Period 5/1/2015 through 5/31/2015		
ITEMIZED RECEI	PTS	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	05/29/2015	\$1,000.00
American Income Life PAC		7-7
Malling Address 3700 S Stonebridge Dr		
City, State, Zip Code		
McKinney, TX 75070-5934  Name of Employer (Required)	1	
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: Corporation PAC Vindividual Loan	Date	Amount of each
Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name	05/18/2015	\$1,000.00
Willie M. Bozeman		
Mailing Address 770 N West St		
City, State, Zip Code		
Jackson, MS 39202-3017  Name of Employer (Required)		
Self		
Occupation (Required) Government Affairs	Aggregate year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)  Committee - Not a PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Central MS Building & Construction Trade	05/27/2015	\$10,000.00
Mailing Address		
PO Box 821535		
City, State, Zip Code Vicksburg, MS 39182-1535		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$10,000.00
Source: Corporation PAC Vindividual Loan	Date	Amount of each receipt this
Other (please specify)	(Mo., Day, Year)	period
Full Name John Clark	05/28/2015	\$500.00
Mailing Address		
167 Rolling Meadows Rd		
City, State, Zip Code Ridgeland, MS 39157-9488		
Name of Employer (Required) Retired		
Occupation (Required)	Aggregate year-to-date	\$650.00
None	year-to-uate	

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Name of Candid	ate or Committee	• Vicki	Slater
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	I EMIZED RE	CEIF IS	
Source:	☐ Corporation ☐ PAC ☑ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Other (please specify)		
<b>Full Name</b> Sid D <b>a</b> vis	3	05/18/2015	\$500.00
Mailing Addre			
PO Box 70			
City, State, Zi Mendenhal	p Code L1, MS 39114-0700		
Name of Emp Self	oloyer (Required)		
Occupation (i	Required)	Aggregate year-to-date	\$500.00
Source:	Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
=	Other (please specify)	05/15/2015	\$5,000.00
Full Name Joey Diaz	z Jr.	05/15/2015	\$5,000.00
Mailing Address			
City, State, Zi	Ip Code MS 39110-6857		
Name of Emp	ployer (Required)		
Occupation (		Aggregate year-to-date	\$7,000.00
Source:	Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas A	. Dickson	05/01/2015	\$1,000.00
Malling Addr	ress		
City, State, Z Bismarck	Zip Code , ND 58501-3871		
	ployer (Required) Law Office		
Occupation Attorney		Aggregate year-to-date	\$1,000.00
Source:	☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		05/30/2015	\$500.00
Dan Hofm	nann		,
Mailing Add			
City, State,			
	ck, IL 60098-3248		
	nployer (Required)		
Donahue	and Walsh	Aggregate	4. 000 00
Occupation Attorney		year-to-date	\$1,000.00

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Name of Candidate or Committee Vicki Slater 
 Reporting Period
 5/1/2015
 through
 5/31/2015

### ITEMIZED RECEIPTS

			LD INCOLI	1 10	
Source:	Corporation PAC		Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Consei (biegge abecii))			05/26/2015	\$500.00
Janice Ja	ackson			05/20/2015	<b>4300.00</b>
Mailing Addre					
113 Green	ns View Dr			_	
City, State, Zi Madison,	<b>p Code</b> MS 39110-8050				
Name of Emp	oloyer (Required)				
Occupation ( Attorney	Required)			Aggregate year-to-date	\$750.00
Source:	Corporation PA	C / Individual	Loan	Date	Amount of each receipt this
	Other (please specify)			(Mo., Day, Year)	period
Full Name James Jo	nnstone			05/26/2015	\$500.00
Mailing Addr					
City, State, Z				1	
	, MS 38863-0418				
Name of Emp	ployer (Required)				
Occupation (				Aggregate year-to-date	\$500.00
		C / Individual	Loan	Date	Amount of each
Source:				(Mo., Day, Year)	recelpt this period
	Other (please specify)				periou
Full Name John Kit				05/26/2015	\$1,000.00
	chens			05/26/2015	
John Kit  Malling Add  PO Box 7  City, State, 2	chens ress 99	9		05/26/2015	
John Kit Malling Add PO Box 7 City, State, 2 Crystal	chens ress 99	9		05/26/2015	
John Kit Malling Addi PO Box 7 City, State, 2 Crystal Name of Em Self Occupation	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)	9		Aggregate year-to-date	
John Kit  Malling Add PO Box 7  City, State, 2  Crystal  Name of Emself  Occupation Attorney	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required) (Required)		□Loan	Aggregate	\$1,000.00
John Kit Malling Addi PO Box 7 City, State, 2 Crystal Name of Em Self Occupation	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)		Loan	Aggregate year-to-date	\$1,000.00
John Kit Malling Add PO Box 7 City, State, 2 Crystal Name of Em Self Occupation Attorney	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)  (Required)  Corporation PA Other (please specify)		Loan	Aggregate year-to-date	\$1,000.00 \$1,000.00  Amount of each receipt this period
John Kit Malling Add PO Box 7 City, State, 2 Crystal Name of Em Self Occupation Attorney Source: Full Name Chuck Mc Mailing Add	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)  (Required)  Corporation PA  Other (please specify)		Loan	Aggregate year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
John Kit  Malling Add PO Box 7  City, State, 2  Crystal  Name of Em Self  Occupation Attorney  Source:  Full Name Chuck Mc Mailing Add 416 E Am	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)  (Required)  Corporation PA  Other (please specify)  Rae lress nite St		Loan	Aggregate year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
John Kit  Malling Add PO Box 7 City, State, 2 Crystal  Name of Em Self  Occupation Attorney  Source:  Full Name Chuck Mc Mailing Add 416 E An City, State,	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)  (Required)  Corporation PA  Other (please specify)  Rae lress nite St		Loan	Aggregate year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
John Kit Malling Add PO Box 7 City, State, 2 Crystal Name of Em Self Occupation Attorney Source: Full Name Chuck Mc Mailing Add 416 E An City, State, Jackson, Name of Em	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)  (Required)  Corporation PA  Other (please specify)  Rae liress nite St Zip Code		Loan	Aggregate year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00  Amount of each receipt this period
John Kit  Malling Add PO Box 7  City, State, 2  Crystal  Name of Em Self  Occupation Attorney  Source:  Full Name Chuck Mo Mailing Add 416 E An City, State, Jackson	chens ress 99 Zip Code Springs, MS 39059-079 ployer (Required)  (Required)  Corporation PA  Other (please specify)  Rae Ress aite St Zip Code MS 39201-2601 aployer (Required)		Loan	Aggregate year-to-date  Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this

Page	5	of	13

Name of Candidate or Committee Vicki Slater

Reporting Period

City, State, Zip Code

Occupation (Required)
Attorney

Jackson, MS 39236-6807

Name of Employer (Required)

Corlew, Munford & Smith

5/1/2015

through

5/31/2015

ITEMIZED RECE		
Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bobby Moak	05/31/2015	\$250.00
Malling Address PO Box 242		
City, State, Zip Code Bogue Chitto, MS 39629-0242		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Morris	05/26/2015	\$500.00
Mailing Address PO Box 2136		
City, State, Zip Code Oxford, MS 38655-7136		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name F. Marvin Morris	05/30/2015	\$500.00
Malling Address 600 N Beach Blvd		
City, State, Zip Code Bay St Louis, MS 39520-4604		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	05/14/2015	\$250.00

\$250.00

Aggregate year-to-date

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ITEMIZED R	ECE	lP <sup>-</sup>	LS
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Source:	Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
	Other (please specify)		
<b>Full Name</b> S. Lee Pa	tton	05/26/2015	\$500.00
Mailing Addre			
11413 Mar	chester Rd		
City, State, Zi			
	MO 63122-1009		
Self	loyer (Required)		
Occupation (i Attorney	Required)	Aggregate year-to-date	\$500.00
Source:	Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		05 (07 (2015	\$250.00
Ben Piazz	a	05/07/2015	\$250.00
Mailing Addr PO Box 12			
City, State, Z	p Code MS 39236-2445		
	loyer (Required)		
Keyes Br	yson & Piazza		
Occupation (	Required)	Aggregate year-to-date	\$250.00
	Corporation PAC /Individual Loan	Date	Amount of each
Source:	☐ Corporation       ☐ PAC       ✓ Individual       ☐ Loan         ☐ Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Crymes G	. Pittman	05/04/2015	\$2,500.00
Mailing Addr			
City, State, Z			
Jackson,	MS 39225-2985		
	0,110 1,10		
Name of Em	Oloyer (Required)		
Self Occupation	oloyer (Required)	Aggregate year-to-date	\$2,500.00
Self	oloyer (Required)	year-to-date  Date	Amount of each
Self Occupation Attorney	Required)	year-to-date	
Occupation Attorney	Required)    Corporation   PAC   Individual   Loan   Other (please specify)	year-to-date  Date	Amount of each receipt this period
Self Occupation Attorney Source:	Required)    Corporation   PAC   Individual   Loan     Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Self Occupation Attorney Source: Full Name Richard	Required)    Corporation   PAC   Individual   Loan     Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Self Occupation Attorney Source: Full Name Richard Mailing Add PO Box 2 City, State, 2	Required)    Corporation	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Self Occupation Attorney Source: Full Name Richard Mailing Add PO Box 2 City, State, 2 Oxford,	Required)    Corporation   PAC   Individual   Loan     Other (please specify)     Raspet     Pass     Pass	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Self Occupation Attorney Source: Full Name Richard Mailing Add PO Box 2 City, State, 2 Oxford, Name of Em	Required)    Corporation   PAC   Individual   Loan     Other (please specify)     Raspet     Pass     Pass	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Self Occupation Attorney Source: Full Name Richard Mailing Add PO Box 2 City, State, 2 Oxford, Name of Em	Required)    Corporation	year-to-date  Date (Mo., Day, Year)	receipt this

ame of Candidate or Committee Vicki Slater	Page_	7	of_	13	<u>3</u>
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Name of Candidate or Committee Vicki Slater	Page_	88	of_	13

	<u> </u>	
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full Name Henry F. Sherrod III	05/01/2015	\$250.00
Malling Address		
PO Box 606		
City, State, Zip Code		
Florence, AL 35631-0606	<b>-</b>   i	
Name of Employer (Required) Henry F. Sherrod III, PC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	05/00/0015	
Full Name Vicki Slater	05/30/2015	\$2,681.00
Mailing Address		IN-KIND CONTRIBUTION
121 Fenwick Cir		DESCRIPTION:
City, State, Zip Code Madison, MS 39110-7783		Travel
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$12,681.00
Source:   Corporation   PAC   Individual   Loan	Date	Amount of each
	(Mo., Day, Year)	receipt this
Other (please specify)	(Mo., Day, Year)	receipt this period
		receipt this
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148	(Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39225-3148	(Mo., Day, Year)	receipt this period
Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)	(Mo., Day, Year) 05/31/2015 Aggregate	receipt this period \$500.00
Gother (please specify)  Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)  05/31/2015  Aggregate year-to-date  Date	\$500.00 \$500.00 Amount of each receipt this
Gother (please specify)  Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)  Full Name Tannehill, Carmean & McKenzie, PLLC	(Mo., Day, Year)  05/31/2015  Aggregate year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Gother (please specify)  Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual Loan Other (please specify)  Full Name Tannehill, Carmean & McKenzie, PLLC  Mailing Address 829 N Lamar Blvd	(Mo., Day, Year)  05/31/2015  Aggregate year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)  Full Name Tannehill, Carmean & McKenzie, PLLC  Mailing Address 829 N Lamar Blvd  City, State, Zip Code	(Mo., Day, Year)  05/31/2015  Aggregate year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Gother (please specify)  Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)  Full Name Tannehill, Carmean & McKenzie, PLLC  Mailing Address 829 N Lamar Blvd  City, State, Zip Code Oxford, MS 38655-2858	(Mo., Day, Year)  05/31/2015  Aggregate year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Stracener and Neely, PLLC  Mailing Address PO Box 23148  City, State, Zip Code Jackson, MS 39225-3148  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan Other (please specify)  Full Name Tannehill, Carmean & McKenzie, PLLC  Mailing Address 829 N Lamar Blvd  City, State, Zip Code	(Mo., Day, Year)  05/31/2015  Aggregate year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

Page 9 of 13
te Amount of each receipt this period
2015 \$5,000.00
,

Source: Corporation PAC Individual Loan  Vendor  Vendor	(Mo., Day, Year)	receipt this period
Full Name United Assoc. of Plumbers & Pipefitters	05/18/2015	\$5,000.00
Mailing Address PO Box 261		
City, State, Zip Code Vicksburg, MS 39181-0261		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00

Reporting Period 5/1/2015

through 5/31/2015

TI CIVIIZED DI		A
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	(110.), 2.1.),	
Mailing Address	05/03/2015	\$58.27
366 Summer St		
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate	\$347.90
Purpose of Disbursement (Optional)	year-to-date	\$347.90
Full Name Actblue Techincal Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
•	05/10/2015	\$53.16
366 Summer St City, State, Zip Code		
	İ	
Somerville, MA 02144-3132 Purpose of Disbursement (Optional)	Aggregate year-to-date	\$347.90
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	(MO., Day, Tear)	dispulsement the period
Mailing Address	05/17/2015	\$81.01
366 Summer St	05/17/2015	V01.01
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate	
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$347.90
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	(1.10.1, 2.1), 10.1)	
Mailing Address 366 Summer St	05/24/2015	\$25.43
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$347.90
Full Name	Date (M. Day Year)	Amount of each disbursement this period
Actblue Techincal Services	(Mo., Day, Year)	dispuisement this period
Malling Address	05/21/0015	\$130.03
366 Summer St	05/31/2015	\$130.00
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$347.90
Full Name	Date (Mo., Day, Year	Amount of each disbursement this period
Bill Washington Enterprise	(mo., bay, roa	,
Mailing Address	05/18/2015	\$1,200.00
PO Box 931		1
City, State, Zip Code	<u> </u>	
Flora, MS 39071-0931	Aggregate	1
Purpose of Disbursement (Optional)	year-to-date	\$1,200.0
	The state of the s	SS04-06

Reporting Period 5/1/2015

through\_

5/31/2015

TI EIVIIZED DISBU		A
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Broad Street Bakery	(, 22),	
Mailing Address	05/19/2015	\$232.94
4465 N Hwy 55 #101		
City, State, Zip Code		
Jackson, MS 39206	Aggregate	0222 04
Purpose of Disbursement (Optional)	year-to-date	\$232.94
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Carol Hardy Design	(MO., Day, Teal)	dispursement this period
Mailing Address	05 /12 /2015	\$210.00
6706 Balmoral Overlook	05/12/2015	\$210.00
City, State, Zip Code		
New Market, MD 21774-6952		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$210.00
Full Name	Date	Amount of each
Comcast	(Mo., Day, Year)	disbursement this period
Mailing Address		4571 21
1701 John F Kennedy Blvd	05/15/2015	\$571.31
City, State, Zip Code		
Philadelphia, PA 19103-2833		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,071.31
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Dallas Printing	(MO., Day, real)	dispuisement this period
Mailing Address	05/05/2015	\$235.40
PO Box 902	05/05/2015	\$255.40
City, State, Zip Code		
Jackson, MS 39205-0902		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,080.54
Full Name	Date	Amount of each
Dallas Printing	(Mo., Day, Year)	disbursement this period
Mailing Address		4206 66
PO Box 902	05/12/2015	\$296.60
City, State, Zip Code	i i	
Jackson, MS 39205-0902		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,080.54
Full Name	Date (Mo., Day, Year	Amount of each disbursement this period
Entergy Mississippi, Inc.	(MO., Day, fear	disputisement this period
Stalling Address	05/01/2015	\$748.8
Mailing Address	1 05/01/2015	1 2,40.0
PO Box 8105		
PO Box 8105 City, State, Zip Code		
PO Box 8105	Aggregate	\$748.8

Reporting Period 5/1/2015

through \_\_

5/31/2015

I EMIZED DR	SBUISCIVILIAIO	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Indigo Strategies		
Mailing Address	05/01/2015	\$24,095.00
1312 9th St NW		
City, State, Zip Code		
Washington, DC 20001-4208	Aggregate	\$58,552.50
Purpose of Disbursement (Optional)	year-to-date	\$38,332.30
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Indigo Strategies	(Mo., Day, Tou.)	dioberoomer and person
Mailing Address	05/05/2015	\$8,800.00
1312 9th St NW	03/03/2013	40,000.00
City, State, Zip Code	4	
Washington, DC 20001-4208		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$58,552.50
Full Name	Date	Amount of each
Mississippi Democratic Party	(Mo., Day, Year)	disbursement this period
Mailing Address		
832 N Congress St	05/05/2015	\$2,500.00
City, State, Zip Code		
Jackson, MS 39202-2551		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$5,000.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ridgway Management Inc.	(MO., Day, 10di)	dispersonione and person
Mailing Address	05/01/2015	\$1,750.00
PO Box 187		
City, State, Zip Code		
Jackson, MS 39205-0187	Aggregate	\$3,500.00
Purpose of Disbursement (Optional)	year-to-date	\$3,300.00
Office rent		1 . 1 . 1
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sarah Rivin	(Mo., Day, Tour,	diobardonioni uno pone
Mailing Address	05/01/2015	\$700.00
City, State, Zip Code		
Houston, TX	A	
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,400.00
Reimbursement		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Renee Schaeffer	(, 22); 101.	
Mailing Address	05/05/2015	\$1,998.00
110 D St SE		1
City, State, Zip Code		
Washington, DC 20003-1823	Aggregate	
Purpose of Disbursement (Optional)	year-to-date	\$1,998.0
Reimbursement	l year-to-cate	

Name of Candidate or Committee Vicki Slater

Reporting Period 5/1/2015

2015 through

5/31/2015

Full Name	Date	Amount of each
The Daniels Group	(Mo., Day, Year)	disbursement this period
Mailing Address		21 200 00
1058 Ridgewood Pl	05/18/2015	\$1,200.00
City, State, Zip Code		
Jackson, MS 39211-2002		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,200.00
Full Name	Date (Mary Year)	Amount of each disbursement this period
The Maccabee Group	(Mo., Day, Year)	dispursement this period
Mailing Address	05/19/2015	\$6,250.00
8801 Transue Dr	05/19/2015	30,230.00
City, State, Zip Code	<b> </b>	
Bethesda, MD 20817-6930	Agamanto	
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$6,250.00
Research		
Full Name	Date	Amount of each
Youth Soccer Group	(Mo., Day, Year)	disbursement this period
Mailing Address	25 (22 (22)5	\$250.00
PO Box 12912	05/13/2015	\$250.00
City, State, Zip Code		
Jackson, MS 39236-2912		<u> </u>
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$250.00

	Delbert Hosemann SECRETARY OF STATE	,
F	ECEIVE	
	JUN 1 0 2015	
$\top$ [	Campaign Finance	

Name of Candidate			
Address P.O. Box 16986 Jackson, MS 39236	County HIND	s	Campaign Finance Secretary of State
Address	me)(Fax	·)	
Contact Name Dr. Valerie Short	Email Address mississippia	insfordrshort@gi	mail.com
Office Sought Governor	Political Party Democratic		
Check here if above is different from previous	s report		
May 8, 2016 Periodic Report (January 1, 2015, t	TYPE OF REPORT hrough April 30, 2015)	*************	Mandatory
			<del>-</del>
July 10, 2015 Periodic Report (June 1, 2015, thr			
July 28, 2016 Pre-Election Report (July 1, 2015,	through July 25, 2015)	All Prima	ry Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2	:015, through August 15, 2015) All Prima	ry Candidates and P	
October 9, 2015 Periodic Report (July 1, 2015, 1	hrough September 30, 2015)		Mandatory
October 27, 2016 Pre-Election Report	rough October 24, 2015)		
November 17, 2015 Pre-Runoff Report (Octobe	r 25, 2015, through November 14, 20	15)	
January 8, 2016 Periodic Report (October 1, 20			
Termination Report (Candidate will no longer accept outstanding campaign debt oblig		ures and has no	Required to terminate reporting obligations
<ol> <li>Pre-Election reports are mandatory, even if no contribindicating "0" (Zero) for total amount of reported cont</li> <li>Until a Candidate files a Termination Report, annual and (III).</li> <li>The Secretary of State must be in actual receipt of the holiday, the office must be in actual receipt of the requaceptable.</li> </ol>	ributions and expenditures during this  nd periodic reports must still be filed in  required reports by 5:00 p.m. on the ra	period. accordance with N porting day. If the	liss. Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a
REPOR	TED CONTRIBUTIONS AND DISE	URSEMENTS	Defend :
Itemized + No	n-itemized	This Period	Calendar year-to-date
Total amount of contributions \$5,528.91 + \$ C	\$5,528.9	91	\$35,882.87
Total amount of disbursements \$11,275.61 +\$ (	\$11,275	.61	\$26,700.91
Total amount of cash on hand	\$ 9,250.	64	
certify that I have examined this report a	nd to the best of my knowledge and	June 7, 2015	curate, and complete.

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

### SEND TO:

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

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6/10 CALLONSON SEEN!

Name of Candidate or Committee Mississippians for Dr. Short Reporting period May 1 through May 30 TEMIZED RECEIP	<u>-</u>	Page 🚺 of 🗀
A Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 21 / 15	\$ 100
Roosevek Robinson Mailing Address		
		\$
142 Longwood Dr City, State, Zip Gode		
		\$
Jackson, MS 39206		
Name of Employer (Required) Retired	1 1	\$
Occupation (Reduired)	Aggregate	\$ 100
	year-to-date	Ciliana a anno anno a
B. Source: Corporation PAC Individual V Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	5 / 21 / 15	\$ 25
Mae L. Johnson		The section of the section is select
Mailing Address		\$
112 Cembridge Dr	3311 / 3111	Ryama as a second
City, State, Zip Code		\$
Madison, MS 39110	The limit	Management and approved
Name of Employer (Required)		\$
Self	1	Grant and the second se
Occupation (Required)	Aggregate year-to-date	\$ 25
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 /21 /5	\$ 300
Sarah Dafe		
Mailing Address PO Box 11655		\$
City, State, Zip Gode		
Jackson, MS 39283		\$
Name of Employer (Required)		
Self	<u> </u>	\$
Occupation (Regulard)	Aggregate	\$ 300
Ins Agent	year-to-date	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Walter Ainsworth	5 121 15	\$ 100
Mailing Address		s

123 Richview Dr.

City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Retired

Occupation (Required)

\$ [

Aggregate year-to-date

\$ 100

Page	2	of	
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Name of Candidate or Committee	Mississipplen	s for Dr. Shor	t .	
Reporting period May 1				
			DECI	

### I LEMIZED RECEIPTS Amount of each A. Source: Corporation PAC Individual Loan Date receipt (Mo., Day, Year) this period Other (please specify) Full name 121 / 13 \$ 25 Flonzie Wright Mailing Address Elmwood Cir. City, State, Zip Code \$ Jackson, MS 39206 Name of Employer (Required) \$ Retired Occupation (Required) Aggregate \$ 25 year-to-date B. Source: Corporation PAC Individual J Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name / 21 / 15 \$ 50 Rims and Judy Barber Mailing Address \$ [ 166 River Park Dr. City, State, Zip Code \$ Jackson, MS 39202 \$ Name of Employer (Required) Self **Aggregate** \$ 50 Occupation (Required) year-to-date C. Source Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) \$ 150 Full name Michael Livingston Mailing Address \$ P.O. Box 1410 City, State, Zip Code \$ Jackson, MS 39215 Name of Employer (Required) \$ Self Aggregate \$ 150 Occupation (Required) year-to-date Physician D. Source: 7 Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) 5 / 21 / 15 \$ 300 Full name North Jackson Medical Clinic Malling Address PO Box 4522 City, State, Zip Code \$ Jeckson, MS 39296 \$ Name of Employer (Required) Aggregate \$ 300 Occupation (Required)

year-to-date

Name of Candidate or Committee Mississipplans for Dr. Short  Reporting period May 1 through May 30  ITEMIZED RECEIP		age 🗓 of 🛄
A. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 21 / 15	\$ 50
Keye Killings Mailing Address		s -
733 Winward Rd	Land / Sarre / Land	· .
City, State, Zip Code		2
Jackson, MS 39206	<u> </u>	
Name of Employer (Required)		\$
Retired	Aggregate	
Occupation (Required)	year-to-date	\$ 50
B. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 21 / 15	\$ 100
Rev. James McLaurin		
Malling Address		\$
115 North 8th Ave.		Fe
City, State, Zip Code		\$
Laurel, MS 39440		
Name of Employer (Required)	<u> </u>	\$
Self Occupation (Required)	Aggregate	\$ 100
Pastor	year-to-date	
C. Source Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ 100
Antonio Norali		
Mailing Address		\$
3736 Newman Ave,		-
City, State, Zip Code		\$ [
Jackson, MS 39206 Name of Employer (Required)		\$
Hathorn		<u> </u>
Occupation (Required)	Aggregate year-to-date	\$ 100
Service Tech		Amount of each
D. Source: Corporation PAC Individual V Loan C	(Mo., Day, Year)	receipt
Full name	1 1 1 1 1 1 1	\$ 500
James Powers		
Mailing Address 714 Parrow Dr.		\$
City, State, Zip Code		\$
Pleasant View, TN 37146		
Name of Employer (Required)	<u> </u>	\$
Self	Aggregate	\$ 500
Occupation (Required)	year-to-date	F 1000 WW 100 PL 410 CT 410 CT 410

Name of Candidate or Committee Mississipplans for Dr. Short	P	age 4 of
Reporting period May 1 through Mey 30 ITEMIZED RECEIP	r <b>c</b>	
I ENIZED RECEIF	10	
A. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) !	5 / 22 / 15	
Edwina Toms	13 1 122 1 1131	\$ 100
Mailing Address		\$
2601 Claco St.	train the same	V Luciani and a second
City, State, Zip Code		\$
Nashville, TN 37204		·
Name of Employer (Required)		\$
Retired	Aggregate	
Occupation (Required)	year-to-date	\$ 100
B. Source: Corporation PAC Individual V Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 /13 /15	\$ 50
Aurora Malone	의/열/열	4 [30
Mailing Address		\$
3372 Kents Rd. City, State, Zip Code		\$
	<u>السنا</u> / السنا	<b>→</b> L
Memphis, TN 38134  Name of Employer (Required)		\$
Set	<u> </u>	
Occupation (Required)	Aggregate year-to-date	\$ 50
Physician	Aest-to-dere	Amount of each
C. Source Corporation PAC Individual Losn C	Date (Mo., Day, Year)	receipt this period
	5 / 19 / 15	\$ 500
Full name Best Effort	12.0 1121 1 12.1.	<b>4</b> [300
Mailing Address		\$
311 Pinehurst Cir.		
City, State, Zip Code		\$
Jackson, MS 39206		
Name of Employer (Required)		\$
Self Oppupation (Required)	Aggregats year-to-date	\$ 500
Medical  D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	5 / 22 / 13	\$ 100
Wanda Stringer		
Mailing Address	1 1-1/1-1	\$
PO Box 400		\$
City, State, Zip Code Mound Bayou, M5 38760	herst ' head ' brees'	·
Name of Employer (Required)		\$
Retired	Aggregate	\$ 100

Occupation (Required)

\$ 100

Aggregate year-to-date

Page	5.	of	<u></u>

•	P	age [5] of [
Name of Candidate or Committee Mississippians for Dr. Short		
Reporting period May 1 through May 30		•
Reporting period May 1 ITEMIZED RECEIP	rs	
A. Source: Gorporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	5 /2 /13	\$ 100
Dr. Sheldon Willis		
Mailing Address		\$
3584 Elaine Bivd.		
City, State, Zip Code		\$
Jackson, MS 39232		\$
Name of Employer (Required)	<u> </u>	
Wills Dendstry Occupation (Required)	Aggregate	\$ 100
Passlet	year-to-date	annous
B. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	5 / 28 / 15	\$ 60
Full name	F 1 (20) (12)	\$ 60
Kathy Buck		\$
Malling Address	<u> </u>	
131 Jury Rd.	C.C.	s
City, State, Zip Code	Live Land bush	
Brandon, MS 39047		\$
Name of Employer (Required) Self	Local Large , james	
Occupation (Required)	Aggregate year-to-date	\$ 60
Para Control Individual (7) Logn Co		Amount of each
C. Source Corporation PAC Individual V Loan	(Mo., Day, Year)	receipt
Other (please specify)	(MO., Day, 10a)	this period
	5 / 29 / 15	\$ 200
Full name Bob Smith	The same	
Mailing Address		\$
Best Effort	1===	
City, State, Zip Code	111	.   \$
Jackson, MS 39206		\$
Name of Employer (Required)	Lai / Lai / Lai	. 7
Self	Aggregate	\$ 200
Occupation (Required) Medical	year-to-date	Amount of sach
D. Source: Corporation PAC Individual (/ Loan []	Date (Mo., Day, Year	receipt
Other (please specify)	5 / 1 / 15	1 \$ 100
Full name	F-1 / F / FE	4 7 1700
Shirley Donelson Mailing Address		\$
315 Long Cove Dr.	+= ==	
City, State, Zlo Code		\$
Madison, MS 39110		s
Name of Employer (Required)	<u> </u>	
Physician	Aggregate	\$ 100

Occupation (Required)
Med Group

\$ 100

Aggregate year-to-date

Page	6	of	
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Name of Candidate or Committee	Mississippians for Dr. Short
	through May 30
Reporting period May 1	CAUZED DECEIDT

## ITEMIZED RECEIPTS

Other (places enecify)	(Mo., Day, Year)  Aggregate   year-to-date    Mo., Day, Year)                                Aggregate   year-to-date	\$ 100 \$ 100 \$ 100 \$ 100  Amount of each receipt this period \$ 200 \$ 200 \$ 5 100
In name  are Anderson  alling Address  40 Meadowbrook Dr.  ity, State, Zip Code  ackson, MS 39704  ame of Employer (Required)  Jumpston (Required)  Other (please specify)  full name  Charlotte Crister  Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  JPS  Occupation (Required)  JPS  Occupation (Required)  Teacher	Aggregate year-to-date  (Mo., Day, Year)  5 / 14 / 15	\$ 100 Amount of each receipt this period \$ 200 \$ \$
ara Anderson  alling Address  40 Meadowbrook Dr.  ity, State, Zip Code  ackson, MS 39204  same of Employer (Regulated)  Jinemployed  accupation (Regulated)  Other (please specify)  full name  Charlotte Crister  Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Regulated)  JPS  Occupation (Regulated)  JPS  Occupation (Regulated)  Teacher	Aggregate year-to-date  (Mo., Day, Year)  5 / 14 / 15	\$ 100  Amount of each receipt this period  \$ 200  \$ 100
Address  40 Meadowbrook Dr.  ity, State, Zip Code  ackson, MS 39204  ame of Employer (Required)  Joenmoloyed  Coupation (Required)  Other (please specify)  Charlotte Crister  Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher	year-to-date  (Mo., Day, Year)  5 / 14 / 15	\$ 100 Amount of each receipt this period \$ 200 \$ \$
40 Meadowbrook Dr.  ity, State, Zip Code ackson, MS 39204 ame of Employer (Regulated)  Joemployed accupation (Regulated)  Other (please specify)  Other (please specify)  Malling Address  2250 Monaco St  City, State, Zip Code Jackson, MS 39204  Name of Employer (Regulated)  JPS  Occupation (Required)  Teacher	year-to-date  (Mo., Day, Year)  5 / 14 / 15	\$ 100  Amount of each receipt this period  \$ 200  \$ [
ity, State, Zip Code ackson, MS 39204 ame of Employer (Required) Inemployed iccupation (Required)  Other (please specify)  Full name Charlotte Crister Malling Address 2250 Monaco St City, State, Zip Code Jackson, MS 39204 Name of Employer (Required) JPS Occupation (Required) Teacher	year-to-date  (Mo., Day, Year)  5 / 14 / 15	\$ 100  Amount of each receipt this period  \$ 200  \$ [
ackson, MS 39204 same of Employer (Required)  Journal of Employer (Required)  Journal of Employer (Required)  Other (please specify)  Full name  Charlotte Crister  Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher	year-to-date (Mo., Day, Year)  5 / 14 / 15	\$ 100  Amount of each receipt this period  \$ 200  \$ [
Inemployed    Council   Corporation   PAC   Individual   Loan	year-to-date (Mo., Day, Year)  5 / 14 / 15	\$ 100  Amount of each receipt this period  \$ 200  \$ [
Other (please specify)  Other (please specify)  Full name  Charlotte Crister  Mailing Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher	year-to-date (Mo., Day, Year)  5 / 14 / 15	Amount of each receipt this period  \$ 200 \$
Other (please specify)  Other (please specify)  Full name Charlotte Crister  Malling Address 2250 Monaco St City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS Occupation (Required) Teacher	year-to-date (Mo., Day, Year)  5 / 14 / 15	Amount of each receipt this period  \$ 200 \$
Other (please specify)  Other (please specify)  Full name  Charlotte Crister  Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Regulred)  JPS  Occupation (Required)  Teacher	(Mo., Date (Mo., Day, Year) 5 / 14 / 15 - / - / - 	receipt this period  \$ 200  \$ 5
Cther (please specify)  Full name  Charlotte Crisier  Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher	(Mo., Day, Year)  5 / 14 / 15	receipt this period  \$ 200  \$ 5
Charlotte Crisier  Mailing Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Regulred)  JPS  Occupation (Required)  Teacher		\$
Charlotte Crisier  Mailing Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher	Aggregato	\$
Malling Address  2250 Monaco St  City, State, Zip Code  Jackson, MS 39204  Name of Employer (Regulard)  JPS  Occupation (Required)  Teacher	Aggregato	\$
City, State, Zip Code  Jackson, MS 39204  Name of Employer (Regulated)  JPS  Occupation (Required)  Teacher  Description (Required)	Aggregato	\$
Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher  Teacher	Aggregate	\$
Jackson, MS 39204  Name of Employer (Required)  JPS  Occupation (Required)  Teacher  Teacher	Aggregate	
Name of Employer (Regulred)  JPS  Occupation (Required)  Teacher  DACE Individual V Loan	Aggregate	\$ 200
Occupation (Required) Teacher  Description (Required) Teacher  Description (Required)	Aggregate	\$ 200
Teacher San Color Individual V Loan		
Teacher San Color Individual V Loan	year-10-0-1-	Amount of each
C. DOUICA	Date (Mo., Day, Year	receipt
Other (please specify)	5 / 16 / 15	\$ 250
Full name		
Keisha Qulnn		\$
Mailing Address	+====	
36 Boney Rd.		
City, State, Zip Code		
Laurel, MS 39443		.   \$
Name of Employer (Required)	Aggregate	¢ 5-20
Mad Group	year-to-date	\$ 250
Occupation (Required)		Amount of each
Dentist  D. Source: Corporation PAC Individual Loan	(Mo., Day, Ye	er) receipt this period
Other (please specify)		\$
Full name	المعطاليسط	L.
		\$
Mailing Address		
		\$
City, State, Zip Code		
the state of the s		\$
Name of Employer (Required)	Aggregat year-to-da	s \$
Occupation (Required)	year-to-di	

	1		
Page		Ot	

	Mississippians for Dr. Short	
Name of Candidate or Committee	through May 34	0
Reporting period May 1		

. Full name	(M	Date o., Day, Year)	Amount of each disbursement this period
ekh Rosendahl Isiling Address	5	_/4/.15	\$ 6,676.51
11 Roach St.		/_/_	S
city, State, Zip Code ackson, MS 39211		Aggregate	\$ 8,916.81
Purpose of Disbursement (Optional) Consulting Fee		Year-to-date	Amount of each
3. Full name Spitol Strategies Consulting		Mo., Day, Year)	disbursement this period  \$ 1,750
Mailing Address		5//	
PO Box 721342 City, State, Zip Code		<u> </u>	5
Byram, M5 39272 Purpose of Disbursement (Optional)		Aggregate Year-to-date	<b>s</b> 1,750
Consulting Fee C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Secretary of State		5 /18 / 15	\$ 50
Mailing Address PO. Box 136			s
City, State, Zip Code . Jackson, MS 39202		Aggregate Year-to-date	\$ <sup>50</sup>
Purpose of Diebursement (Optional)		Date	Amount of each disbursement this period
D. Full name State Street Analytics		(Mo., Day, Year 5 /22 /15	\$ 400
Mailing Address 475 Woody Dr.		5 / 29 / 15	
City, State, Zip Code Jackson, MS 39212		Aggregate	S 640
Purpose of Disbursement (Optional)		Year-to-date	Amount of each
Lists, Datat Entry  E. Full name		Data (Mo., Day, Yes	ar) disbursement this period
USPS Mailing Address		5/11/15	\$ 44.10
Lefleur Station City, State, Zip Code			
Jackson, MS Purpose of Disbursement (Optional)		Aggregate Year-to-da	te )
Postage		Date (Mo., Day, Y	Amount of each
F. Full name Ourso Beychok		5 /12 /	
Mailing Address 352 Napoleon St		+	\$
City, State, Zip Code Beton Rouge, LA		Aggrega	te 5 4,615
Purpose of Disbursement (Optional) Pushcards		Year-to-d	9804

### 2015 ELECTION CYCLE

### REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election



* n <sub>0</sub> *, *	doe	Campaign Finance
1 0	County Lamar	Secretary of State
(Hame) 601-758-0423	(Fax)	
Email Address	MitchYoung4Gov@gmail.e	com
from previous report		
TYPE OF F	REPORT	
- IN		
1, 2016, through June 30, 2015)	~*************************************	Mandatory
uly 1, 2015, through July 25, 2015)	Ali Prio	nery Cendidales and Political Committees
t (July 26, 2015, through August 16	5, 2015) All Primery Candidates and	Political Committees in a Runoff Election
y 1, 2015, through September 30,	2016)	Mandatory
rt		Mandatory All Candidates and Political Committees
ort (October 25, 2016, through Nov	rember 14, 2015) All Candidates and	Political Committees in a Runoff Election
tober 1, 2015, through December :	31, 2015)	Mendatory
inger accept contributions or make cam gn debt obligation)	npaign expenditures and has no	Required to terminate reporting obligations
	Email Address Political Party From previous report TYPE OF F 71, 2015, through April 30, 2015) 1, 2015, through May 31, 2015) 1, 2015, through June 30, 2015) 1, 2016, through July 25, 2015 1, 2015, through September 30, 1, 2015, through September 30, 1, 2015, through October 24, 2015 1, 2015, through October 24, 2015 1, 2015 through October 24, 2015) 1, 2015 through October 24, 2015	County Lamar  (Hame) 601-758-0423  Email Address MitchYoung4Gov@gmall.e  Political Party Republican  TYPE OF REPORT  (1, 2015, through April 30, 2015)  (2015, through May 31, 2015)  (3, 2015, through June 30, 2015)  (4) (July 26, 2015, through August 15, 2015)  (5) (July 26, 2015, through August 15, 2015)  (6) (July 26, 2015, through September 30, 2015)  (7) (3, 2015, through October 24, 2015)  (8) (1, 2015, through October 24, 2015)  (8) (1, 2015, through October 24, 2015)  (9) (1, 2015, through October 24, 2015)  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

- indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) (2) and (iii).
- The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline fells on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable,

	REPORTED CONTRIBI	REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
İteml	zed + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$0	+\$0	\$0	\$0
Total amount of dishuraementa \$0	+\$0	\$0	\$515.07
Total amount of cash on hand		\$ 100.00	

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

06/01/15 Signature of Candidate Date

Authority: Refer to Miss. Dode Ann. §23-76-901 (1972) et. esq. for statutory requirements.
Pensities: Psiture to submit required reports, or fallure to submit reports in secondance with statutory deadlines, or fallure to submit velid reports shall result in fines of \$60 per day and/or procedution in accordance with Miss. Code Ann. §§ 23-45-811 and 613 (1972).

### SEND TO:

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

To: Secretary of State/Elections Division

From: Mitch Young

Date: June 2, 2015

RE: Report of Receipts and Disbursements

20 SELECTION CYCLE

### REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Reproduction

- 81	Delbert Hosemann ECRETARY OF STATE	
h	ECEIVE	h
h	JUN 0 9 2015	U
	Campaign Finance Secretary of State	

lance of Candidate ROBERT I	GHAY		17.54.14	8		2
Address 2010 W CAPITOL ST J	ACKSON MS	i i		County HINDS		Campaign Financ Secretary of State
elephone (Work) 601-572-70	85		(Home)	(Fex)		
ontact Name ROBERT E GRA	Υ		Email Add	tress_gray5641@yahoo.co	m	<del></del>
Office Sought GOVERNOR			Political Party	DEMOCRATIC		
Chuck there if above			TYPE	OF REPORT		
May 8, 2015 Periodic Repo	ort (January	1, 201	5, through April 30, 20	015)	**********************	Mandato
X June 10, 2015 Periodic Re	port (May 1	2015	, through May 31, 201	5)		
July 10, 2015 Periodic Rep	port (June 1	2015	, through June 30, 20	15)	-	ossissky
July 28, 2015 Pre-Election	Report (Jul	y 1, 2	015, through July 25, 2	2015)	ll Primary Candid	lates and Political Committe
					ta birta i biraspi es	
October 9, 2016 Periodic	Report (July	1, 20	15, through Septembe	г 30, 2015)		Mandato
October 27, 2016 Pre-Elec (Primary Election Winners (Independent Cundidates n	tion Report	1, 20	5, through October 24, 2	015)		Mendato iles and Political Committee
November 17, 2015 Pre-R	unoff Rapor	t (Oc	ober 25, 2015, throug	h November 14, 2015)	s and Political Co	.Runoff Candidates On mmittees in a Runoff Electi
January 8, 2016 Periodic	Report (Oct	ober 1	, 2015, through Decar	nbar 31, 2015)		Mandato
Termination Report (Candle		iger ac	cept contributions or mai	to compolign expenditures and hee	one.	Required to terminate reporting obligations
1) Pro-Election reports are mand	atory, gven if	no co	<u>IMPOR</u> Intributions or expanditudent	ions have occurred. In such cas	e, the candidate	shall aubmit a report
indicating "0" (Zero) for total a	imount of rep	orted	commountions and expe	must still be filed in accordance	a with Miss. Coo	is Ann. § 23-15-807 (b) (li)
and (lii).		589#040 to	e se a companya managan ka	y 5:00 p.m. on the reporting day 00 p.m. on the first working day	of the deadline	falls on a weekend or a
		REE	ORTED CONTRIBU	TIONS AND DISBURSEME	NTS	Culumdan
	Hemized	+	Non-Itemized	This Perio	d	Calendar year-to-date
Total amount of contributions \$	000	+\$	0000	\$ 0000	\$4	0000
Total amount of disbursements \$	0000	+\$	0000	\$0000	\$1	0000
Total amount of cash on hand		1002		\$ 0000		
Signature of Candidate	DICO	N.	ort and to the best of i	my knowledge and belief it is a JUNE 8	true, accurate, i , 2015	and complete.
hidhority: Rofer to Miss, Code Ann. S Penalties: Fullure to submit regulred ines of \$50 per day and/or presecutiv	23-16-801 (197				y Madue of Spulle	alici raporta shali rosult in

### SEND TO:

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