

RECEIVED
JUN 10 2015
Campaign Finance
Secretary of State

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

Reporting Name	Address	City	State	Zip	Source	Occupation	Employer	Date	Donation	YTD
John W. Chain	57 Waterford Drive	Hattiesburg	MS	39402	Individual	COO	Chain Electric	5/29/2015	2,000.00	2,000.00
Joseph J. Tatum	46 Priest Point	Hattiesburg	MS	39401	Individual	Chairman	Tatum Development	5/29/2015	250.00	250.00
Albert Hankins	496 Nat G Troutt Road	Grenada	MS	38901	Individual	Owner	Hankins Lumber	5/29/2015	5,000.00	5,000.00
Alwyn Luckey	2111 Bienville Blvd	Ocean Springs	MS	39564	Individual	Attorney	Self	5/13/2015	5,000.00	5,000.00
Amanda Shumaker	116 Colony Way	Brandon	MS	39047	Individual	Homemaker	Homemaker	5/19/2015	250.00	250.00
Bank of Brookhaven	Post Box 889	Brookhaven	MS	39602	Corp			5/6/2015	500.00	500.00
Barry Strevel	PO Box 162	Becker	MS	38825	Individual	Owner	JBS Construction	5/29/2015	250.00	250.00
Bill Yates	P.O. Box 456	Philadelphia	MS	39350	Individual	President/CEO	Yates Construction	5/19/2015	830.00	1,151.00
Bill Yates	P.O. Box 456	Philadelphia	MS	39350	Individual	President/CEO	Yates Construction	5/1/2015	721.00	1,151.00
Bob Chain Jr.	107 Natalie Lane	Hattiesburg	MS	39402	Individual	President and CEO	Chain Electric	5/29/2015	2,000.00	2,000.00
Buford Blount	11 Saint Martin Road	Hattiesburg	MS	39402	Individual	Retired	Retired	5/29/2015	1,000.00	1,000.00
CG Carter	551 North First Street	Rolling Fork	MS	39149	Individual	Farmer	Self	5/13/2015	250.00	250.00
Chad McMahan for Mississippi	190 Long Street	Guntown	MS	38849	Other - Political Cttee			5/29/2015	500.00	500.00
Chain Electric Company	PO Box 2058	Hattiesburg	MS	39403	Corp			5/29/2015	1,000.00	1,000.00
Chauncey Godwin Jr.	2730 Northplace Drive	Tupelo	MS	38804	Individual	General Manager	Honeybaked Ham Tupelo	5/29/2015	500.00	500.00
Dan Franklin	2978 West Jackson Street	Tupelo	MS	38803	Individual	President and CEO	Franklin Services	5/29/2015	5,000.00	5,000.00
Daniels Aviation Inc.	1111 Montgomery Drive	Inverness	MS	38753	Corp			5/29/2015	1,000.00	1,000.00
Danny Cash	P.O. Box 663	Tupelo	MS	38802	Individual	Retired	Retired	5/29/2015	250.00	250.00
David P. Parker	1363 West City Hwy 30A Unit 3112	Santa Rosa Beach	FL	32459	Individual	Business	Self	5/26/2015	10,000.00	10,000.00
Dukes Dukes & Wood Law Office	226 West Pine Street	Hattiesburg	MS	39401	Corp			5/29/2015	1,000.00	1,000.00
Edward Hill	1376 Country Wood Cove	Tupelo	MS	38801	Individual	Physician	Self	5/29/2015	250.00	250.00
Edward J. Langton	PO Box 15637	Hattiesburg	MS	39404	Individual	Banker	Grand Bank	5/29/2015	5,000.00	5,000.00
Evan S. Dillard	109 Carrie Road	Hattiesburg	MS	39402	Individual	CEO	Forrest General Hospital	5/29/2015	500.00	500.00
Geoffrey Carter	154 Garden Park Drive	Saltillo	MS	38866	Individual	President	Hyperion	5/29/2015	1,000.00	1,000.00
Gregory L. Fahey	PO Box 1842	Gulfport	MS	39502	Individual	CPA	Nicholson & Company PLLC	5/29/2015	5,000.00	5,000.00
Gunnco Investment Group LP	4002 Links Cove	Oxford	MS	38655	Other - LP			5/29/2015	1,000.00	1,000.00
Hankins Lumber Company Inc.	PO Box 1397	Grenada	MS	38902	Corp			5/29/2015	1,000.00	1,000.00
Hol-Mac Plant #1	PO Box 349	Bay Springs	MS	39422	Corp			5/29/2015	1,000.00	1,000.00
J Durr Boyles	215 Winged Foot Circle	Jackson	MS	39211	Individual	Insurance	Boyles Moak Insurance	5/28/2015	2,500.00	2,500.00
James Rish	Post Office Box 2483	Tupelo	MS	38803	Individual	Physician	Self	5/29/2015	1,000.00	1,000.00
Jayant Dey	2585 Primrose Lane	Tupelo	MS	38801	Individual	Physician	Self	5/29/2015	250.00	250.00
JBS Construction Inc.	PO Box 247	Amory	MS	38821	Corp			5/29/2015	250.00	250.00
Joe F. Sanderson Jr.	P.O. Box 988	Laurel	MS	39441	Individual	Chairman and CEO	Sanderson Farms Inc.	5/26/2015	10,000.00	20,000.00
John M. Hairston	9114 Victoria Cir.	Gulfport	MS	39503	Individual	President	Hancock Bank	5/26/2015	5,000.00	5,000.00
Keith Blakeney	PO Box 545	Bay Springs	MS	39422	Individual	Owner	SIC	5/29/2015	2,000.00	2,000.00
Kenneth B. Hood	1903 32 Hwy	Gunnison	MS	38746	Individual	Farmer	Self	5/29/2015	1,000.00	1,000.00
Kent Ritchey	8565 Woodlane	Germantown	TN	38138	Individual	President	First Tennessee Bank	5/29/2015	2,500.00	2,500.00
Laurel Machine and Foundry	PO Box 1049	Laurel	MS	39441	Corp			5/29/2015	500.00	500.00
Leroy Frey Farms	PO Box 356	Hollandale	MS	38748	Corp			5/29/2015	500.00	500.00
Lisa B. Sledge	P.O. Box 9	Sunflower	MS	38778	Individual	President	Sunflower Enterprises Inc.	5/29/2015	1,000.00	1,000.00
Matthew Shoemaker	36 Belltower Turn	Hattiesburg	MS	39402	Individual			5/29/2015	250.00	250.00
Merck Sharp & Dohme Corp.	304 Mossy Oak Court	Antioch	TN	37013	Corp			5/29/2015	1,000.00	1,000.00

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

Reporting Name	Address	City	State	Zip	Source	Occupation	Employer	Date	Donation	YTD
Moffett Law Firm	1761 N. Parc Circle	Tupelo	MS	38804	Corp			5/29/2015	250.00	250.00
MS Engineering Group Inc.	P.O. Box 12227	Jackson	MS	39236	Corp			5/26/2015	1,000.00	1,000.00
MS Geographic Info LLC	143a Lefleurs Square	Jackson	MS	39211	Other - LLC			5/26/2015	5,000.00	5,000.00
MS Manufacturers Assoc. PAC	720 N. President St.	Jackson	MS	39202	PAC			5/29/2015	10,000.00	10,000.00
Nancy Collins	1604 Briar Ridge Road	Tupelo	MS	38804	Individual	State Senator	Mississippi	5/29/2015	250.00	250.00
Neighborhood Restoration LLC	143A Lefleurs Square	Jackson	MS	39211	Other - LLC			5/26/2015	3,000.00	3,000.00
Paige A. Carter	611 Rue Maupessant	Ocean Springs	MS	39564	Individual	Retired	Retired	5/26/2015	10,000.00	10,000.00
Patricia Nelson	14 Stonecrest	Hattiesburg	MS	39402	Individual	Homemaker	Homemaker	5/29/2015	250.00	250.00
Philip Moran Campaign	PO Box 6201	Diamondhead	MS	39525	Other - Political Cttee	Owner	Philip's Pest Control	5/29/2015	250.00	250.00
PRCC Development Foundation	PO Box 5389	Poplarville	MS	39470	Corp			5/29/2015	250.00	250.00
Prosperity PAC	PO Box 1869	Brandon	MS	39043	PAC			5/26/2015	10,000.00	10,000.00
Randy Paton	3809 Iron Bridge Road	Olive Branch	MS	38654	Individual	GM	Landers Buick GMC	5/29/2015	1,000.00	1,000.00
Raytheon PAC RAYPAC	1100 Wilson Boulevard #1500	Arlington	VA	22202	PAC			5/29/2015	7,500.00	10,000.00
Regions Financial Corp. PAC	417 20th Street North	Birmingham	AL	35202	PAC	State President	Regions	5/29/2015	250.00	250.00
Robert M. Holliman	1106 S. 34th Avenue	Hattiesburg	MS	39402	Individual	Retired	Retired	5/29/2015	250.00	250.00
S. F. Thames	37 Bocage Road	Hattiesburg	MS	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	39402	Individual	Attorney	McHard & Associates	5/29/2015	250.00	250.00
Shane J. Guidry	701 Poydras Street	New Orleans	LA	70139	Individual	CEO	Harvey Gulf International	5/29/2015	2,500.00	2,500.00
Southern Bone & Joint	3688 Veterans Memorial Dr #200	Hattiesburg	MS	39401	Other - PLLC			5/29/2015	2,500.00	2,500.00
Steve Wallace	4707 Butler Rd.	Tupelo	MS	38801	Individual			5/29/2015	250.00	250.00
Steven Dickerson	PO Box 1249	Kosciusko	MS	39090	Individual	President	Dickerson Petroleum	5/26/2015	5,000.00	5,000.00
Thad F. Waites M.D.	1017 Richburg Road	Hattiesburg	MS	39402	Individual	Physician	Hattiesburg Clinic	5/29/2015	250.00	250.00
The Skin Institute	2525 Hwy 1 South #A	Greenville	MS	38701	Corp			5/29/2015	1,000.00	1,000.00
Thomas A. Dews	1515 S 40th Avenue	Hattiesburg	MS	39402	Individual	President	C.L. Dews and Sons	5/29/2015	250.00	250.00
Thomas Janoush	PO Box 1448	Cleveland	MS	38732	Individual	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	CEO	Indianola Pecan House	5/29/2015	1,000.00	1,000.00
Waggoner Engineering Inc.	PO Box 12227	Jackson	MS	39236	Corp			5/26/2015	1,000.00	1,000.00
William Jernigan	370 Deer Run Road	Batesville	MS	38606	Individual	Consultant	Self	5/29/2015	1,000.00	1,000.00
William Lewis	PO Box 5090	Poplarville	MS	39470	Individual	President	Pearl River Community College	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									152,301.00	

Total Itemized	152,301.00
Total Non-Itemized	4,109.11
Total Non-Itemized	156,410.11

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

Date	Name	Address	City	State	Zip	Purpose	Amount	YTD Aggregate
05/04/15	Alex Hodge for Sheriff	Post Office Box 1054	Laurel	MS	39441	Donations	500.00	500.00
05/04/15	Alliance Business Services	109 East State Street	Ridgeland	MS	39157	Printing costs	1,064.33	
05/18/15	Alliance Business Services	109 East State Street	Ridgeland	MS	39157	Printing costs	6,188.05	10,193.56
05/02/15	American Red Cross	9 River Bend Place	Flowood	MS	39232	Donations	1,000.00	1,000.00
05/21/15	Armstrong, Jr, Jim W	3744 Highway 483	Morton	MS	39117	Travel Reimbursement	1,495.05	1,495.05
05/02/15	AT&T	Post Office Box 105262	Atlanta	GA	30348-5262	Telephone	30.00	
05/24/15	AT&T	Post Office Box 105262	Atlanta	GA	30348-5262	Telephone	26.60	525.21
05/18/15	AT&T Mobility	Post Office Box 6463	Carol Stream	IL	60197	Telephone	163.87	398.99
05/06/15	Bank of Brookhaven	Post Box 889	Brookhaven	MS	39602	In-Kind Event Booth	500.00	500.00
05/05/15	Breazeale, Saunders & O'Neil, Ltd.	Post Office Box 80	Jackson	MS	39205	Professional Fees	283.07	4,356.50
05/15/15	Bureau of Revenue	Post Office Box 1033	Jackson	MS	39215	Payroll Taxes	381.00	1,571.33
05/18/15	Busyland, Inc	1818 McCullough Boulevard	Tupelo	MS	38801	Event Expense	1,827.52	1,827.52
05/18/15	C Spire Wireless	Post Office Box 519	Meadville	MS	39653-0519	Telephone	730.82	3,403.25
05/02/15	Crosses Across America	3300 Indiana Avenue, Suite C	Vicksburg	MS	39180	Donations	450.00	450.00
05/18/15	Double Quick	242 2nd Street	Indianola	MS	38751	Event Expense	324.58	324.58
05/04/15	Frontier Strategies, LLC	Post Office Box 13292	Jackson	MS	39236	Media Consultant	15,383.30	83,185.02
05/02/15	Greater Pine Belt Community Foundation	1507 Hardy Street, Suite 208	Hattiesburg	MS	39401	Donations	1,000.00	
05/18/15	Greater Pine Belt Community Foundation	1507 Hardy Street, Suite 208	Hattiesburg	MS	39401	Donations	500.00	
05/18/15	Greater Pine Belt Community Foundation	1507 Hardy Street, Suite 208	Hattiesburg	MS	39401	Donations	500.00	3,000.00
05/21/15	Hederman Brothers	Post Office Box 6100	Ridgeland	MS	39158	Postage	103.79	5,653.54
05/04/15	i360	Post Office Box 37046	Baltimore	MD	21297-3046	Data Services	500.00	
05/21/15	i360	Post Office Box 37046	Baltimore	MD	21297-3046	Data Services	500.00	1,000.00
05/18/15	Jaron Inc dba Tezi's Marketplace	421 Highway 82 West	Indianola	MS	38751	Event Expense	259.26	259.26
05/18/15	Lindsay Andrus	Post Office Box 690	Indianola	MS	38751	Event Expense	758.05	758.05
05/02/15	Logan Farms Honey Glazed Hams	1220 East Northside Drive, Suite 250	Jackson	MS	39211	Event Expense	425.61	1,440.76
05/20/15	Mail Chimp	512 Means Street, Ste 404	Atlanta	GA	30318	Email Service	150.00	890.00
05/02/15	Mission Mississippi	Post Office Box 22655	Jackson	MS	39225	Donations	1,000.00	1,000.00
05/04/15	Mississippi Republican Party	Post Office Box 60	Jackson	MS	39205	Donations	1,000.00	
05/28/15	Mississippi Republican Party	Post Office Box 60	Jackson	MS	39205	Donations	5,000.00	12,800.00
05/18/15	Mustang Marketing	160 Belle Pointe	Madison	MS	39110	Event Expense	747.63	747.63
05/18/15	Nola	112 Court Avenue	Indianola	MS	38751	Catering for event	3,000.00	3,000.00
05/05/15	PolitiCap, LLC	134 Cedar Woods Cove	Madison	MS	39110	Fundraising Consultant	5,000.00	70,148.72
05/21/15	Pretty Presentations	809 23rd Avenue	Meridian	MS	39301	Catering for event	3,595.20	3,595.20

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

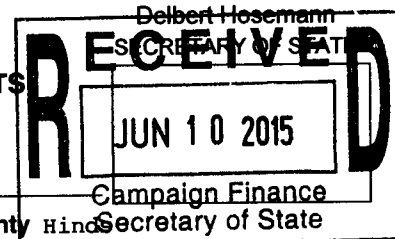
05/18/15	Rankin County Republican Women	405 Grandview Court	Pearl	MS	39208	Donation	200.00	200.00
05/04/15	Republican Governors Association	1747 Pennsylvania Avenue NW, Ste 250	Washington	DC	20006	Fees	1,316.53	1,316.53
05/05/15	Shook, Amanda S	214 East Lake Drive	Brandon	MS	39047	Net Payroll	3,417.75	14,043.11
05/12/15	Stor It Storage King	5491 Plaza Drive	Flowood	MS	39232	Rent	291.00	1,455.00
05/13/15	Stripe	3180 18th Street, Ste 100	San Francisco	CA	94110	Credit Card Fees	152.85	
05/19/15	Stripe	3180 18th Street, Ste 100	San Francisco	CA	94110	Credit Card Fees	7.55	
05/20/15	Stripe	3180 18th Street, Ste 100	San Francisco	CA	94110	Credit Card Fees	3.20	
05/28/15	Stripe	3180 18th Street, Ste 100	San Francisco	CA	94110	Credit Card Fees	72.80	
05/29/15	Stripe	3180 18th Street, Ste 100	San Francisco	CA	94110	Credit Card Fees	29.30	686.70
05/18/15	Telesouth Communications	5266 Old Highway 11, Suite 120	Hattiesburg	MS	39402	Booth Sponsor	750.00	750.00
05/04/15	The MIND Center	2500 North State Street	Jackson	MS	39216	Donation	1,000.00	1,250.00
05/02/15	Top It Off	4800 I-55 North, Suite 16	Jackson	MS	39211	Event Expense	352.62	694.17
05/13/15	Trent Kelly for Congress	Post Office Box 7092	Tupelo	MS	38802	Donations	1,000.00	1,000.00
05/18/15	Tupelo Automobile Museum	1 Otis Boulevard	Tupelo	MS	38804	Event Expense	619.75	619.75
05/15/15	United States Treasury	Post Office Box 105083	Atlanta	GA	30348	Payroll Taxes	2,698.50	11,045.50
05/02/15	Victory Phones	190 Monroe Avenue NW, 5th Floor	Grand Rapids	MI	49503	Research	8,516.65	8,516.65
05/28/15	Vince Mangold Campaign Fund	1276 Wellman Drive Se	Brookhaven	MS	39601	Donations	500.00	500.00
05/11/15	Voter Trove, Inc	921 Calvary Ride Train	Austin	TX	78732	Data Services	1,261.00	6,755.00
05/02/15	White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Expense Reimbursement	285.60	
05/04/15	White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Expense Reimbursement	1,155.84	
05/05/15	White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Net Payroll	3,804.50	
05/18/15	White, Shadrack T.	4363 Forest Park Drive	Jackson	MS	39211	Expense Reimbursement	100.80	22,516.09
05/01/15	Yates, Bill	Post Office Box 456	Philadelphia	MS	39350	In-Kind Flight/Travel	721.00	
05/19/15	Yates, Bill	Post Office Box 456	Philadelphia	MS	39350	In-Kind Flight/Travel	830.00	1,551.00

83,474.97

Total Itemized Disbursements	83,474.97
Total Non-Itemized Disbursements	723.47
Total Disbursements	<u>84,198.44</u>

2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Name of Candidate Vicki SlaterAddress P.O. Box 23384 Jackson, MS 39225County HindsTelephone (Work) (769) 257-7222

(Home) _____

(Fax) _____

Contact Name Will GodfreyEmail Address will@slater2015.comOffice Sought GovernorPolitical Party Democrat☒ Check here if above is different from previous report**TYPE OF REPORT**

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

IMPORTANT

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS
 (Itemized + non-Itemized)

			This Period	Calendar Year-To-Date
Total amount of contributions	\$38,801.15	+	\$5,452.30	\$44,253.45
				\$148,672.48
Total amount of disbursements	\$51,386.00	+	\$467.34	\$51,853.34
				\$87,902.67
Total amount of cash on hand				\$52,226.78

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

Vicki Slater
 Signature of Candidate

6-10-2015
 Date

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or 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 their Municipal Clerk.

Name of Candidate or Committee Vicki SlaterPage 2 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Income Life PAC	05/29/2015	\$1,000.00
Mailing Address 3700 S Stonebridge Dr		
City, State, Zip Code McKinney, TX 75070-5934		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie M. Bozeman	05/18/2015	\$1,000.00
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 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) None	Aggregate year-to-date	\$650.00

Name of Candidate or Committee Vicki SlaterPage 3 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid Davis	05/18/2015	\$500.00
Mailing Address PO Box 700		
City, State, Zip Code Mendenhall, MS 39114-0700		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joey Diaz Jr.	05/15/2015	\$5,000.00
Mailing Address 208 Waterford Sq		
City, State, Zip Code Madison, MS 39110-6857		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas A. Dickson	05/01/2015	\$1,000.00
Mailing Address 107 W Main Ave		
City, State, Zip Code Bismarck, ND 58501-3871		
Name of Employer (Required) Dickson Law Office		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dan Hofmann	05/30/2015	\$500.00
Mailing Address 101 N Throop St		
City, State, Zip Code Woodstock, IL 60098-3248		
Name of Employer (Required) Donahue and Walsh		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Vicki SlaterPage 4 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	05/26/2015	\$500.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Johnstone	05/26/2015	\$500.00
Mailing Address PO Box 418		
City, State, Zip Code Pontotoc, MS 38863-0418		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Kitchens	05/26/2015	\$1,000.00
Mailing Address PO Box 799		
City, State, Zip Code Crystal Springs, MS 39059-0799		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chuck McRae	05/18/2015	\$500.00
Mailing Address 416 E Amite St		
City, State, Zip Code Jackson, MS 39201-2601		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

Name of Candidate or Committee Vicki SlaterPage 5 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bobby Moak	05/31/2015	\$250.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name F. Marvin Morris	05/30/2015	\$500.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virginia T Munford	05/14/2015	\$250.00
Mailing Address PO Box 16807		
City, State, Zip Code Jackson, MS 39236-6807		
Name of Employer (Required) Corlew, Munford & Smith		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Vicki SlaterPage 6 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name S. Lee Patton	05/26/2015	\$500.00
Mailing Address 11413 Manchester Rd		
City, State, Zip Code Kirkwood, MO 63122-1009		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Piazza	05/07/2015	\$250.00
Mailing Address PO Box 12445		
City, State, Zip Code Jackson, MS 39236-2445		
Name of Employer (Required) Keyes Bryson & Piazza		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Crymes G. Pittman	05/04/2015	\$2,500.00
Mailing Address PO Box 22985		
City, State, Zip Code Jackson, MS 39225-2985		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Raspet	05/29/2015	\$20.15
Mailing Address PO Box 2595		
City, State, Zip Code Oxford, MS 38655-4900		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$520.15

Name of Candidate or Committee Vicki SlaterPage 7 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Schimmel	05/01/2015	\$200.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) None		
Occupation (Required) N/A	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Schimmel	05/26/2015	\$200.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) None		
Occupation (Required) N/A	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Schimmel	05/27/2015	\$200.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) None		
Occupation (Required) N/A	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard B. Schwartz	05/19/2015	\$2,500.00
Mailing Address 162 E Amite St		
City, State, Zip Code Jackson, MS 39201-2118		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$3,500.00

Name of Candidate or Committee Vicki SlaterPage 8 of 13Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry F. Sherrod III	05/01/2015	\$250.00
Mailing Address PO Box 606		
City, State, Zip Code Florence, AL 35631-0606		
Name of Employer (Required) Henry F. Sherrod III, PC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vicki Slater	05/30/2015	\$2,681.00 IN-KIND CONTRIBUTION DESCRIPTION: Travel
Mailing Address 121 Fenwick Cir		
City, State, Zip Code Madison, MS 39110-7783		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$12,681.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stracener and Neely, PLLC	05/31/2015	\$500.00
Mailing Address PO Box 23148		
City, State, Zip Code Jackson, MS 39225-3148		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tannehill, Carmean & McKenzie, PLLC	05/26/2015	\$500.00
Mailing Address 829 N Lamar Blvd		
City, State, Zip Code Oxford, MS 38655-2858		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

Name of Candidate or Committee Vicki Slater

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Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Vendor</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>United Assoc. of Plumbers & Pipefitters</u>	<u>05/18/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 261</u>		
City, State, Zip Code <u>Vicksburg, MS 39181-0261</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	<u>\$5,000.00</u>

Name of Candidate or Committee Vicki Slater

Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	05/03/2015	\$58.27
Mailing Address		
366 Summer St		
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate year-to-date	\$347.90
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	05/10/2015	\$53.16
Mailing Address		
366 Summer St		
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate year-to-date	\$347.90
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	05/17/2015	\$81.01
Mailing Address		
366 Summer St		
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate year-to-date	\$347.90
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	05/24/2015	\$25.43
Mailing Address		
366 Summer St		
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate year-to-date	\$347.90
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Actblue Techincal Services	05/31/2015	\$130.03
Mailing Address		
366 Summer St		
City, State, Zip Code		
Somerville, MA 02144-3132	Aggregate year-to-date	\$347.90
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bill Washington Enterprise	05/18/2015	\$1,200.00
Mailing Address		
PO Box 931		
City, State, Zip Code		
Flora, MS 39071-0931	Aggregate year-to-date	\$1,200.00
Purpose of Disbursement (Optional)		

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

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Broad Street Bakery	05/19/2015	\$232.94
Mailing Address		
4465 N Hwy 55 #101		
City, State, Zip Code	05/12/2015	\$210.00
Jackson, MS 39206		
Purpose of Disbursement (Optional)		
	Aggregate year-to-date	\$232.94
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Carol Hardy Design	05/12/2015	\$210.00
Mailing Address		
6706 Balmoral Overlook		
City, State, Zip Code	05/15/2015	\$571.31
New Market, MD 21774-6952		
Purpose of Disbursement (Optional)		
	Aggregate year-to-date	\$210.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comcast	05/15/2015	\$571.31
Mailing Address		
1701 John F Kennedy Blvd		
City, State, Zip Code	05/05/2015	\$235.40
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	05/05/2015	\$235.40
Mailing Address		
PO Box 902		
City, State, Zip Code	05/12/2015	\$296.60
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
Dallas Printing	05/12/2015	\$296.60
Mailing Address		
PO Box 902		
City, State, Zip Code	05/01/2015	\$748.85
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
Enterger Mississippi, Inc.	05/01/2015	\$748.85
Mailing Address		
PO Box 8105		
City, State, Zip Code	05/01/2015	\$748.85
Baton Rouge, LA 70891-8105		
Purpose of Disbursement (Optional)		
	Aggregate year-to-date	\$748.85

Name of Candidate or Committee Vicki Slater

Reporting Period 5/1/2015 through 5/31/2015

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Indigo Strategies	05/01/2015	\$24,095.00
Mailing Address		
1312 9th St NW		
City, State, Zip Code		
Washington, DC 20001-4208	Aggregate year-to-date	\$58,552.50
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Indigo Strategies	05/05/2015	\$8,800.00
Mailing Address		
1312 9th St NW		
City, State, Zip Code		
Washington, DC 20001-4208	Aggregate year-to-date	\$58,552.50
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Democratic Party	05/05/2015	\$2,500.00
Mailing Address		
832 N Congress St		
City, State, Zip Code		
Jackson, MS 39202-2551	Aggregate year-to-date	\$5,000.00
Purpose of Disbursement (Optional)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ridgway Management Inc.	05/01/2015	\$1,750.00
Mailing Address		
PO Box 187		
City, State, Zip Code		
Jackson, MS 39205-0187	Aggregate year-to-date	\$3,500.00
Purpose of Disbursement (Optional)		
Office rent		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sarah Rivin	05/01/2015	\$700.00
Mailing Address		
City, State, Zip Code		
Houston, TX		
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	05/05/2015	\$1,998.00
Mailing Address		
110 D St SE		
City, State, Zip Code		
Washington, DC 20003-1823	Aggregate year-to-date	\$1,998.00
Purpose of Disbursement (Optional)		
Reimbursement		

Name of Candidate or Committee Vicki SlaterReporting Period 5/1/2015 through 5/31/2015**ITEMIZED DISBURSEMENTS**

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

RECEIVED
JUN 10 2015
Campaign Finance
Secretary of State

RECEIVE

Campaign Finance
Secretary of State

Political Party Democratic

Required to terminate reporting obligations

SOS 10-14

6/10/2019 6:45 PM 755A1

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Roosevelt Robinson</u>	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>100</u>
Mailing Address <u>142 Longwood Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Mae L. Johnson</u>	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>25</u>
Mailing Address <u>112 Cambridge Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>25</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Sarah Dafe</u>	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>300</u>
Mailing Address <u>PO Box 11655</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39283</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Ins Agent</u>	Aggregate year-to-date	\$ <u>300</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Walter Ainsworth</u>	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>100</u>
Mailing Address <u>123 Richview Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>

Name of Candidate or Committee Mississippians for Dr. ShortReporting period May 1 through May 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>25</u>
Florida Wright		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Elmwood Cir.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39206		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Retired		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>25</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>50</u>
Rims and Judy Barber		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
166 River Park Dr.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39202		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Self		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u>150</u>
Michael Livingston		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
P.O. Box 1410		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39215		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Self		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>150</u>
Physician		
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>300</u>
North Jackson Medical Clinic		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
PO Box 4522		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39296		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300</u>

Name of Candidate or Committee Mississippians for Dr. ShortReporting period May 1 through May 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>50</u>
Keye Killings		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
733 Winward Rd		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39206		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Retired		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>21</u> / <u>15</u>	\$ <u>100</u>
Rev. James McLaurin		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
115 North 8th Ave.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Laurel, MS 39440		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Self		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>
Pastor		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u>100</u>
Antonio Norrell		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
3736 Newman Ave.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39206		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Hathorn		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>
Service Tech		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>1</u> / <u>15</u>	\$ <u>500</u>
James Powers		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
714 Darrow Dr.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Pleasant View, TN 37146		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Self		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>22</u> / <u>15</u>	\$ <u>100</u>
Edwina Toms		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
2601 Cisco St.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Nashville, TN 37204		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Retired		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>15</u> / <u>15</u>	\$ <u>50</u>
Aurora Malone		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
3372 Keats Rd.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Memphis, TN 38134		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Self		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50</u>
Physician		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>19</u> / <u>15</u>	\$ <u>500</u>
Best Effort		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
311 Pinehurst Cir.		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Jackson, MS 39206		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Self		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
Medical		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>22</u> / <u>15</u>	\$ <u>100</u>
Wanda Stringer		
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
PO Box 400		
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mound Bayou, MS 38760		
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Retired		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>2</u> / <u>15</u>	\$ <u>100</u>
Dr. Sheldon Willis	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
3584 Elaine Blvd.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39232	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Willis Dentistry	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>
Dentist		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>60</u>
Kathy Buck	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
131 Jury Rd.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Brandon, MS 39047	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Self	Aggregate year-to-date	\$ <u>60</u>
Occupation (Required) _____		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>29</u> / <u>15</u>	\$ <u>200</u>
Bob Smith	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Best Effort	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39206	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Self	Aggregate year-to-date	\$ <u>200</u>
Occupation (Required) _____		
Medical		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>1</u> / <u>15</u>	\$ <u>100</u>
Shirley Donelson	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
315 Long Cove Dr.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Madison, MS 39110	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Physician	Aggregate year-to-date	\$ <u>100</u>
Occupation (Required) _____		
Med Group		

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>5</u> / <u>9</u> / <u>15</u>	\$ <u>100</u>
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Sara Anderson	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
640 Meadowbrook Dr.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39204	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Unemployed	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100</u>

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>5</u> / <u>14</u> / <u>15</u>	\$ <u>200</u>
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Charlotte Crisler	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
2250 Monaco St	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Jackson, MS 39204	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
JPS	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200</u>
Teacher		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u>5</u> / <u>16</u> / <u>15</u>	\$ <u>250</u>
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Keisha Quinn	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
36 Boney Rd.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Laurel, MS 39443	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mad Group	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
Dentist		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

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

ITEMIZED DISBURSEMENTS

A. Full name Keith Rosendahl	Date (Mo., Day, Year) 5 / 4 / 15	Amount of each disbursement this period \$ 6,676.51
Mailing Address 711 Roach St.	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Consulting Fee	Aggregate Year-to-date	\$ 8,916.81
B. Full name Capitol Strategies Consulting	Date (Mo., Day, Year) 5 / 15 / 15	Amount of each disbursement this period \$ 1,750
Mailing Address PO Box 721342	___ / ___ / ___	\$
City, State, Zip Code Byram, MS 39272	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Consulting Fee	Aggregate Year-to-date	\$ 1,750
C. Full name Mississippi Secretary of State	Date (Mo., Day, Year) 5 / 18 / 15	Amount of each disbursement this period \$ 50
Mailing Address P.O. Box 136	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Fee	Aggregate Year-to-date	\$ 50
D. Full name State Street Analytics	Date (Mo., Day, Year) 5 / 22 / 15	Amount of each disbursement this period \$ 400
Mailing Address 475 Woody Dr.	5 / 29 / 15	\$ 240
City, State, Zip Code Jackson, MS 39212	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Lists, Data Entry	Aggregate Year-to-date	\$ 640
E. Full name USPS	Date (Mo., Day, Year) 5 / 11 / 15	Amount of each disbursement this period \$ 44.10
Mailing Address Lefleur Station	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$ 44.10
F. Full name Ourso Beychok	Date (Mo., Day, Year) 5 / 12 / 15	Amount of each disbursement this period \$ 2,115
Mailing Address 352 Napoleon St.	___ / ___ / ___	\$
City, State, Zip Code Baton Rouge, LA	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Pushcards	Aggregate Year-to-date	\$ 4,615

To: Secretary of State/Elections Division

From: Mitch Young

Date: June 2, 2015

RE: Report of Receipts and Disbursements

RECEIVED
JUN 09 2015
Campaign Finance
Secretary of State

☐ Check here if above is different from previous report

TYPE OF REPORT		
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory	
X June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory	
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory	
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory	All Primary Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 20, 2015, through August 15, 2015)	Runoff Candidates Only	All Primary Candidates and Political Committees in a Runoff Election
October 9, 2016 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory	
October 27, 2016 Pre-Election Report	Mandatory	
(Primary Election Winners report October 1, 2015, through October 24, 2015)		All Candidates and Political Committees
(Independent Candidates report January 1, 2015 through October 24, 2015)		
November 17, 2015 Pre-Runoff Report (October 26, 2015, through November 14, 2015)	Runoff Candidates Only	All Candidates and Political Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory	
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations	

IMPORTANT

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS				
Itemized	+	Non-Itemized	Calendar year-to-date	
			This Period	
Total amount of contributions \$	000	+\$ 0000	\$ 0000	\$0000
Total amount of disbursements \$	000	+\$ 0000	\$0000	\$0000
Total amount of cash on hand			\$ 0000	

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

Signature of Candidate

JUNE 8, 2015

Discussion

Authority: Refer to Minn. Code Ann. §23-16-001 (1972) et. seq. for statutory requirements.

Authority: Refer to Minn. Code Ann. §23-15-011 (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 Minn. Code Ann. §§ 23-15-011 and 013 (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 138, Jackson, MS 39205 or fax to (601) 376-2545