

RESERVED  
Delbert R. Rosenblatt  
SECRETARY OF STATE  
JUN 09 2015  
Campaign Finance  
Secretary of State

Name of Candidate Samuel F. (Sam) Britton  
 Address PO Box 1963, Laurel, MS 39441 County Jones  
 Telephone (Work) 601.426.9696 (Home) 601.410.0734 (Fax) \_\_\_\_\_  
 Contact Name Sophie Nord Email Address sophienord@gmail.com  
 Office Sought Public Service Commissioner - Southern District Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

TYPE OF REPORT		REPORTING REQUIREMENTS
<input type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input checked="" type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	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 (ii).
- (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 \$ \$250	+ \$ \$300	\$ \$550	\$ 118,900
Total amount of disbursements \$15,571.91	+\$	\$ \$15,571.91	\$ 32,465.18
Total amount of cash on hand		\$ \$86,434.82	

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**

06/09/15

Date \_\_\_\_\_

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-311 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 17 of 17

Name of Candidate or Committee: Samuel F. (Sam) Britton  
 Reporting period: May 1, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>6</u> / <u>15</u>	\$ <u>250.00</u>
Robert Anderson		
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
21 Autumn Run		
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Hartlesburg, MS 39402		
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Wetland Consulting Services, Inc.		
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
President		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<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>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<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>

Page 1 of 2Name of Candidate or Committee Samuel F. (Sarn) BrittonReporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sophie Nord		
Mailing Address 2326 Pine Avenue	05 / 02 / 15	\$ 6,500
City, State, Zip Code Gulfport, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) campaign staff	Aggregate Year-to-date	\$ 19,500
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Impact Management		
Mailing Address 124 W. Capitol Avenue, Suite 1085	05 / 12 / 15	\$ 5,761.27
City, State, Zip Code Little Rock, AR 72201	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,761.27
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wilson Williams		
Mailing Address 690 Spring Lake Drive	05 / 15 / 15	\$ 187.79
City, State, Zip Code Pearl, MS 39208	05 / 21 / 15	\$ 237.05
Purpose of Disbursement (Optional) salary	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wilson Williams		
Mailing Address 690 Spring Lake Drive	05 / 27 / 15	\$ 165.00
City, State, Zip Code Pearl, MS 39208	05 / 29 / 15	\$ 237.05
Purpose of Disbursement (Optional) travel expense & salary	Aggregate Year-to-date	\$ 826.89
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
All Signs		
Mailing Address 558 Courthouse Road	05 / 27 / 15	\$ 1,738.75
City, State, Zip Code Gulfport, MS 39507	___ / ___ / ___	\$
Purpose of Disbursement (Optional) yard sign	Aggregate Year-to-date	\$ 1,738.75
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Association of Supervisors		
Mailing Address 793 N. President Street	05 / 27 / 15	\$ 395.00
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional) conference fee	Aggregate Year-to-date	\$ 395.00

Page 2 of 2

Name of Candidate or Committee Samuel E. (Sam) Britton  
 Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

A. Full name Mississippi Municipal League	Date (Mo., Day, Year) 05 / 27 / 15	Amount of each disbursement this period \$ 350.00
Mailing Address 630 E. Amite Street, Suite 104		
City, State, Zip Code Jackson, MS 39201		\$
Purpose of Disbursement (Optional) conference fee	Aggregate Year-to-date	\$ 350.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

RECEIVED

JUN 10 2015

Campaign Finance  
Secretary of StateName of Candidate THOMAS A. BLANTONAddress 1102 BERRY BRIDGE LANE, HOBBS, MS County WINSTONTelephone (Work) 601-736-5119 (Home) 601-543-5363 (Fax) 601-736-5197Contact Name TOM BLANTON Email Address TOMBLANTON@PSC@GMAIL.COMOffice Sought PUBLIC SERVICE COMM. Political Party DEMOCRAT☐ Check here if above is different from previous report

## TYPE OF REPORT

May 9, 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 Candidates and Political Committees

November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
All Candidates and Political Committees in a Runoff Election

January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... 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. Expedited reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ <u>10,398<sup>92</sup> + \$</u>	\$ <u>10,398<sup>92</sup></u>	\$ <u>28,866.07</u>
Total amount of disbursements \$ <u>10,398<sup>92</sup></u> 0	\$ <u>10,398.92</u>	\$ <u>28,866.07</u>
Total amount of cash on hand	\$ <u>0.00</u>	

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

Signature of Candidate

Date

5-12-15

Authority: Refer to Miss. Code Ann. § 23-15-804 (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 §13 (1972).

## SEND TO:

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

Name of Candidate or Committee TOM BLANTONReporting period MAY 1, 2015 through MAY 31, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STANDARD OFFICE SUPPLY</u>	<u>5/20/15</u>	<u>\$ 3,197.<sup>50</sup></u>
Mailing Address <u>P.O. DRAWER 950</u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$ 4,597.<sup>50</sup> V</u>
City, State, Zip Code <u>HATTIESBURG, MS 39401</u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$ 4,597.<sup>50</sup></u>
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	<u>\$ 4,597.<sup>50</sup></u>
B. Full name <u>AMERICAN GRAPHICS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>8 COMMERCIAL WAREHOUSE DRIVE</u>	<u>5/22/15</u>	<u>\$ 2,092.<sup>92</sup></u>
City, State, Zip Code <u>HATTIESBURG MS 39402</u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$ 2,092.<sup>92</sup></u>
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	<u>\$ 2,092.<sup>92</sup></u>
C. Full name <u>TRIDENT MARKETING, LLC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. BOX 25</u>	<u>5/22/15</u>	<u>\$ 3,000.<sup>00</sup></u>
City, State, Zip Code <u>HATTIESBURG, MS 39403</u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$ 3,000.<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Retainer</u>	Aggregate Year-to-date	<u>\$ 19,267.<sup>15</sup></u>
D. Full name <u>TRIDENT MARKETING</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. BOX 25</u>	<u>5/20/15</u>	<u>\$ 908.<sup>50</sup></u>
City, State, Zip Code <u>HATTIESBURG, MS 39403</u>	<u>5/22/15</u>	<u>\$ 1,000.<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>expenses &amp; mileage</u>	Aggregate Year-to-date	<u>\$ 21,175.<sup>65</sup></u>
E. Full name <u>MILICA ARD</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>102 N. 33<sup>rd</sup> Avenue, Apt T6</u>	<u>5/9/15</u>	<u>\$ 200.<sup>00</sup></u>
City, State, Zip Code <u>HATTIESBURG, MS 39402</u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$ 200.<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>art work - graphics</u>	Aggregate Year-to-date	<u>\$ 200.<sup>00</sup></u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$  </u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	<u>\$  </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$  </u>

Name of Candidate or Committee TOM BEANTON  
 Reporting period MAY 1, 2015 through MAY 31, 2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>TOMMY A. BEANTON</u>		<u>5/13/15</u>	\$ <u>10,598.42</u>
Mailing Address <u>1102 BERRY BRARLANE</u>		<u>5/1/15</u>	\$ _____
City, State, Zip Code <u>HATTIESBURG, MISS 39401</u>		<u>5/1/15</u>	\$ _____
Name of Employer (Required) <u>SELF</u>		<u>5/1/15</u>	\$ _____
Occupation (Required) <u>OTC &amp; GAS PRODUCER</u>		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<u>5/1/15</u>	\$ _____
Mailing Address		<u>5/1/15</u>	\$ _____
City, State, Zip Code		<u>5/1/15</u>	\$ _____
Name of Employer (Required)		<u>5/1/15</u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<u>5/1/15</u>	\$ _____
Mailing Address		<u>5/1/15</u>	\$ _____
City, State, Zip Code		<u>5/1/15</u>	\$ _____
Name of Employer (Required)		<u>5/1/15</u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<u>5/1/15</u>	\$ _____
Mailing Address		<u>5/1/15</u>	\$ _____
City, State, Zip Code		<u>5/1/15</u>	\$ _____
Name of Employer (Required)		<u>5/1/15</u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____



2015 ELECTION CYCLE

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**



Name of Candidate Tony Smith  
 Address PO Box 802 Poplarville, MS 39470 County Pearl River  
 Telephone (Work) 601-569-0691 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Tony Smith Email Address tonysmithforms@gmail.com  
 Office Sought Southern District PSC Political Party Republican

☒ Check here if above is different from previous report

**TYPE OF REPORT**

_____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<u>X</u> June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
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_____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
_____ January 6, 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

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**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ <u>3,000.00</u> + \$	\$ <u>3,000.00</u>	\$ <u>3,500.00</u>
Total amount of disbursements \$ <u>5,750.00</u> + \$ <u>536.15</u>	\$ <u>6,286.15</u>	\$ <u>17,067.46</u>
Total amount of cash on hand	\$ <u>27,067.46</u>	

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

Tony Smith  
 Signature of Candidate

5-10-15  
 Date

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

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

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



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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Todd Yerby</u>		<u>5</u> / <u>12</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>12162 River Highlands</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Amant, LA 70774</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Meghan Yerby</u>		<u>5</u> / <u>12</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>12162 River Highlands</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Amant, LA 70774</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>



Name of Candidate or Committee Thel. Pollard

Reporting period  through 

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="text"/> . <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="text"/> . <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="text"/> . <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="text"/> . <input type="text"/>



Name of Candidate or Committee

Reporting period

Jim Collins  
Jan 10-15 through \_\_\_\_\_

# ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 0
City, State, Zip Code		___/___/___	\$ 0
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 0
City, State, Zip Code		___/___/___	\$ 0
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 0
City, State, Zip Code		___/___/___	\$ 0
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 0
City, State, Zip Code		___/___/___	\$ 0
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 0
City, State, Zip Code		___/___/___	\$ 0
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 0
City, State, Zip Code		___/___/___	\$ 0
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0

