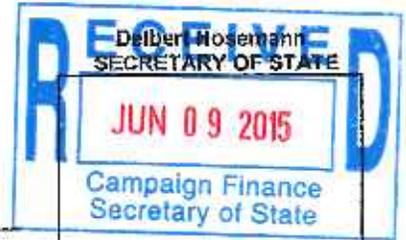


2015 ELECTION CYCLE



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Samuel F. (Sam) Britton
 Address PO Box 1963, Laurel, MS 39441 County Jones
 Telephone (Work) 601.426.9695 (Home) 601.410.0734 (Fax) _____
 Contact Name Sophie Nord Email Address sophienord@gmail.com
 Office Sought Public Service Commissioner - South 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
- 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 ReportMandatory
(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
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- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The 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.

Samuel F. Britton
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. §§ 23-15-811 and 813 (1972).

SEND TO:

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

Name of Candidate or Committee: 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>Robert Anderson</u>		<u>5</u> / <u>16</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>21 Autumn Run</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Wetland Consulting Services, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>President</u>		Aggregate year-to-date	\$ <u>250.00</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> </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>

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

ITEMIZED DISBURSEMENTS

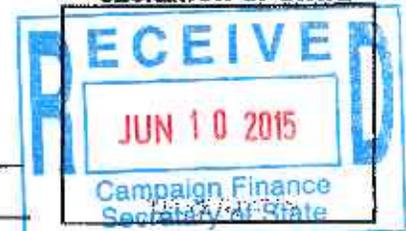
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sophie Nord		
Mailing Address 2326 Pine Avenue	05 / 02 / 15	\$ 6,500
City, State, Zip Code Gulfport, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) campaign staff	Aggregate Year-to-date	\$ 19,500
B. Full name	Date (Mo., 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

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

ITEMIZED DISBURSEMENTS

A. Full name Mississippi Municipal League	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 630 E. Amite Street, Suite 104	05 / 27 / 15	\$ 350.00
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



Name of Candidate THOMAS A. BLANTON
 Address 1102 BERRY BRIDGE LANE, HOBBS, MS County COVINGTON
 Telephone (Work) 601-736-5119 (Home) 601-543-5363 (Fax) 601-736-5119
 Contact Name TOM BLANTON Email Address TOMBLANTON@PSC@GMAIL.COM
 Office 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 cases, 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. Expedited reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	10,398 ⁹²	+	\$ 10,398 ⁹²	\$ 78,866.07
Total amount of disbursements \$	10,398 ⁹²	0	\$ 10,398.92	\$ 28,866.07
Total amount of cash on hand			\$ 0.00	

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

Thomas A. Blanton
Signature of Candidate

5-12-15
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).

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 39206 or Fax to (601) 578-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

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

ITEMIZED DISBURSEMENTS

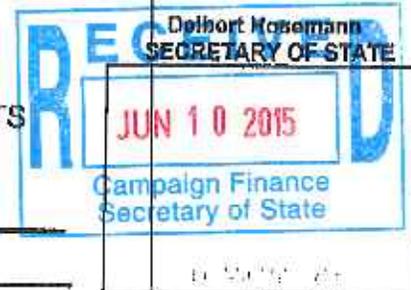
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
STANDARD OFFICE SUPPLY	\$ 1201 15	\$ 3,197.50
Mailing Address P.O. DRAWER 950		
City, State, Zip Code HATTIESBURG, MS 39401	__/__/__	\$ 4,597.50 V
Purpose of Disbursement (Optional) PRINTING	Aggregate Year-to-date	\$ 4,597.50
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AMERICAN GRAPHICS	\$ 1221 15	\$ 2,092.92
Mailing Address 8 COMMERCIAL WAREHOUSE DRIVE		
City, State, Zip Code HATTIESBURG MS 39402	__/__/__	\$
Purpose of Disbursement (Optional) PRINTING	Aggregate Year-to-date	\$ 2,092.92
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TRIDENT MARKETING, LLC	\$ 1221 15	\$ 3,000.00
Mailing Address PO. BOX 25		
City, State, Zip Code HATTIESBURG, MS 39403	__/__/__	\$
Purpose of Disbursement (Optional) Retainer	Aggregate Year-to-date	\$ 19,267.15
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TRIDENT MARKETING	\$ 1201 15	\$ 908.50
Mailing Address P.O. BOX 25		
City, State, Zip Code HATTIESBURG, MS 39403	\$ 1221 15	\$ 1,000.00
Purpose of Disbursement (Optional) expenses & mileage	Aggregate Year-to-date	\$ 21,175.65
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AULIA ARO	\$ 191 15	\$ 200.00
Mailing Address 102 N. 33rd Avenue, Apt T6		
City, State, Zip Code HATTIESBURG, MS 39402	__/__/__	\$
Purpose of Disbursement (Optional) art work - graphics	Aggregate Year-to-date	\$ 200.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOMMY A. BEANTON</u>	<u>5/15/15</u>	\$ <u>10,598.42</u>
Mailing Address <u>1102 BERRY BRAR LANE</u>	/ /	\$
City, State, Zip Code <u>HATTIESBURG, MISS 39401</u>	/ /	\$
Name of Employer (Required) <u>SELF</u>	/ /	\$
Occupation (Required) <u>OTC & 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
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
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
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All Primary Candidates and Political Committees
- ____ August 18, 2015 Pre-Election Report (July 28, 2015, through August 15, 2015) Runoff Candidates Only
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- ____ 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 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

IMPORTANT

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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

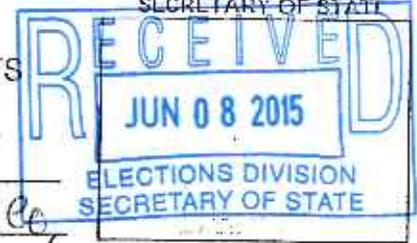
Name of Candidate or Committee Friends of Tony Smith

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 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>
Occupation (Required) _____		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>
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>

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate MIKE COLLIER
 Address 13 WATERS EDGE County Fayette Co,
 Telephone (Work) 0 (Home) 601 545-9184 (Fax) _____
 Contact Name 0 Email Address 0
 Office Sought P.S. South District Political Party Rep-

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 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	+\$	0	\$ 0	\$ 0
Total amount of disbursements \$	+\$	0	\$ 0	\$
Total amount of cash on hand		0	\$ 0	

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

Mike Collier
Signature of Candidate

6-4-15
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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and §13 (1072).

SEND TO:

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

Name of Candidate or Committee Asst Collins
 Reporting period Jan 10-15 through _____

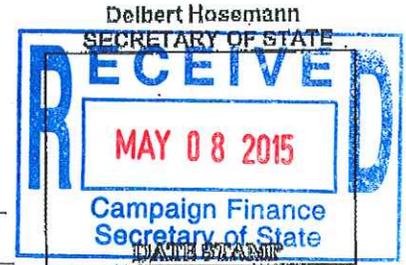
ITEMIZED DISBURSEMENTS

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

2015 ELECTION CYCLE



REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate: Lanny Kenneth Spence
Address: P.O. Box 15225, Hattiesburg, MS 39404, County Forrest
Telephone (Work): (Home) 601-434-5820 (Fax)
Contact Name: Shawn O'Hara, Email Address:
Office Sought: Southern District 2, Political Party: Reform

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
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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. § 23-15-307 (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

Table with 4 columns: Itemized, Non-Itemized, This Period, Calendar year-to-date. Total amount of contributions \$200.00, Total amount of disbursements \$200.00, Total amount of cash on hand \$0.

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: Lanny Kenneth Spence
Date: 5-8-15

Authority: Refer to Miss. Code Ann. §23-15-301 (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
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