#### Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

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**Delbert Hosemann** 

Name of Candidate	BARBARA DUNAL ROUTE CLERK
Address 980 WEST RIDGE DRIVE	County HINDS BY D.C.
Telephone (Work) 601-968-6507 (Home) 601-922-7	
Contact Name EDDIE JEAN CARR Email A	ddress_EJCARR980@AOL.COM
	t <u>y</u> DEMOCRAT
Check here if above is different from previous report	
May 8, 2015 Periodic Report (January 1, 2015, through April 30,	OF REPORT 2015)Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 20	15)
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2	015)
X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25	2015)
August 18, 2015 Pre-Election Report (July 26, 2015, through Au	gust 15, 2015)
October 9, 2015 Periodic Report (July 1, 2015, through Septemb	er 30, 2015)Mandatory
October 27, 2015 Pre-Election Report	
(Independent Candidates report January 1, 2015 through October 24, 2	015) All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through	n November 14, 2015)
January 8, 2016 Periodic Report (October 1, 2015, through Dece	mber 31, 2015)
Termination Report (Candidate will no longer accept contributions or ma outstanding campaign debt obligation)	
(1) Pre-Election reports are mandatory, even if no contributions or expenditudes	<u>TANT</u>

- ns 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.
- 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)
- 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

	REPORTED CONTRIBUTIONS AND DISBURSEMENTS			
Itemized	+ Non-Itemized	This Period	Calendar year-to-date	
Total amount of contributions \$1050.00	+ \$ 1290.00	\$2340.00	\$12150.00	
Total amount of disbursements \$3016.71	+ \$ 110.00	\$3126.71	\$8006.64	
Total amount of cash on hand		\$4143.36		

reamined this report and to the best of my knowledge and belief it is true, accurate, and complete. 07/28/2015 Signature of Candidate 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

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Page	1	of	1
		•	

Name of Candidate or Committee EDDIE JEAN CARR

Reporting period JULY 1. 2015 through JULY 25. 2015

A. Source: Corporation		
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	<b>F F F F</b>	uns period
WILLIAM M COOLEY	07 / 01 / 15	\$ 250.00
Mailing Address		[
1116 HALLMARK DR	<u>L</u>	\$
City, State, Zip Code		
JACKSON, MS 39206		<b>s</b>
Name of Employer (Required)		. 1
RETIRED		\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC ✓ Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
AUDREY B WILEY	07 / 01 / 15	\$ 200.00
Mailing Address		
1546 COUNTRYWOOD DRIVE		\$
City, State, Zip Code		
JACKSON, MS 39213		\$
Name of Employer (Required)		\$
WESTHAVEN FUNERAL HOME	<u> </u>	<b>*</b>
Occupation (Required)	Aggregate	\$ 200.00
OWNER	4	<b>4</b> [200.00
L	year-to-date	
C. Source Corporation PAC Individual Loan		Amount of each
L	Date (Mo., Day, Year)	
C. Source Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)	Date (Mo., Day, Year)  07 / 01 / 15  1 / 1 / 1  Aggregate	Amount of each receipt this period  \$ 200.00  \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER	Date (Mo., Day, Year)    07	Amount of each receipt this period  \$ 200.00  \$ 200.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER	Date (Mo., Day, Year)  07 / 01 / 15  1 / 1 / 1  Aggregate	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROSETTA LYMON	Date (Mo., Day, Year)    07	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$   200.00  \$   200.00  Amount of each receipt this period  \$   200.00
Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address  152 SOLLITT ST	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$   200.00  \$   200.00  Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address  152 SOLLITT ST  City, State, Zip Code	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt this period  \$ 200.00  \$ 200.00
Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC / Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address  152 SOLLITT ST  City, State, Zip Code  JACKSON, MS 39209	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$   200.00  \$   200.00  Amount of each receipt this period  \$   200.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address  152 SOLLITT ST  City, State, Zip Code  JACKSON, MS 39209  Name of Employer (Required)	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt this period  \$ 200.00  \$ 200.00
Other (please specify)  Full name LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC / Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address  152 SOLLITT ST  City, State, Zip Code  JACKSON, MS 39209  Name of Employer (Required)  BELK	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt this period  \$ 200.00  \$ 200.00
Other (please specify)  Full name  LELAND S. GARRETT  Mailing Address  2659 LIVINGSTON ROAD  City, State, Zip Code  JACKSON, MS 39213-6926  Name of Employer (Required)  GARRETT ENTERPRISES  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROSETTA LYMON  Mailing Address  152 SOLLITT ST  City, State, Zip Code  JACKSON, MS 39209  Name of Employer (Required)	Date (Mo., Day, Year)  O7 / O1 / I5  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 200.00  \$ 200.00  \$ 200.00  Amount of each receipt this period  \$ 200.00  \$ 200.00

lame of Candidate	or Committee	EDDIE JEAN CARR
or oamanage	VI VVIIIIIIIIIIEE	

Reporting period JULY 1, 2015

\_ through

JULY 25, 2015

A. Full name	Date	Amount of cook
CLASSIC PRINTING	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 418 N. FARISH STREET	07 /02 / 15	\$ 1414.80
City, State, Zip Code		
JACKSON, MS 39202		\$
Purpose of Disbursement (Optional) PRINTING	Aggregate Year-to-date	\$ 2914.80
B. Full name	Date	Amount of a sel
KEVIN BRADLEY	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 963 CHASTAIN DRIVE	07 / 08 / 15	\$ 600.00
City, State, Zip Code JACKSON, MS 39206		S
Purpose of Disbursement (Optional)		<b></b>
PHOTOGRAPHER	Aggregate Year-to-date	\$ 600.00
C. Full name GEORGE W. DANIEL	Date (Mo., Day, Year)	Amount of each
Mailing Address		disbursement this period  s 300.00
P O BOX 94	07 / 13 / 15	<b>\$</b> 300.00
City, State, Zip Code BOLTON, MS 39041	//	\$
Purpose of Disbursement (Optional)		
FOOD FOR "MEET & GREET"	Aggregate Year-to-date	<b>\$</b> 300.00
D. Full name BIG DADDY'S SIGNS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 24 LEXINGTON DR., SUITE 1	07 / 24 / 15	\$ 701.91
City, State, Zip Code LACONIA, NH 03246	, ,	<b>C</b>
		\$
Purpose of Disbursement (Optional) CAMPAIGN SIGNS	Aggregate Year-to-date	<b>\$</b> 1586.64
E. Full name	Date	Amount of sock
Mailing Address	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	1 1	\$
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	\$

#### Delbert Hosemann **SECRETARY OF STATE**

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

JUL 28 2015

Name of Candidate Eddie J. Frin		JUL 2 <b>8</b> 2015
Address P. O. Box 13056 Trackson ms 392	76 County Hinels	ARBARA DUNN, CIRCUIT C
Telephone (Work) <u>601-397-1869</u> (Home) <u>N</u>	(Fax) N/A	
Contact Name Eddic Frie Email	ddressefrin 84@gmail. Com	
<del></del>	rty Democratic	
Check here if above is different from previous report		
TYP May 8, 2015 Periodic Report (January 1, 2015, through April 30	E OF REPORT	Mandatan
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2		
July 10, 2015 Periodic Report (June 1, 2015, through June 30,		-
July 28, 2015 Pre-Election Report (July 1, 2015, through July 28	o, 2015)	Mandatory Iidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through A		Runoff Candidates Only
October 9, 2015 Periodic Report (July 1, 2015, through Septem	ber 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report	2015) All Candid	
November 17, 2015 Pre-Runoff Report (October 25, 2015, through	gh November 14, 2015)	Runoff Candidates Only Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2015, through Dec		
Termination Report (Candidate will no longer accept contributions or moutstanding campaign debt obligation)		Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no contributions or expending (10) (72-22) for Add (1)	RTANT	L - N L
indicating "0" (Zero) for total amount of reported contributions and exp	enditures during this period.	e shall submit a report
(2) Until a Candidate files a Termination Report, annual and periodic report and (iii).	ts must still be filed in accordance with Miss. Co	de Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt of the required reports holiday, the office must be in actual receipt of the required reports by acceptable.	by 5:00 p.m. on the reporting day. If the deadline :00 p.m. on the first working day <i>before</i> the dead	e falls on a weekend or a Illne. Faxed reports are
REPORTED CONTRIB	UTIONS AND DISBURSEMENTS	
Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 250. • + \$	\$ 750.00 \$	17.955.00
Total amount of disbursements \$ (***).*** + \$	\$ 600.00 s	16.150.52
Total amount of cash on hand	\$ 250.00	
I certify that I have examined this report and to the best of	1 . 1	and complete.
Signature of Candidate		
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory require Penalties: Failure to submit required reports, or failure to submit reports in accordines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23	ments.	alid reports shall result in
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
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- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Page	1	of	12
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Name of Candidate	e or Committee	Eddie Frank		
Reporting period_	July 1, 20,	15throu	1gh 54/	25,2015
	<sup>1</sup> ITE	EMIZE[	RE	CÉIPTS

A. Source: Corporation PAC Individual Loa Other (please specify)	n [	Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Reddin Medical Comp PA		7 1 141 15	\$ 250,00
muning Address			\$
5903 Ridgewood Rd, 8k 3/0			· ·
City, State, Zip Code			\$
Jan/800, MS 39211		<del></del>	Ψ {
Name of Employer (Required)			¢ [
		<u>'</u> '''''	\$
Occupation (Required)		Aggregate	\$ 7000
1		year-to-date	* 1200. W
B. Source: Corporation PAC Individual Le	an 🗍	Doto	Amount of each
		Date (Mo. Day Year)	receipt
Other (please specify)		(Mo., Day, Year)	this period
Full name			•
Librate Rook		7115115	\$ 50000
Mailing Address Brank			
			\$
P.O. BOK 22849			
City, State, Zip Code			\$
JACKSON MS 39225		· · · · · · · · · · · · · · · · · · ·	<b>~</b> 1
Name of Employer (Required)			\$ [
		<u></u>	•
Occupation (Required)		Aggregate	-
		year-to-date	\$ 800,00
	an [	Date (Ma Day Year)	Amount of each receipt
Other (please specify)		(Mo., Day, Year)	this period
Full name		<u> </u>	
		1 / 1 / 1	\$
Mailing Address			\$
			Ψ
City, State, Zip Code			
		<u> </u>	\$
Name of Employer (Required)			
		<u> </u>	\$
Occupation (Required)		Aggregate	\$
		year-to-date	<b>a</b>
D. Source: Corporation PAC Individual	Loan		Amount of each
	,	Date	receipt
Other (please specify)		(Mo., Day, Year)	this period
Full name			· · · · · · · · · · · · · · · · · · ·
		<u>                                     </u>	\$
Malling Address	· · · · · · · · · · · · · · · · · · ·		
		<u>                                     </u>	\$
City, State, Zip Code			
		//	\$
Name of Employer (Required)		T , T . T	
		<u>                                     </u>	\$
Occupation (Required)		Aggregate	\$
		year-to-date	

Name of Candidate or Committee Eddie Frain

Reporting period <u>Fully</u> 1, 2015

through July 25, 2015

Mailing Address    100	unt of each nent this period
Purpose of Disbursement (Optional)  B. Full name  Date (Mo., Day, Year)  Mailing Address  Mailing Address	). <i>a</i> a
Purpose of Disbursement (Optional)  B. Full name  Date (Mo., Day, Year)  Mailing Address  Mailing Address	). <i>a</i> a
B. Full name  Date (Mo., Day, Year)  Mailing Address  Aggregate Year-to-date  CCC  Amou disbursem	<i>)</i>
Mailing Address  Date (Mo., Day, Year) disbursem // \$	
/	int of each ent this period
City State Zin Code	-
/	
Purpose of Disbursement (Optional)  Aggregate Year-to-date  \$	
C. Full name Date Amour	nt of each ent this period
Mailing Address// S	on and period
City, State, Zip Code	
Purpose of Disbursement (Optional)  Aggregate Year-to-date	
D. Full name  Date Amour  (Mo., Day, Year) dishurseme	nt of each ent this period
Mailing Address/	- Inc tino periou
City, State, Zip Code	
Purpose of Disbursement (Optional)  Aggregate Year-to-date	
E. Full name Date Amoun	nt of each ent this period
Mailing Address// \$	mt tills period
City, State, Zip Code	
Purpose of Disbursement (Optional)  Aggregate  \$ Year to detail	
	nt of each
Mailing Address (Mo., Day, Year) disburseme	ent this period
City, State, Zip Code	

2015 ELECTION CYCLE		Delbert Hosemann
Comultate	. A Y	S CRE ARM OF STATE
Candida REPORT OF RECEIPTS AND	DISRURSEMENTS	
2015 Elec		JUL 28 2015
Name of Candidate Tenhano	Factor	BARBARA DUNN, CIRCUIT CI
DO BONDWING VICTORIO	100 10 10 10 10 10 10 10 10 10 10 10 10	BY
Address 9. 0. 00 x 3 2 4 4 ) 00 kg m 113 37	Edunity 11105	
Telephone (Work) $A = (Hohre)(0)(6/2)$	199/2 (Fax) - 1/A	
Contact Name Cathola Millard Email Address	sstost vstaha Do	Dhotimail com
Office Sought Chan Columbia Clark Political Party_	Demovat	-110111/4(·W/)
Check here if above is different from previous report		
May 8, 2015 Periodic Report (January 1, 2015, Ibrough April 20, 2024	REPORT	
May 8, 2015 Periodic Report (January 1, 2015, Ihrough April 30, 2015  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, 201	5)	Mandatory
August 19, 2015 Dec Stock Page 19	All Primary (	Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through August		
October 9, 2015 Periodic Report (July 1, 2015, through September 30	1 2016)	
(Primary Election Winners report October 1, 2015, through October 24, 2015		Mandaton
(Independent Candidates report January 1, 2015 through October 24, 2015)	74 0	indidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through No	vember 14, 2015)	Runoff Candidates Only
January 8, 2015 Periodic Report (October 1, 2015, through December	31, 2015)	cal Committees in a Runoff Election
Termination Report (Candidate will no longer accept contributions or make ca		
outstanding campaign debt_obligation)	in paign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no contributions or expenditures indicating "0" (Zero) for total amount of reported contributions and expenditures.	<del>†</del>	data
The state of the s	res coming mis benon	•
(2) Until a Candidate files a Termination Report, annual and periodic reports mus and (iii).		
(3) The Secretary of State must be in actual receipt of the required reports by 5:0 holiday, the office must be in actual receipt of the required reports by 5:00 p.n acceptable.	D p.m. on the reporting day. If the deal	dline falls on a weekend or a
		eadline. Faxed reports are
REPORTED CONTRIBUTION  Itemized + Non-Itemized		Calondar
Total amount of contributions \$ \( \Lambda \) \( \Lambda \) \( \Lambda \) \( \Lambda \)	This Period	Calendar year-to-date
$\sim$	\$	\$ 225.00
Total amount of disbursements \$210.09+\$	\$	\$
Total amount of cash on hand	s	100, 1000 free and 100 free and
I certify that I have examined this report and to the best of my kg	Qwledge and belief it is true, accura	le and complete
DHAMMANCKIME YONE	7/28/1	N/
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et syd. for statutory requirements. Penalties: Failure to submit required reports or failure to submit requirements.	Date	70
Penalties: Failure to submit required reports, or failure to submit reports in accordance vines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811	ilh statutory deadlines, or failure to subn	nit valid reports shall recurse
SEND TO:		
1. Candidates for Statewide, State-District, Multi-County and all Legi Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-254	slative offices should return form to	Secretary of State, Elections
2. Candidates for Countywide and County-District offices should ret 3. Candidates for Municipal office should return forms to the Municipal office should	Y	erk
L Should return forms to the Municip	<b>pai Clerk</b> in the stronger variables.	

	<b>.</b>	Page // of /3
Name of Candidate or Committee Friends to Clack St	Danie Meva	Page 4 of 3 hale tooky
Reporting period 7/1/20/8 through 7/25/28	THE WILLIAM	hall laster
	DTO	10/-/
/ HEWIZED RECEI	P15	
A. Source: Corporation PAC Individual Loan	<u> </u>	Amount of each
The state of the s	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$ 1117 10
Mailing Address		1700.00
551/2 Dolling Carolin Dored		\$
City, State, Zip Cdde//	<u></u>	
Artination of Manual	<u>                                     </u>	\$
Name of Employer (Required)		
American Airlines	1-//-	\$
Occupation Required And I American	Aggregate	\$
B. Source: Corporation FAC Individual Loan	year-to-date	
2. comoc., corporation, PAC   individual  / Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
MAGT 9 ESCHENCOLO)		\$ 100.00
Mailing Address		\$
X/19 Ernie Martin 10 ad		1
City/State/Zip/Code		\$
Nande of Employer (Required)		
Mill of Steplan		\$
Occupation (Required)	Aggregate	
SUDENISM	yearto-date	\$
C. Soyfice Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Daymond (Klarap)	<u>                                     </u>	\$ 25.00
Mailing Address		
1524 Nang Vallen (Aut		\$
City, State, Zip Code		\$ [
Name of Entiployer/(Required)		<u> </u>
MSKellin FINAHIN		\$
Occupation (Regulated)	Aggregate	
Sallstolkson	year-to-date	\$
D. Source:   Corporation   PAC   Individual   Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
ull name		this period
	1 / 1 / 1	\$
Mailing Address		\$
City, State, Zip Code	' '	Ψ
nty, State, Lip Code		\$
lame of Employer (Required)		
	<u> </u>	\$
Occupation (Required)	Aggregate	\$
	year-to-date	'

Name of Candidate or Committee Wilman 4 Part	Spola :	Page + of
Reporting period 7//20/5 through 7/	25/5/1/	THE TOSK
ITEMIZED DISPUID		
ITEMIZED DISBURS	SEMEN	IS
Mailing Agdress GOD	Date (Mo., Day, Ye	Amount of each disbursement this perior
City, State, Zip Code	71611	5 8 37.96
Europose of Distriptsement (Optional)	//_	_   \$
LEMMANSEMENT FOR GAS	Aggregate Year-to-date	s
Malling Address  Malling Address	Date (Mo., Day, Yea	Amount of each disbursement this period
City State, Zip Code Man	7.7.1	5 5 72 /2
Purpose of Dispursement (Optional)	//_	s
Cledindine for Brakfast Gas	Aggregate Year-to-date	\$
Malling Address CLA Muland	Date (Mo., Day, Year	Amount of each disbursement this period
City State, Zip code 157/C/gh Mana	7-1-45	\$ (00,00)
Purpose of Disbursement (Optional)	//	s
BEALINAMO GAN	Aggregate Year-to-date	\$
Mailing Appress	Date (Mo., Day, Year)	Amount of each disbursement this period
City State, Zip Code State Code	7.9.45	\$ 40-01
Purpose of Dispursement (Optional)	//_	\$
E. Full name	Aggregate Year-to-date	S
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	''_	S
Purpose of Disbursement (Optional)		s
F. Full name	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	//	\$
	Aggregate Year-to-date	\$

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

	Delbert Hosemann	)
	JUL 27 2015	
	BARBARA DUNN, CIRCUIT CLE	RK
	BV N	D.C.
ı		

Name of Candidate		RV
Address P. O. Box 20092	County Hinds	DL 4
Telephone (Work) 601 925-5255 (Home) 601 925-48		
Contact NameEmail A	ddress gavinfor supervisor@gmail.co	m
	rty Democratic	
Check here if above is different from previous report		
TYPI May 8, 2015 Periodic Report (January 1, 2015, through April 30,	OF REPORT 2015)	Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 20	015)	Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2	015)	Mandatory
X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25	, 2015)	
August 18, 2015 Pre-Election Report (July 26, 2015, through Au		Runoff Candidates Only itical Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 2015, through Septemb	per 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report  (Primary Election Winners report October 1, 2015, through October 24, 2 (Independent Candidates report January 1, 2015 through October 24, 2	2015) All (	
November 17, 2015 Pre-Runoff Report (October 25, 2015, throu		
January 8, 2016 Periodic Report (October 1, 2015, through Dece	ember 31, 2015)	Mandatory
Termination Report (Candidate will no longer accept contributions or ma outstanding campaign debt obligation)	ake campaign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no contributions or expending indicating "0" (Zero) for total amount of reported contributions and exp	RTANT tures have occurred. In such case, the can enditures during this period.	didate shall submit a report
(2) Until a Candidate files a Termination Report, annual and periodic report and (iii).		s. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt of the required reports holiday, the office must be in actual receipt of the required reports by 5 acceptable.	by 5:00 p.m. on the reporting day. If the de 00 p.m. on the first working day <i>before</i> the	adline falls on a weekend or a deadline. Faxed reports are

Itemized	+ Non-Itemized	ONS AND DISBURSEMENTS This Period	Calendar year-to-date
Total amount of contributions \$600.00	+ \$ 1,590.00	\$2,190.00	\$4,369.85
Total amount of disbursements \$1,960.00	+\$0	\$1,960.00	\$3,843.85
Total amount of cash on hand		\$ 526.00	

July 25, 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 prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- 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

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Page		of

Name (	of Can	didate	or Comm	ittee
	vi vali	widate.	O1	ILLEG

Vern Gavin for Supervisor

Reporting period July 1, 2015

through \_\_\_\_\_

A. Full name WKXI	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 S Pear Orchard Road	07 / 23 / 15 /	\$ 1,380.00
City, State, Zip Code Jackson, MS 39201	//	s
Purpose of Disbursement (Optional) Radio Spots	Aggregate Year-to-date	<b>\$</b> 1,380.00
B. Full name Felicia Gavin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 102 Moselle Drive	07 / 20 / 15	\$ 580.00
City, State, Zip Code Clinton, MS 39056	/	s
Purpose of Disbursement (Optional) To Pay Campaign Workers for Canvassing	Aggregate Year-to-date	\$ 580.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
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	\$

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age	, 1		UI	,	ı	

Name of Candidate or Committee	Vern Gavin	
Reporting period July 1 2015	through	uly 25, 2015

A. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
John Hall	07 / 01 / 15	\$ 300.00
Mailing Address		
31 Raintree Pl.	/	\$
City, State, Zip Code		
Jackson, MS 39211		\$
Name of Employer (Required)		
Morgan and Morgan	<u>                                   </u>	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 300.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	07 / 01 / 15	\$ 300.00
Roni Brown	100 / 101 / 115	\$ 300.00
Mailing Address  103 Lantana Hill		\$
City, State, Zip Code		
Clinton, MS 39056		\$
Name of Employer (Required)		\$
Dash Consulting, LLC Occupation (Required)	<u>''</u> '	<b>V</b> ]
Owner (Required)	Aggregate year–to-date	\$ 300.00
C. Source Corporation PAC Individual Loan 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: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
ull name		\$
Mailing Address		<b>4</b>
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

#### Delbert Hosemann SECRETARY OF STATE

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election



Vern Gavin Name of Candidate		JUL 27 2015
Address P. O. Box 20092		RA DUNNACIRCUIT CLERK
Telephone (Work) 601 925-5255 (Home) 601 925-4846		
Contact Name Email Add	ress gavinfor supervisor@gmail.com	n
	Democratic	
Check here if above is different from previous report		
TYPE C May 8, 2015 Periodic Report (January 1, 2015, through April 30, 20	<b>DF REPORT</b> 15)	Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015		•
X July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	5)	Mandatory
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 20	015)	
August 18, 2015 Pre-Election Report (July 26, 2015, through August	st 15, 2015) All Primary Candidates and Politi	Runoff Candidates Only ical Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 2015, through September	30, 2015)	Mandatory
October 27, 2015 Pre-Election Report  (Primary Election Winners report October 1, 2015, through October 24, 20 (Independent Candidates report January 1, 2015 through October 24, 2015)	15) All Ca	Mandatory andidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through	November 14, 2015)	Runoff Candidates Only cal Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2015, through December	ber 31, 2015)	Mandatory
Termination Report (Candidate will no longer accept contributions or make outstanding campaign debt obligation)	campaign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no contributions or expenditur indicating "0" (Zero) for total amount of reported contributions and expend (2) Until a Candidate files a Termination Report, annual and periodic reports in a candidate.	es have occurred. In such case, the cand ditures during this period.	'
and (iii). (3) The Secretary of State must be in actual receipt of the required reports by holiday, the office must be in actual receipt of the required reports by 5:00 acceptable.	5:00 p.m. on the reporting day. If the dea p.m. on the first working day <i>before</i> the	dline falls on a weekend or a deadline. Faxed reports are
REPORTED CONTRIBUT	IONS AND DISBURSEMENTS	
Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$1,879.85 + \$300.00	\$2,179.85	\$2,179.85
Total amount of disbursements \$1,640.90 + \$242.95	\$1,883.85	<b>\$</b> 1,883.85
Total amount of cash on hand	\$ 296.00	
I certify that I have examined this report and to the best of my	knowledge and belief it is true, accura July 10, 2015	ate, and complete.
Signature of Candidate	Date	

## 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

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

Page	1	of	1
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Name of Candidate or Committee	Vern Gavin for Supervisor		
Reporting period June 1. 2015	through	Jui	ne 30, 2015

A. Source: Corporation PAC Individual Loan 7  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Vern Gavin	06 / 01 / 15	\$ 1,879.85
Mailing Address 102 Moselle Drive		\$
City, State, Zip Code Clinton, MS 39056		\$
Name of Employer (Required) Self Employed	匚,匚,匚	\$
Occupation (Required) Business Owner	Aggregate year-to-date	\$ 1,879.85
B. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	匚,匚,匚	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan 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: Corporation PAC Individual Loan 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 (Reguired)	Aggregate year–to-date	\$ [

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Vern Gavin for Supervisor

Name of Candidate or Committee

Reporting period June 1, 2015

through June 30, 2015

A. Full name Stamm Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4445 Robinson Road	06 / 25 / 15	\$ <sup>756.00</sup>
City, State, Zip Code Jackson, MS 39209		\$
Purpose of Disbursement (Optional) Campaign Signs	Aggregate Year-to-date	<b>\$</b> 756.00
<b>B. Full name</b> Taylor Made Labels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 201 Industrial Drive	06 / 08 / 15	\$ 484.90
City, State, Zip Code Richland, MS 39218	'	\$
Purpose of Disbursement (Optional) Campaign Labels	Aggregate Year-to-date	\$ <sup>484.90</sup>
C. Full name Exact Data	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 328 S. Jefferson Street, Suite 550	06 / 29 / 15	<b>\$</b> 400.00
City, State, Zip Code Chicago, IL 60661	//	\$
Purpose of Disbursement (Optional)  Email Blasts  Research	Aggregate Year-to-date	<b>\$</b> 400.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Delbert Hosemann

		SECRETARY OF STATE
Candid		
REPORT OF RECEIPTS AN	D DISBURSEMENTS	
2015 E	ection	
Name of Candidate Alena J. Green		
Address 5330 North State #C-Jak M39	20 County Hinda	
Telephone (Work) 601-826-7022 (Home) 601-9	P2-9425 (Fax)	
Contact Name Vallena J. Greer Email Ad	dress <u>Vallena orceor @ a</u>	mail com
Office Sought Dist   Supervisor Political Party	Domo cratic	
Check here if above is different from previous report		T T
	OF BEDORT	ILED
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 20	015)	
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 20  June 10, 2015 Periodic Report (May 1, 2015, through May 31, 201	5)	JUL 23 2015 Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 20		
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2		
		Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through August	ust 15, 2015) All Primary Candidates and Polit	Runoff Candidates Only ical 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, 20 (Independent Candidates report January 1, 2015 through October 24, 20	)15) All C	andidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through		Runoff Candidates Only ical Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2015, through Decem	ber 31, 2015)	Mandatory
Termination Report (Candidate will no longer accept contributions or make	campaign expenditures and has no	Required to terminate
outstanding campaign debt obligation)	compagn experionares and has no	reporting obligations
MPOR1	ANT	
<ol> <li>Pre-Election reports are mandatory, even if no contributions or expenditu indicating "0" (Zero) for total amount of reported contributions and expen</li> </ol>	res have occurred. In such case, the cand ditures during this period.	lidate shall submit a report
(2) Until a Candidate files a Termination Report, annual and periodic reports and (iii).	nust still be filed in accordance with Miss	. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt of the required reports by holiday, the office must be in actual receipt of the required reports by 5:00 acceptable.	5:00 p.m. on the reporting day. If the dea p.m. on the first working day <i>before</i> the o	dline falls on a weekend or a deadline. Faxed reports are
REPORTED CONTRIBUT	IONS AND DISBURSEMENTS	
Itemized + Non-Itemized	This Period	Calendar

REPORTED CONTRIBU	TIONS AND DISBURSEMENTS	
Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 1930, 44+\$	\$ 1930,44	\$ 2770.68
Total amount of disbursements \$ 2/35/6+\$	s 2135,16	\$ 2975.40
Total amount of cash on hand	\$ 204.72	
I certify that I have examined this report and to the best of n	7/22/1	rate, and complete.
Signature of Capitidale	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 Corr	mittee <u>Val</u>	ena J.	Greer	
Reporting period May	1,2015	through	June 10	,2015
J	ÍTEMI	ZFD I	RECE	<b>IPTS</b>

Date (Mo., Day, Year)	Amount of each receipt this period
	tillo period
6 1461 15	\$ 25000
	\$
F,F,F	\$
	\$
1 / 3 / 3	<b>→</b> [
Aggregate year–to-d <i>a</i> te	\$ 25000
Date	Amount of each
(Mo., Day, Year)	receipt this period
61215	\$ 250
	\$
	\$ [
	\$
Aggregate yearto-date	\$ 85000
Date (Mo., Day, Year)	Amount of each receipt this period
5189115	\$ 300.00
	\$
	\$
	\$
Aggregate year–to-date	\$ 300.00
Date (Mo., Day, Year)	Amount of each receipt this period
F,F,F	· · · · · · · · · · · · · · · · · · ·
	\$
<u> </u>	\$
	\$
	\$
Aggregate year–to-date	\$
	(Mo., Day, Year)

Name of Candidate or Committee Vallena J. Greer

Reporting period May 1, 2015 through June 10, 2015

A. Full name		<b>T</b>
Jeane He Felton Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
5015 N. FRONTage Rd	6 126115	s 1080.00
City, State, Zip Code  Jackson, MS 39266		S
Purpose of Disbursement (Optional)  Am Daum Muce	Aggregate Year-to-date	s 1080.00
B. Full named	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6,16,15	\$ 25000
City/State, Zip Code (16 Ve land, NS 39732		s
Empose of Disburgement (Optional) Campaign Feild Coordinator	Aggregate Year-to-date	s 250°°
Nothing Short of Glory	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. Box 6822	6114115	s. 175°
Sackoon MS 39286 - 8522		s
Purpose of Disbursement (Optional)	Aggregate	s 14500
Campaign 1-Shirts	Year-to-date	
Campaign T-Shirts Signs First	Date (Mo., Day, Year)	Amount of each disbursement this period
Signs First Mailing Address 4950 I-55 North	Date	disbursement this period
D. Full name Signs First  Mailing Address  4951 I-55 North  City, State, Zip Code JAK, NS 39211	Date (Mo., Day, Year)	disbursement this period
D. Full name Signs First  Mailing Address  4951 I-55 North  City, State, Zip Code  Jak, NS 39211  Purpose of Disbursement (Optional)  Campaign Can Signs	Date (Mo., Day, Year)	s 140 36
D. Full name Signs First  Mailing Address  4950 I-55 North  City, State, Zip Code Jak, M8 39211  Purpose of Disbursement (Optional)  Campaign Can Signs  E. Full name  Light Hall Fall Fall pom ont	Date (Mo., Day, Year)	s 140 36
D. Full name Signs First  Mailing Address  4950 I-55 North  City, State, Zip Code  Jak, NS 39211  Purpose of Disbursement (Optional)  Campaign Can Signs  E. Full name  Mailing Address  2234 Awy 80 W	Date (Mo., Day, Year)  S, ///S  _/_/  Aggregate Year-to-date Date	s  s  s  s  s  s  s  s  s  s  s  s  s
D. Full narry Signs First  Mailing Address  4950 I-55 North  City, State, Zip Code  Jak M8 39211  Purpose of Disbursement (Optional)  Campaign Can Signs  E. Full name  M-Hauf Equipment  Mailing Address  22.34 Awy 80 W  City, State, Zip Code  Jak Son, NS 39204	Date (Mo., Day, Year)  S / / / /S //  Aggregate Year-to-date  Date (Mo., Day, Year)	s 140 36 s 140 36 s Amount of each
D. Full narry Signs First  Mailing Address  4950 I-55 North  City, State, Zip Code  Jak, NS 39211  Purpose of Disbursement (Optional)  Campaign (an Signs  E. Full name  Mailing Address  2234 Hay 80 W  City, State, Zip Code  Jak Son, NS 39204  Purpose of Disbursement (Optional)  Hay Campaign Lace Signs	Date (Mo., Day, Year)  S / / / /S //  Aggregate Year-to-date  Date (Mo., Day, Year)	s 140 36  s 140 36  s 140 36  Amount of each disbursement this period  s 35.59
D. Full narry  Signs First  Mailing Address  4950 I-55 North  City, State, Zip Code  Jak M8 39211  Purpose of Disbursement (Optional)  Lampaign Can Signs  E. Full name  Mailing Address  2234 Awy 80 W  City, State, Zip Code  Jak Son, MS 39204  Purpose of Disbursement (Optional)  Haw Campaign Lage Signs  F. Full name  Marsay USA Mamat	Date (Mo., Day, Year)    / /   / /   Aggregate   Year-to-date   Date   (Mo., Day, Year)   / /   / /   Aggregate   Aggregate	s 140 36  s 140 36  s 140 36  s 140 36  Amount of each disbursement this period  s 35.59  s
D. Full name  Signs First  Mailing Address  4950 I-56 North  City, State, Zip Code  Jak, M. 39211  Purpose of Disbursement (Optional)  Campaign Can Signs  E. Full name  Mailing Address  2234 Havy 80 W  City, State, Zip Code  Jakson, M. 39204  Purpose of Disbursement (Optional)  Hay Campaign - Aac Signs  F. Full name  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mallaway Mr.	Date (Mo., Day, Year)  S / / / /S  - / _ / _  Aggregate Year-to-date  Date (Mo., Day, Year)  S / 9 / /5  - / _ / _  Aggregate Year-to-date  Date Object Date Date Date Date Date Date Date Dat	s 140 36  s 140 36  s 140 36  s 140 36  Amount of each disbursement this period  s 35.59  s 35,59  Amount of each
D. Full name  S. Ans First  Mailing Address  4950 I-55 North  City, State, Zip Code  Jak, MS 39211  Purpose of Disbursement (Optional)  Campaign an Sign 8  E. Full name  Mailing Address  2234 Huy 80 W  City, State, Zip Code  Jak Son, MS 39204  Purpose of Disbursement (Optional)  Hay Campaign Lage Signs  F. Full name  Mailing Address  Mailing Ad	Date (Mo., Day, Year)  S / / / /5  - / _ / _  Aggregate Year-to-date  Date (Mo., Day, Year)  S / 9 / /5  - / _ / _  Aggregate Year-to-date  Date Year-to-date  Date (Mo., Day, Year)	s 140 36  s 140 36  s 140 36  s 140 36  Amount of each disbursement this period  s 35.59  S 35.59  Amount of each disbursement this period
D. Full name  Signs First  Mailing Address  4950 I-56 North  City, State, Zip Code  Jak, M. 39211  Purpose of Disbursement (Optional)  Campaign Can Signs  E. Full name  Mailing Address  2234 Havy 80 W  City, State, Zip Code  Jakson, M. 39204  Purpose of Disbursement (Optional)  Hay Campaign - Aac Signs  F. Full name  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mallaway Mr.	Date (Mo., Day, Year)  S / / / /5  - / _ / _  Aggregate Year-to-date  Date (Mo., Day, Year)  S / 9 / /5  - / _ / _  Aggregate Year-to-date  Date Year-to-date  Date (Mo., Day, Year)	s 140 36  s 140 36  s 140 36  s 140 36  Amount of each disbursement this period  s 35.59  Amount of each disbursement this period  s 48,27

Name of Candidate or Committe	e Vallena	J.6	reer
Department and Alacella	1/-		

A Full power		
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Julatin - 2520	612715	s 30°°
City, State, Zip Code  Tak, NS 39204		s
Purpose of Disbursement (Options)  ANDREW HAS	Aggregate Year-to-date	s 3000
B. Full name of Gas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Addless N. State Sheet	5107115	\$ 3000
City, State, Zip Code  Ockson, MS 39206	5 BO115	\$ 300
Pumpse of Disbursement (Optionally  Amount Las	Aggregate Year-to-date	s 40 000
C. Full named	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  1-65 North	71115	s 33.70
City, State, Zip Code  Sackson, MS 39211	716115	s 41, 24
Purpose of Disbursement (Optional)  Amount Jas	Aggregate Year-to-date	s 74.94
D. Full named & lub	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Usunty Line	512115	s 36. <u>04</u>
City, State, Zip Gode  Tackom, NS	//	s 36.04
Purpose of Disburgarhent (Optional)  Food for farish Street Campaign Fisting	Aggregate Year-to-date	\$
E.Full fame ( )	Date (Mo., Day, Year)	Amount of each disbursement this period
2250 Melnway Drue	51/15	s 49.79
City, State, Zip Códe Jankron, NS 39204		S
Purpose of Disbursement (Optional)  Polls to put Campaigns up	Aggregate Year-to-date	s 49.79
F. Full name Sime-A-Pot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 835 Cooper Road	6112115	s 24.5°
City, State, Zip Code  Milanu, NV 39212		S
Water for Valunteers (Campain)	Aggregate Year-to-date	s 24.50

Page  $\underline{5}$  of  $\underline{5}$ 

# Name of Candidate or Committee Reporting period May 1/15 through Tuly 10/15 ITEMIZED DISBURSEMENTS

A. Full name , / /			
Suthor lands Mailing Addless		Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code 9 80 East		5 00 15	s 56,24
Mars. 180 39208		//	S
Phypose of Disbursement (Optional)  Amount Ills for large signs  B. Euli name	,	Aggregate Year-to-date	s 56 24
Advance Suts Parts		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  5809 Ridgewood Roll  City, State, Zip Code		51915	s 32.39
Jak, Nul 39211		//	\$
Purpose of Disbursement (Optional)  Taufor Nitch for sulling trailor with	Vorge Sign	Aggregate Year-to-date	s 32.39
Defice May I three Deput	0	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  Address		5 2715	\$ 11.32
L-56 Month		//	s
Purpose of Disbursement (Optional)  D. Fullyname		Aggregate Year-to-date	s <del>//. 32</del>
Office Olpot Mayling Address		Date (Mo., Day, Year)	Amount of each disbursement this period
I 55 North City, State, Zip Code		5 27/5	s 11.32
Tak NVS 39206  Purpose of Disbursement (Optional)		//	S
Surve to put Campaign Large Digit E. Full name	sup	Aggregate Year-to-date	s //.32
Pinza Int		Date (Mo., Day, Year)	Amount of each disbursement this period
1220 E. Northside Dr. City, State, Zip Code		51715	s 10,89
TOCKOW NUS 392// Pyrpose of Disbursement (Optional)		_'_'_	S
F. Full name		Aggregate Year-to-date	s 10.89
Taylor's Candy Company Mailing Address		Date (Mo., Day, Year)	Amount of each disbursement this period
15 9 Con Street City, State, Zip Code		6,12,15	s 11.56
Auckny No. 39204 (Purpose of Disburgement (Optional)		6 112 15	s 30.83
Candy for Participation in Wedge Even la	rode	Aggregate Year-to-date	s 4239
U v			SS04-06

#### Candidate

## REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann SECRETARY OF STATE
F	
	JUL 27 2015
αΔl	JUL 27 ZUIO  RBARA DUNN CIRCUIT CLERK  10.1
BY	API

Name of Candidate Friends to Elect Tyrone Lewis	BARBARA QUNIT CINES D.C.
Address Post Office Box 11551	CountyHindsBYBY
Telephone (Work) 601-906-4567 (Home)	(Fax)
Contact Name Rebecca L. Anderson Email Add	ress
Office Sought Hinds County Sheriff's Office Political Party	Democratic
Check here if above is different from previous report	
TYPE (	OF REPORT
	15)Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015	5)Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 201	5)
X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2	015)
August 18, 2015 Pre-Election Report (July 26, 2015, through Augu	st 15, 2015)
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, 20 (Independent Candidates report January 1, 2015 through October 24, 201	15) All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through	November 14, 2015)
January 8, 2016 Periodic Report (October 1, 2015, through Decem	ber 31, 2015) Mandatory
Termination Report (Candidate will no longer accept contributions or make outstanding campaign debt obligation)	campaign expenditures and has no 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 CONTRIBUT		
Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$3,540.00	+\$	\$3,540.00	\$87,976.26
Total amount of disbursements \$28,791.34	+ \$	\$28,791.34	\$63,630.96
Total amount of cash on hand		\$ 80,802.75	

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

Signature of Candidate

July 28, 2015

Signature or Candidate

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 Friends to Elect Tyrone Lewis

Reporting period July 01. 2015 through July 25. 2015

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Zelma S. Carson	07 / 08 / 15	\$ 100.00
Mailing Address		
112 Richview Place	<u> </u>	\$
City, State, Zip Code		
Jackson, MS 39204	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 100.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	07 / 13 / 15	\$ 200.00
Bobby D. Sullivan Realty, Inc.	107 1 113 1 113	\$ 200.00
Mailing Address		\$ [
1611 Countrywood Drive	<u>'' '                               </u>	Ψ
City, State, Zip Code		\$ [
Jackson, MS 39213		*
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 18 / 15	\$ 200.00
Mrs. Joyce M. Jackson		7 ,200.00
Mailing Address 3752 Albermarle Road		\$
City, State, Zip Code		
Jackson, MS 39213	<u>                                     </u>	\$
Name of Employer (Required)		•
	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 200.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 22 / 15	\$ 1,000.00
LaQuinta Inn & Suite  Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
152 Soilder Colony Road	<u>                                     </u>	\$
City, State, Zip Code	F , F , F	\$
Canton, MS 39046	<u> </u>	₹
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00