

SECRETARY OF STATE
FILED
JUL 28 2015
BARBARA DUNN, CIRCUIT CLERK
BY *[Signature]* D.C.
JUL 28 2015

☐ Check here if above is different from previous report

| | TYPE OF REPORT | |
|---|---|--|
| <input type="checkbox"/> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) | | Mandatory |
| <input 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 checked="" 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 | | Mandatory |
| (Primary Election Winners report October 1, 2015, through October 24, 2015) | | |
| (Independent Candidates report January 1, 2015 through October 24, 2015) | | <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) (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.

| 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 | |

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

Eddie Jean Carr
Signature of Candidate

07/28/2015
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

Name of Candidate or Committee EDDIE JEAN CARRReporting period JULY 1, 2015 through JULY 25, 2015

ITEMIZED RECEIPTS

| | | | |
|--|--|-----------------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>WILLIAM M COOLEY</u> | | <u>07</u> / <u>01</u> / <u>15</u> | \$ <u>250.00</u> |
| Mailing Address | | | |
| <u>1116 HALLMARK DR</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>JACKSON, MS 39206</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>RETIRED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>AUDREY B WILEY</u> | | <u>07</u> / <u>01</u> / <u>15</u> | \$ <u>200.00</u> |
| Mailing Address | | | |
| <u>1546 COUNTRYWOOD DRIVE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>JACKSON, MS 39213</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>WESTHAVEN FUNERAL HOME</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>OWNER</u> | | Aggregate year-to-date | \$ <u>200.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>LELAND S. GARRETT</u> | | <u>07</u> / <u>01</u> / <u>15</u> | \$ <u>200.00</u> |
| Mailing Address | | | |
| <u>2659 LIVINGSTON ROAD</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>JACKSON, MS 39213-6926</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>GARRETT ENTERPRISES</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>OWNER</u> | | Aggregate year-to-date | \$ <u>200.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>ROSETTA LYMON</u> | | <u>07</u> / <u>01</u> / <u>15</u> | \$ <u>200.00</u> |
| Mailing Address | | | |
| <u>152 SOLLITT ST</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>JACKSON, MS 39209</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>BELK</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>SALES REP</u> | | Aggregate year-to-date | \$ <u>200.00</u> |

Name of Candidate or Committee EDDIE JEAN CARR

Reporting period JULY 1, 2015 through JULY 25, 2015

ITEMIZED DISBURSEMENTS

| | | | |
|--|--|---|--|
| A. Full name CLASSIC PRINTING | | Date (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 KEVIN BRADLEY | | Date (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 | | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) PHOTOGRAPHER | | Aggregate Year-to-date | \$ 600.00 |
| C. Full name GEORGE W. DANIEL | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P O BOX 94 | | 07 / 13 / 15 | \$ 300.00 |
| City, State, Zip Code BOLTON, MS 39041 | | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) FOOD FOR "MEET & GREET" | | Aggregate Year-to-date | \$ 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 | | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) CAMPAIGN SIGNS | | Aggregate Year-to-date | \$ 1586.64 |
| 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

FILED

JUL 28 2015

BARBARA DUNN, CIRCUIT CLERK

Name of Candidate Eddie J. Fair

Address P. O. Box 13056 Jackson, MS 39236 County Miss

Telephone (Work) 601-397-1869 (Home) N/A (Fax) N/A

Contact Name Eddie Fair Email Address efair84@gmail.com

Office Sought Tax Collector Political Party Democratic

☒ Check here if above is different from previous report

TYPE OF REPORT

| TYPE OF REPORT | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> | May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) | Mandatory |
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| <input checked="" 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> |
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IMPORTANT

- 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.
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| Itemized + Non-Itemized | This Period | Calendar year-to-date |
|--|-----------------------|--------------------------|
| Total amount of contributions \$ 750. ⁰⁰ + \$ | \$ 750. ⁰⁰ | \$ 17,955. ⁰⁰ |
| Total amount of disbursements \$ 600. ⁰⁰ + \$ | \$ 600. ⁰⁰ | \$ 16,150.52 |
| Total amount of cash on hand | \$ 150. ⁰⁰ | |

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 _____

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:

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Name of Candidate or Committee Eddie FrieReporting period July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|----------------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>Reddix Medical Group PA</u> | | <u>7</u> / <u>14</u> / <u>15</u> | \$ <u>250.00</u> |
| Mailing Address <u>5903 Ridgewood Rd, Bk 310</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39211</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>250.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Liberty Bank</u> | | <u>7</u> / <u>15</u> / <u>15</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 22849</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39225</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>500.00</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 Eddie FriaReporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

| | | | |
|------------------------------------|--|--------------------------------------|--|
| A. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>The Jackson Advocate</u> | | <u>7/9/15</u> | \$ <u>600.00</u> |
| Mailing Address | | | |
| <u>100 W. Hamilton St.</u> | | <u>7/9/15</u> | \$ <u>600.00</u> |
| City, State, Zip Code | | | |
| <u>Jackson MS 39202</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>600.00</u> |
| 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

Delbert Hosemann
SECRETARY OF STATE
FILED
JUL 28 2015
BARBARA DUNN, CIRCUIT CLERK
BY _____ D.C.

Name of Candidate Stephanie McKenzie Foster
Address P.O. Box 3244; Jackson MS 39207 County Winds
Telephone (Work) NA (Home) (601) 672-1996 (Fax) NA
Contact Name Patricia Howard Email Address fosterstephanie@hotmail.com
Office Sought Chancery Clerk Political Party Democrat
☐ Check here if above is different from previous report

| TYPE OF REPORT | |
|---|---|
| May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) | Mandatory |
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| Itemized + Non-Itemized | This Period | Calendar year-to-date |
|--|-------------|-----------------------|
| Total amount of contributions \$ 225.00 + \$ | \$ — | \$ 225.00 |
| Total amount of disbursements \$ 210.09 + \$ | \$ — | \$ |
| Total amount of cash on hand 10.51 | \$ | |

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

Date 7/28/2015

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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Page 7 of 13

Name of Candidate or Committee

Friends to Black Stephanie McKenzie Foster

Reporting period

7/1/2015

through

7/25/2015

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 Diane Williams | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ 100.00 |
| Mailing Address 5516 Rolling Green Road | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code Arlington TX 76016 | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) American Airlines | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) Ret. Ticket Agent | | Aggregate year-to-date | \$ _____ |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name Albert & Esther Cole | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ 100.00 |
| Mailing Address 3419 Fernie Martin Road | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code Nixa MO 65705 | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) Nucor Steel | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) SUPERVISOR | | Aggregate year-to-date | \$ _____ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name Raymond Osborne | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ 25.00 |
| Mailing Address 1524 Napa Valley Court | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code Brandon MO 64617 | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) Miskelly Furniture | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) Salesperson | | 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 | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | Aggregate year-to-date | \$ _____ |

Name of Candidate or Committee

Friends to Elect Stephen McKenro Foster

Page 1 of 2

Reporting period

7/1/2015

through

7/25/2015

ITEMIZED DISBURSEMENTS

| | | | |
|------------------------------------|--|---------------------------|--|
| A. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Verdi's Gibbs | | 7/16/15 | \$ 37.96 |
| Mailing Address | | | |
| 4215 Oak Spring Drive | | 7/16/15 | \$ |
| City, State, Zip Code | | | |
| Arlington TX 76016 | | | |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| Reimbursement for Gas | | | |
| B. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Patricia Howard | | 7/9/15 | \$ 72.12 |
| Mailing Address | | | |
| 2573 Crestleigh Manor | | 7/9/15 | \$ |
| City, State, Zip Code | | | |
| Jackson MS 39212 | | | |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| Reimbursement for Breakfast/Gas | | | |
| C. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Patricia Howard | | 7/1/15 | \$ 60.00 |
| Mailing Address | | | |
| 2573 Crestleigh Manor | | 7/1/15 | \$ |
| City, State, Zip Code | | | |
| Jackson MS 39212 | | | |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| Reimbursement for Gas | | | |
| D. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Arapis (Buram) | | 7/9/15 | \$ 40.01 |
| Mailing Address | | | |
| 6745 S. Sirell Road | | 7/9/15 | \$ |
| City, State, Zip Code | | | |
| Buram MS 39212 | | | |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| Gas | | | |
| 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 | \$ |
| | | | |

Name of Candidate Vern Gavin

Address P. O. Box 20092 **County** Hinds

Telephone (Work) 601 925-5255 **(Home)** 601 925-4846 **(Fax)** 601-925-4846

Contact Name Vern Gavin **Email Address** gavinforsupervisor@gmail.com

Office Sought Supervisor, District 4 **Political Party** Democratic

Name of Candidate or Committee Vern Gavin for Supervisor

Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

| | | | |
|---|--|---|--|
| 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 | | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Radio Spots | | Aggregate Year-to-date | \$ 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 | | ___ / ___ / ___ | \$ |
| 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 | | ___ / ___ / ___ | \$ |
| 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 | \$ |

Name of Candidate or Committee Vern GavinReporting period July 1 2015 through July 25, 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>John Hall</u> | | <u>07</u> / <u>01</u> / <u>15</u> | \$ <u>300.00</u> |
| Mailing Address <u>31 Raintree Pl.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39211</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Morgan and Morgan</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Attorney</u> | | Aggregate year-to-date | \$ <u>300.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Roni Brown</u> | | <u>07</u> / <u>01</u> / <u>15</u> | \$ <u>300.00</u> |
| Mailing Address <u>103 Lantana Hill</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Clinton, MS 39056</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Dash Consulting, LLC</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Owner</u> | | Aggregate year-to-date | \$ <u>300.00</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

FILED

JUL 27 2015

Name of Candidate Vern GavinAddress P. O. Box 20092County Hinds

BARBARA DUNN CIRCUIT CLERK

Telephone (Work) 601 925-5255(Home) 601 925-4846(Fax) 601-925-4846Contact Name Vern GavinEmail Address gavinforsupervisor@gmail.comOffice Sought Supervisor, District 4Political Party Democratic

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) *All Candidates and Political Committees*
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ☐ **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 \$1,879.85 | + \$ 300.00 | \$2,179.85 | \$2,179.85 |
| Total amount of disbursements \$1,640.90 | + \$ 242.95 | \$1,883.85 | \$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, accurate, and complete.

Signature of Candidate

July 10, 2015

Date

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or 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 Vern Gavin for SupervisorReporting period June 1, 2015 through June 30, 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>Vern Gavin</u> | | <u>06</u> / <u>01</u> / <u>15</u> | \$ <u>1,879.85</u> |
| Mailing Address <u>102 Moselle Drive</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Clinton, MS 39056</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>Self Employed</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>Business Owner</u> | | Aggregate year-to-date | \$ <u>1,879.85</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name _____ | | <u> </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 Vern Gavin for Supervisor

Reporting period June 1, 2015 through June 30, 2015

ITEMIZED DISBURSEMENTS

| | | |
|---|---|--|
| A. Full name Stamm Advertising | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 4445 Robinson Road | 06 / 25 / 15 | \$ 756.00 |
| City, State, Zip Code Jackson, MS 39209 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Campaign Signs | Aggregate Year-to-date | \$ 756.00 |
| B. Full name 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 | \$ 484.90 |
| 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 | \$ 400.00 |
| City, State, Zip Code Chicago, IL 60661 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Email Blasts <i>Research</i> | Aggregate Year-to-date | \$ 400.00 |
| 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 | \$ |

Name of Candidate Vallena J. Greer
Address 5330 North State #c - Jak, MS 39206 County Hinds
Telephone (Work) 601-826-7022 (Home) 601-982-9425 (Fax) _____
Contact Name Vallena J. Greer Email Address vallena.greer@gmail.com
Office Sought Dist 1 Supervisor Political Party Democratic

FILED

JUL 23 2015

BARBARA DUNN, CIRCUIT CLERK

- (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.

| Itemized + Non-Itemized | This Period | Calendar year-to-date |
|---|-------------|-----------------------|
| Total amount of contributions \$ 1930.44 + \$ | \$ 1930.44 | \$ 2770.68 |
| Total amount of disbursements \$ 2135.16 + \$ | \$ 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 my knowledge and belief it is true, accurate, and complete.

Valeria J. Drey 7/22/15
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).

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 Vallera J. Greer
 Reporting period May 1, 2015 through June 10, 2015

ITEMIZED RECEIPTS

| | | | |
|---|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Goss, Tyvester</u> | | <u>6/16/15</u> | \$ <u>250.00</u> |
| Mailing Address <u>934 Rutherford Dr.</u> | | <u>1/1/15</u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39206-2008</u> | | <u>1/1/15</u> | \$ _____ |
| Name of Employer (Required) <u>Self-Employed</u> | | <u>1/1/15</u> | \$ _____ |
| Occupation (Required) <u>Lawyer</u> | | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input checked="" 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>Mary Katherine Brown</u> | | <u>6/29/15</u> | \$ <u>250.00</u> |
| Mailing Address <u>109 Loft Pine Lake</u> | | <u>1/1/15</u> | \$ _____ |
| City, State, Zip Code <u>Clinton, MS 39056</u> | | <u>1/1/15</u> | \$ _____ |
| Name of Employer (Required) <u>Retired</u> | | <u>1/1/15</u> | \$ _____ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>250.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>H. Farriss Chisler, III</u> | | <u>5/29/15</u> | \$ <u>300.00</u> |
| Mailing Address <u>Atty at Law - 840 East River Place, Ste 508</u> | | <u>1/1/15</u> | \$ _____ |
| City, State, Zip Code <u>Jak, MS 39202</u> | | <u>1/1/15</u> | \$ _____ |
| Name of Employer (Required) <u>Atty at Law</u> | | <u>1/1/15</u> | \$ _____ |
| Occupation (Required) <u>Atty at Law - Lawyer</u> | | Aggregate year-to-date | \$ <u>300.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name _____ | | <u>1/1/15</u> | \$ _____ |
| Mailing Address _____ | | <u>1/1/15</u> | \$ _____ |
| City, State, Zip Code _____ | | <u>1/1/15</u> | \$ _____ |
| Name of Employer (Required) _____ | | <u>1/1/15</u> | \$ _____ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ _____ |

Name of Candidate or Committee Vallena J. Greer
 Reporting period May 1, 2015 through June 10, 2015

ITEMIZED DISBURSEMENTS

| A. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|--|---------------------------|--|
| <u>Jeanette Felton</u> | | <u>6/26/15</u> | \$ <u>1080.⁰⁰</u> |
| Mailing Address <u>5015 N. Frontage Rd</u> | | | |
| City, State, Zip Code <u>Jackson, MS 39206</u> | | <u>___/___/___</u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Office</u> | | Aggregate Year-to-date | \$ <u>1080.⁰⁰</u> |
| B. Full name <u>Carey L Sparks</u> | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>1212 Christmas St.</u> | | <u>6/16/15</u> | \$ <u>250.⁰⁰</u> |
| City, State, Zip Code <u>Cleveland, MS 39732</u> | | <u>___/___/___</u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Field Coordinator</u> | | Aggregate Year-to-date | \$ <u>250.⁰⁰</u> |
| C. Full name <u>Nothing Short of Glory</u> | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. Box 6822,</u> | | <u>6/14/15</u> | \$ <u>175.⁰⁰</u> |
| City, State, Zip Code <u>Jackson, MS 39286-8522</u> | | <u>___/___/___</u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign T-Shirts</u> | | Aggregate Year-to-date | \$ <u>175.⁰⁰</u> |
| D. Full name <u>Signs First</u> | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>4950 E-55 North</u> | | <u>5/1/15</u> | \$ <u>140.³⁶</u> |
| City, State, Zip Code <u>Jak, MS 39211</u> | | <u>___/___/___</u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Car Signs</u> | | Aggregate Year-to-date | \$ <u>140.³⁶</u> |
| E. Full name <u>U-Haul Equipment</u> | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>2234 Hwy 80 W</u> | | <u>5/9/15</u> | \$ <u>35.59</u> |
| City, State, Zip Code <u>Jackson, MS 39204</u> | | <u>___/___/___</u> | \$ |
| Purpose of Disbursement (Optional) <u>Haul Campaign Large Signs</u> | | Aggregate Year-to-date | \$ <u>35.59</u> |
| F. Full name <u>Walmart USA / Walmart</u> | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>Shenandoah Dr.</u> | | <u>6/12/15</u> | \$ <u>48.27</u> |
| City, State, Zip Code <u>Jak, MS 39206</u> | | <u>___/___/___</u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Gas</u> | | Aggregate Year-to-date | \$ <u>48.27</u> |

Name of Candidate or Committee Vallena J. Greer
 Reporting period May 1-15 through July 10, 15

ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|--|
| <u>Pilot</u> | | |
| Mailing Address <u>South Gallatin -2520</u> | <u>6/27/15</u> | \$ <u>30⁰⁰</u> |
| City, State, Zip Code <u>Jak, MS 39204</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Gas</u> | Aggregate Year-to-date | \$ <u>30⁰⁰</u> |
| B. Full name <u>Citgo Gas</u> | | |
| Mailing Address <u>5108 N. State Street</u> | <u>5/07/15</u> | \$ <u>30⁰⁰</u> |
| City, State, Zip Code <u>Jackson, MS 39206</u> | <u>5/20/15</u> | \$ <u>30⁰⁰</u> |
| Purpose of Disbursement (Optional) <u>Campaign Gas</u> | <u>5/18/15</u> Aggregate Year-to-date | \$ <u>40⁰⁰</u> <u>\$100⁰⁰</u> |
| C. Full name <u>Kroger Gas</u> | | |
| Mailing Address <u>I-55 North</u> | <u>7/1/15</u> | \$ <u>33⁷⁰</u> |
| City, State, Zip Code <u>Jackson, MS 39211</u> | <u>7/6/15</u> | \$ <u>41.24</u> |
| Purpose of Disbursement (Optional) <u>Campaign Gas</u> | Aggregate Year-to-date | \$ <u>74.94</u> |
| D. Full name <u>Sam's Club</u> | | |
| Mailing Address <u>County line</u> | <u>5/12/15</u> | \$ <u>36.04</u> |
| City, State, Zip Code <u>Jackson, MS</u> | <u> / / </u> | \$ <u>36.04</u> |
| Purpose of Disbursement (Optional) <u>Food for Parish Street Campaign Festival</u> | Aggregate Year-to-date | \$ |
| E. Full name <u>Lowe's</u> | | |
| Mailing Address <u>2250 Greenway Drive</u> | <u>5/9/15</u> | \$ <u>49.79</u> |
| City, State, Zip Code <u>Jackson, MS 39204</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>Polls to put Campaigns up</u> | Aggregate Year-to-date | \$ <u>49.79</u> |
| F. Full name <u>Sam-A-Pot</u> | | |
| Mailing Address <u>835 Cooper Road</u> | <u>6/12/15</u> | \$ <u>24.50</u> |
| City, State, Zip Code <u>Jackson, MS 39212</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>Water for Volunteers (Campaign)</u> | Aggregate Year-to-date | \$ <u>24.50</u> |

Name of Candidate or Committee

Vallema J. Greer

Page 5 of 5

Reporting period

May 1/15

through

July 10/15

ITEMIZED DISBURSEMENTS

| | | | |
|---|--|------------------|--------------------------|
| A. Full name | | Date | Amount of each |
| Suthon lands | | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | | |
| 717 Hwy 80 East | | 5/20/15 | \$ 56.24 |
| City, State, Zip Code | | | |
| Pearl, MS 39208 | | __/__/__ | \$ |
| Purpose of Disbursement (Optional) | | Aggregate | |
| Campaign Pkts for large signs | | Year-to-date | \$ 56.24 |
| B. Full name | | Date | Amount of each |
| Advance Auto Parts | | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | | |
| 5809 Ridgewood, Road | | 5/9/15 | \$ 32.39 |
| City, State, Zip Code | | | |
| JACK, MS 39211 | | __/__/__ | \$ |
| Purpose of Disbursement (Optional) | | Aggregate | |
| Trailer Hitch for pulling trailers with large signs | | Year-to-date | \$ 32.39 |
| C. Full name | | Date | Amount of each |
| Office Max / Office Depot | | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | | |
| Home Depot | | 5/27/15 | \$ 11.32 |
| City, State, Zip Code | | | |
| I-55 North | | __/__/__ | \$ |
| Purpose of Disbursement (Optional) | | Aggregate | |
| | | Year-to-date | \$ 11.32 |
| D. Full name | | Date | Amount of each |
| Office Depot | | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | | |
| I-55 North | | 5/27/15 | \$ 11.32 |
| City, State, Zip Code | | | |
| JACK MS 39206 | | __/__/__ | \$ |
| Purpose of Disbursement (Optional) | | Aggregate | |
| Screws to put Campaign Large Signs up | | Year-to-date | \$ 11.32 |
| E. Full name | | Date | Amount of each |
| Pizza Hut | | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | | |
| 1220 E. Northside Dr. | | 5/7/15 | \$ 10.89 |
| City, State, Zip Code | | | |
| Jackson MS 39211 | | __/__/__ | \$ |
| Purpose of Disbursement (Optional) | | Aggregate | |
| Feed Campaign Volunteers | | Year-to-date | \$ 10.89 |
| F. Full name | | Date | Amount of each |
| Taylor's Candy Company | | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | | |
| 1519 Cox Street | | 6/12/15 | \$ 11.56 |
| City, State, Zip Code | | | |
| Jackson, MS 39204 | | 6/12/15 | \$ 30.83 |
| Purpose of Disbursement (Optional) | | Aggregate | |
| Candy for participation in Noddy Evers Parade | | Year-to-date | \$ 42.39 |

SECRETARY OF STATE
FILED
JUL 27 2015
- BARBARA DUNN, CIRCUIT CLERK
BY [Signature] D.C.

SOS 10-14

Name of Candidate or Committee Friends to Elect Tyrone LewisReporting period July 01, 2015 through July 25, 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>Zelma S. Carson</u> | | <u>07</u> / <u>08</u> / <u>15</u> | \$ <u>100.00</u> |
| Mailing Address <u>112 Richview Place</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39204</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>100.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Bobby D. Sullivan Realty, Inc.</u> | | <u>07</u> / <u>13</u> / <u>15</u> | \$ <u>200.00</u> |
| Mailing Address <u>1611 Countrywood Drive</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39213</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>200.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Mrs. Joyce M. Jackson</u> | | <u>07</u> / <u>18</u> / <u>15</u> | \$ <u>200.00</u> |
| Mailing Address <u>3752 Albermarle Road</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39213</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>200.00</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>LaQuinta Inn & Suite</u> | | <u>07</u> / <u>22</u> / <u>15</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>152 Soilder Colony Road</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Canton, MS 39046</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>1,000.00</u> |