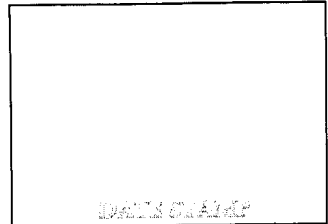


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate VICTOR P. MASON
 Address P.O. BOX 1474, JACKSON, MS 39213 County HINDS
 Telephone (Work) (769) 243-1733 (Home) _____ (Fax) _____
 Contact Name JOHNNIE BRUCE Email Address bjohnnie@aol.com
 Office Sought HINDS COUNTY SHERIFF Political 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
- ____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- ____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
- ____ October 27, 2015 Pre-Election Report Mandatory
*(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)*
All Candidates and Political Committees
- ____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ____ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

FILED
JUL 28 2015
BARBARA DUNN, CIRCUIT CLERK
BY All Primary Candidates and Political Committees

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	\$	5,975	+	\$ 175.00	\$ 6,150.00	\$
Total amount of disbursements	\$	3,279.52	+	\$ 00.00	\$ 3,279.52	\$
Total amount of cash on hand			\$ 12,571.05			

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 Victor P. Mason

Date July 28, 2015

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:**
- 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
 - Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
 - Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee VICTOR P. MASON
 Reporting period 1 July 2015 through 25 July 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>COUNTRY MEADOWS COMPANY, LLC</u>		<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236</u>		<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	\$ _____
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>FOUNTAIN HILL APARTMENTS, LLC</u>		<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236</u>		<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	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<input type="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	\$ _____
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 VICTOR P. MASONReporting period 1 July 015 through 25 July 015

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>Bae Brock Waller</u>		<u>07/17/15</u>	\$ <u>100.00</u>
Mailing Address <u>1734 Hillview Dr.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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	\$ _____
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>Dustin W. Bailey</u>		<u>07/17/15</u>	\$ <u>500.00</u>
Mailing Address <u>105 Whitetail Blvd</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>FLORENCE, MS 39073</u>		<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	\$ _____
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>Sarah Webb, M.D.</u>		<u>07/16/15</u>	\$ <u>250.00</u>
Mailing Address <u>4088 Boxwood Cir.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211-6609</u>		<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	\$ _____
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>Virginia F. Webb</u>		<u>07/16/15</u>	\$ <u>250.00</u>
Mailing Address <u>4088 Boxwood Cir.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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 VICTOR P. MASON
 Reporting period 15 JULY 2015 through 25 JULY 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>FRANK C. BREESE III</u>		<u>07/14/15</u>	\$ <u>250.00</u>
Mailing Address <u>110 HOYLAKO DR.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211-2513</u>		<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	\$ _____
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>BROOKS R BUCHANAN</u>		<u>07/16/15</u>	\$ <u>200.00</u>
Mailing Address <u>110 MEADOWBROOK N</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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	\$ _____
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>KENNETH BRYANT</u>		<u>07/08/15</u>	\$ <u>25.00</u>
Mailing Address <u>10713 GEORGE WASHINGTON</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213</u>		<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	\$ _____
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>Hanging Moss Church of Christ</u>		<u>07/12/15</u>	\$ <u>500.00</u>
Mailing Address <u>3225 Hanging Moss Rd</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39206-2704</u>		<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 VICTOR P. MASON

Reporting period 1 July 2015 through 25 July 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>Richard C. Turner III</u>		<u>07/13/15</u>	\$ <u>100.00</u>
Mailing Address <u>160 Kirkwood Place</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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	\$ _____
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>John Hackney</u>		<u>07/10/15</u>	\$ <u>300.00</u>
Mailing Address <u>1725 SEVEN SPRING RD</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>RAYMOND, MS</u>		<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	\$ _____
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>Mary Myrger Dunbar</u>		<u>06/28/15</u>	\$ <u>200.00</u>
Mailing Address <u>2476 Eastover DR.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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	\$ _____
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>Mrs Mary M Myrger</u>		<u>06/30/15</u>	\$ <u>200.00</u>
Mailing Address <u>129 WOODLAND CR</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39216-0000</u>		<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 VICTOR P. MASON
 Reporting period 1 JULY 2015 through 25 JULY 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Haden Hughes</u>	<u>07/18/15</u>	\$ <u>500.00</u>
Mailing Address <u>48 Avery Cr</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>	<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	\$ _____
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>Mr James H. Need, IV</u>	<u>07/15/15</u>	\$ <u>50.00</u>
Mailing Address <u>1465 Northlake Dr</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211-2138</u>	<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	\$ _____
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>Sondra Holman</u>	<u>07/16/15</u>	\$ <u>100.00</u>
Mailing Address <u>1200 Meadowbrook Rd</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39206</u>	<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	\$ _____
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>Barlene B. Davis</u>	<u>07/03/15</u>	\$ <u>25.00</u>
Mailing Address <u>3650 Main Street</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213</u>	<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 VICTOR P MASONReporting period 15 July 2015 through 25 July 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Terry Ledbetter</u>	<u>07/09/15</u>	\$ <u>50.00</u>
Mailing Address <u>309 E Northside DR</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39206</u>	<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	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> (Individual) <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DON WALLER LLC</u>	<u>07/17/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 1</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39205-0001</u>	<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	\$ _____
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LARR'S AUTO SALES, INC</u>	<u>07/12/15</u>	\$ <u>500.00</u>
Mailing Address <u>1692 HWY 80 E</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Pearl, MS 39206-3219</u>	<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	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> (Individual) <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Van Egmond</u>	<u>07/15/15</u>	\$ <u>200.00</u>
Mailing Address <u>328 E. Madison St</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>BOLTON, MS 39041</u>	<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 VICTOR P. MASON
 Reporting period 15 July 2015 through 25 July 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>THOMAS E JOHNSON</u>		<u>07/30/15</u>	\$ <u>100.00</u>
Mailing Address <u>121 Hickory Glen</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>		<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	\$ _____
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>CATHERINE C JOHNSON</u>		<u>07/30/15</u>	\$ <u>100.00</u>
Mailing Address <u>121 Hickory Glen</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>		<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	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DON CALISEY INSURANCE</u>		<u>07/16/15</u>	\$ <u>500.00</u>
Mailing Address <u>197 Highway 51 South, Suite A</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<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	\$ _____
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>ALVINO CASTILLA</u>		<u>07/09/15</u>	\$ <u>75.00</u>
Mailing Address <u>P.O. BOX 1732</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39215</u>		<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 Victor P. Mason
 Reporting period 15 July 2015 through 25 July 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>HENDERSON S. Hall, JR.</u>		<u>07/17/15</u>	\$ <u>100.00</u>
Mailing Address <u>118 ST. ANDREWS DRIVE</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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	\$ _____
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>VIEWUX CARRE APARTMENTS, LLC</u>		<u>07/20/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236 - 3925</u>		<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	\$ _____
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>STATE STREET GROUP LLC</u>		<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236</u>		<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	\$ _____
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>CAPITOL MAGNOLIA LLC</u>		<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>		<u>07/24/15</u>	\$ <u>00.00</u>
City, State, Zip Code <u>JACKSON, MS 39235 - 3925</u>		<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 Victor P. Mason
 Reporting period 1 July 2015 through 25 July 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wirt A. Yarger, JR</u>	<u>06/29/15</u>	\$ <u>200.00</u>
Mailing Address <u>129 Woodland Circle</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39216</u>	<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	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Howard Catchings</u>	<u>07/20/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 2509</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39218</u>	<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	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mildred Binson</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>25.00</u>
Mailing Address <u>3650 Main St</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213</u>	<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	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wirt A. Yarger, Jr.</u>	<u>07/20/15</u>	\$ <u>300.00</u>
Mailing Address <u>129 Woodland Circle</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39216</u>	<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 VICTOR P. MASON

Reporting period 1 July 2015 through 25 July

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>HOMWOOD COMPANY, LLC</u>	<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236</u>	<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	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>HARBOR PINES COMPANY LLC</u>	<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236</u>	<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	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Wirt Y Dunbar</u>	<u>07/20/15</u>	\$ <u>200.00</u>
Mailing Address <u>2476 Eastover Drive</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>	<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	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>STONEY CREEK COMPANY LLC</u>	<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236</u>	<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 Victor P. MasonReporting period 1 July 2015 through 25 July 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>Thomas Y Dunbar</u>		<u>07/20/15</u>	\$ <u>200.00</u>
Mailing Address <u>2476 Eastover Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<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	\$ _____
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>James R. Child, Jr</u>		<u>07/20/15</u>	\$ <u>25.00</u>
Mailing Address <u>4041 Dogwood Dr</u>		<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	\$ _____
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>Sarah S Nelson</u>		<u>07/22/15</u>	\$ <u>200.00</u>
Mailing Address <u>146 Ridge Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS</u>		<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	\$ _____
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>Callie B Sledge</u>		<u>07/17/15</u>	\$ <u>50.00</u>
Mailing Address <u>5310 River Thames Rd.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211-0000</u>		<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 VICTOR P. MASON

Reporting period 15 July 2015 through 25 July 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>Waller and Waller, ATTORNEY AT LAW</u>	<u>07/20/15</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. BOX 4</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39205</u>	<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	\$ _____
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>JOHN W MCGOWAN</u>	<u>07/20/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 55809</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39296-5809</u>	<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	\$ _____
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>CHARLES G JOHNSON</u>	<u>07/16/15</u>	\$ <u>500.00</u>
Mailing Address <u>19 St Andrews Drive</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>	<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	\$ _____
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>Richard T Miller</u>	<u>07/16/15</u>	\$ <u>200.00</u>
Mailing Address <u>3671 Woodward Place</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39216</u>	<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 VICTOR P. MASON
 Reporting period 1 July 2015 through 25 July 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>TOM F Kirkpatrick</u>	<u>07/18/15</u>	\$ <u>100.00</u>
Mailing Address <u>7 Eastbrooke St</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>	<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	\$ _____
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>David B. Russell</u>	<u>07/15/15</u>	\$ <u>6000.00</u>
Mailing Address <u>P.O. BOX 4795</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39296</u>	<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	\$ _____
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>E. Dalton Barham, M.D.</u>	<u>07/18/15</u>	\$ <u>250.00</u>
Mailing Address <u>315 Stonegate Drive</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>CLINTON, MS 39056</u>	<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	\$ _____
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>Richardson Road Land LLC</u>	<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39236-3925</u>	<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 VICTOR P. MASON
 Reporting period 1 July 2015 through 25 July 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOM F Kirkpatrick</u>	<u>07/18/15</u>	\$ <u>100.00</u>
Mailing Address <u>7 Eastbrooke St</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>	<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	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DAVID B. Russell</u>	<u>07/15/15</u>	\$ <u>6000.00</u>
Mailing Address <u>P.O. BOX 4795</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39296</u>	<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	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>E. Dalton Baham, M.D.</u>	<u>07/18/15</u>	\$ <u>250.00</u>
Mailing Address <u>315 Stonegate Drive</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	<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	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RICHARDSON ROAD LAND LLC</u>	<u>07/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 13925</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39236-3925</u>	<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

VICTOR P. MASON

Reporting period

1 July 2015 through 25 July 2015

ITEMIZED DISBURSEMENTS

A. Full name F. Ellis, Jr.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 8656		07/24/15	\$ 49.99
City, State, Zip Code JACKSON, MS USA 39284-8656		07/14/15	\$ 400.22
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 450.21
B. Full name Hinds County News		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1052		07/02/15	\$ 500.00
City, State, Zip Code Terry, MS 39170		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name TNT SCREEN PRINTING LLC		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 South State Street		07/20/15	\$ 6,213.11
City, State, Zip Code JACKSON, MS 39201		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name Harold Lyle Films		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Harold Lyle, Ph.#601-209		07/22/15	\$ 350.00
City, State, Zip Code -6730		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name Wicks and Friends Diversified		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 105 Hunters Glen HOLDING LLC		07/06/15	\$ 171.20
City, State, Zip Code CLINTON, MS 39056		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name JACKSON FREE PRESS, INC		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 125 S Congress St #1324		07/29/15	\$ 595.00
City, State, Zip Code JACKSON, MS 39201		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

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 Kenneth Johnson	<u>07</u> / <u>01</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address 301 Cove Crossing	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Madison, MS 39110	<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>200.00</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 Dana Sims	<u>07</u> / <u>02</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address 6 Northpointe Cove	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39211	<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>100.00</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 C. Ralph Daniel, III	<u>07</u> / <u>02</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address 971 Lakeland Drive Suite 659	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39216	<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>
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 Mr. Wayne Brownie	<u>07</u> / <u>09</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address 1130 Diane Place	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Clinton, MS 39056	<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>100.00</u>

Name of Candidate or Committee Friends to Elect Tyrone Lewis

Reporting 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bertha Lewis</u>	<u>7</u> / <u>20</u> / <u>15</u>	\$ <u>140.00</u>
Mailing Address <u>3962 Skyline Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39213</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>140.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alvin Woods</u>	<u>07</u> / <u>16</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>3746 I-55 South</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MNS 39212</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Friends to Elect Tyrone LewisReporting period July 01, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name Earl Clowers		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1065 Lemon Road		07 / 01 / 15 ___ / ___ / ___	\$ 1,000.00
City, State, Zip Code Bolton, MS 39041		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 3,000.00
B. Full name Aaron Banks		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4722 Brookwood Place		05 / 01 / 15 ___ / ___ / ___	\$ 2,500.00
City, State, Zip Code Jackson, MS 39272		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 7,870.00
C. Full name WMPR 90.1		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecan Circle		07 / 01 / 15 ___ / ___ / ___	\$ 100.00
City, State, Zip Code Jackson, MS 39209		07 / 17 / 15 ___ / ___ / ___	\$ 1,000.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,300.00
D. Full name Toni Johnson		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 104 Amberwood Drive		07 / 01 / 15 ___ / ___ / ___	\$ 800.00
City, State, Zip Code Clinton, MS 39056		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 800.00
E. Full name Randy King		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 223 Timbermill Drive		07 / 06 / 15 ___ / ___ / ___	\$ 3,000.00
City, State, Zip Code Madison, MS 39110		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 3,000.00
F. Full name Mississippi Democratic Party		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1583		07 / 07 / 15 ___ / ___ / ___	\$ 650.00
City, State, Zip Code Jackson, MS 39215		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 650.00

Name of Candidate or Committee Friends to Elect Tyrone Lewis

Reporting period July 01, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name Home Goods		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 175 Grandview Boulevard		06 / 29 / 15 __ / __ / __	\$ 16.04
City, State, Zip Code Madison, MS 39110		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 37.43
B. Full name Comcast Cable		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5915 U-55 North		07 / 13 / 15 __ / __ / __	\$ 187.45
City, State, Zip Code Jackson, MS 39213		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 762.19
C. Full name Edge of Infinity Enterprises, LLC		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 59083		07 / 10 / 15 __ / __ / __	\$ 1,500.00
City, State, Zip Code Jackson, MS 39284		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,500.00
D. Full name Kixie 107 FM		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 South Pear Orchard Road Suite 27		07 / 10 / 15 __ / __ / __	\$ 306.00
City, State, Zip Code Ridgeland, MS 39157		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 306.00
E. Full name Gospel 1300 Radio		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 South Pear Orchard Road Suite 27		07 / 13 / 15 __ / __ / __	\$ 81.60
City, State, Zip Code Ridgeland, MS 39157		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 81.60
F. Full name I-Heart Media		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1375 Beasley Road		07 / 21 / 15 __ / __ / __	\$ 7,004.00
City, State, Zip Code Jackson, MS 39206		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 7,004.00

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED

JUL 28 2015

Name of Candidate Darrel McQuirter

BARBARA DUNN, CIRCUIT CLERK

Address P.O. Box 1077

County Hinds BY _____ D.C. _____

Telephone (Work) 601-968-6690 (Home) 601-927-3962 (Fax) 601-924-3372

Contact Name Darrel McQuirter Email Address dmcquirt@co.hinds.ms.us

Office Sought County Supervisor Political 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
- ____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) All Primary Candidates and Political Committees
Runoff Candidates Only
- ____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) All Primary Candidates and Political Committees in a Runoff Election
- ____ October 27, 2015 Pre-Election Report Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees
- ____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ____ January 8, 2015 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) Mandatory
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 \$	8000 ⁰⁰	\$ 5300 ⁰⁰	\$ 13,300 ⁰⁰	\$ 27,050 ⁰⁰
Total amount of disbursements \$	7880	+ \$ 3108 ⁰⁰	\$ 10,988	\$ 22,538 ⁰⁰
Total amount of cash on hand			\$ 4,512	

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 [Signature]

Date 7-28-15

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Murvin Berry	7/24/15	\$ 1,000.00
Mailing Address 3540 Sunset Dr.	7/16/15	\$ 650.00
City, State, Zip Code Jackson, MS 39213		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1650.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jackson Free Press	7/15/15	\$ 740.00
Mailing Address 125 S. Congress St.	7/1/15	\$
City, State, Zip Code Jackson MS 39201		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jackson Advocate	7/1/15	\$ 714.90
Mailing Address 100 W. Hamilton St.	7/1/15	\$ 800.00
City, State, Zip Code Jackson MS 39202		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WMPR	7/9/15	\$ 700.00
Mailing Address 1018 Pecan Port Cr	7/1/15	\$
City, State, Zip Code Jackson MS 39209		
Purpose of Disbursement (Optional) Ads	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Clinton Courier	7/16/15	\$ 588.00
Mailing Address 402 Monroe St.	7/1/15	\$ 300.00
City, State, Zip Code Clinton MS 39056		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 888.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WYAB SSR Communication	7/24/15	\$ 502.00
Mailing Address 740-B Highway 49	7/1/15	\$
City, State, Zip Code Flora MS 39071		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Friends to Elect Darrel McQuirter
 Reporting period July 1 2015 through July 25 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Space Age	7/6/15	\$ 330 ⁰⁰
Mailing Address 4125 W. Northside Dr. #B		
City, State, Zip Code Jackson, MS 39209	_ _ _	\$ 330 ⁰⁰
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 660 ⁰⁰
<hr/>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Broad Street Baker	7/16/15	\$ 339.16
Mailing Address 4465 N. Hwy. 55 #101		
City, State, Zip Code Jackson, MS 39206	_ _ _	\$ 23.14
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 363.30
<hr/>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SAM's	7/24/15	\$ 299.61
Mailing Address 90 Bass Pro Dr.		
City, State, Zip Code Pearl, MS 39208	7/15/15	\$ 129.02
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 428.63
<hr/>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bags in Bulk	7/20/15	\$ 292.80
Mailing Address		
City, State, Zip Code New York City	_ _ _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<hr/>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Roderick James	7/23/15	\$ 275.00
Mailing Address 539 Tinnin Rd		
City, State, Zip Code Clinton MS	_ _ _	\$
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	\$
<hr/>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
W O A D	_ _ _	\$ 205.90
Mailing Address 731 South Pear Orchard St #7		
City, State, Zip Code Ridgeland, MS 39157	_ _ _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Tondia Lewis</u>	<u>7/14/15</u>	\$ <u>250 -</u>
Mailing Address	<u>12351 McRaven Rd</u>	<u>__1__1__</u>	\$
City, State, Zip Code	<u>Clinton, MS 39056</u>	<u>__1__1__</u>	\$
Name of Employer (Required)		<u>__1__1__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Civil Tech</u>	<u>7/14/15</u>	\$ <u>250</u>
Mailing Address	<u>PO Box 12852</u>	<u>__1__1__</u>	\$
City, State, Zip Code	<u>Jackson, MS 39236</u>	<u>__1__1__</u>	\$
Name of Employer (Required)		<u>__1__1__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>George Malvaney</u>	<u>7/14/15</u>	\$ <u>1,000.00</u>
Mailing Address	<u>1745 Hall Rd</u>	<u>__1__1__</u>	\$
City, State, Zip Code	<u>Edwards, MS 39066</u>	<u>__1__1__</u>	\$
Name of Employer (Required)		<u>__1__1__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Baker Donelson Bearm</u>	<u>7/20/15</u>	\$ <u>500.00</u>
Mailing Address	<u>4268 1-55 North</u>	<u>__1__1__</u>	\$
City, State, Zip Code	<u>Jackson, MS 39211</u>	<u>__1__1__</u>	\$
Name of Employer (Required)		<u>__1__1__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>James & Martha Stringer</u>	<u>7/16/15</u>	<u>\$ 500.00</u>
Mailing Address	<u>105 Greenwing Cove</u>	<u>__/__/__</u>	\$
City, State, Zip Code	<u>Odinton, MS 39056</u>	<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>The May Law Firm</u>	<u>7/14/15</u>	<u>\$ 500.00</u>
Mailing Address	<u>728 North Congress St</u>	<u>__/__/__</u>	\$
City, State, Zip Code	<u>Jackson, MS 39202</u>	<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Providence Hill Farm Sporting</u>	<u>7/14/15</u>	<u>\$ 500.00</u>
Mailing Address	<u>PO Box 13688</u>	<u>__/__/__</u>	\$
City, State, Zip Code	<u>Jackson, MS 39236</u>	<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Providence Mandation</u>	<u>7/14/15</u>	<u>\$ 500.00</u>
Mailing Address	<u>PO Box 13688</u>	<u>__/__/__</u>	\$
City, State, Zip Code	<u>Jackson, MS 39236</u>	<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Chartre Consulting</u>	<u>7 18 15</u>	<u>\$ 500.00</u>
Mailing Address	<u>POB 550</u>	<u>__ 1 __</u>	<u>\$</u>
City, State, Zip Code	<u>Oxford, MS 38655</u>	<u>__ 1 __</u>	<u>\$</u>
Name of Employer (Required)		<u>__ 1 __</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Stephen C. Edds</u>	<u>7 20 15</u>	<u>\$ 250.00</u>
Mailing Address	<u>120 Heron's Landing</u>	<u>__ 1 __</u>	<u>\$</u>
City, State, Zip Code	<u>Bridgeland, MS 39157</u>	<u>__ 1 __</u>	<u>\$</u>
Name of Employer (Required)		<u>__ 1 __</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"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Michael Walker</u>	<u>7 15 15</u>	<u>\$ 250.00</u>
Mailing Address	<u>POB 83</u>	<u>__ 1 __</u>	<u>\$</u>
City, State, Zip Code	<u>Clinton, MS 39060</u>	<u>__ 1 __</u>	<u>\$</u>
Name of Employer (Required)		<u>__ 1 __</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"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Leroy Walker</u>	<u>7 12 15</u>	<u>\$ 2,000.00</u>
Mailing Address	<u>5956 Holbrook Dr</u>	<u>__ 1 __</u>	<u>\$</u>
City, State, Zip Code	<u>Jackson, MS 39206</u>	<u>__ 1 __</u>	<u>\$</u>
Name of Employer (Required)		<u>__ 1 __</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>

Reporting period July 1 through July 28

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Ted Kendall IV</u>	<u>7 15 15</u>	<u>\$ 250.00</u>
Mailing Address	<u>POB 505</u>	<u>__ 1 __ 1 __</u>	\$
City, State, Zip Code	<u>Botton, MS 39041</u>	<u>__ 1 __ 1 __</u>	\$
Name of Employer (Required)		<u>__ 1 __ 1 __</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>[unclear] Inc.</u>	<u>__ 1 __ 1 __</u>	\$
Mailing Address		<u>__ 1 __ 1 __</u>	\$
City, State, Zip Code		<u>__ 1 __ 1 __</u>	\$
Name of Employer (Required)		<u>__ 1 __ 1 __</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Robert Taggart, Jr.</u>	<u>7 14 15</u>	<u>\$ 250.00</u>
Mailing Address	<u>148 Chapel Lane</u>	<u>__ 1 __ 1 __</u>	\$
City, State, Zip Code	<u>Madison, MS 39110</u>	<u>__ 1 __ 1 __</u>	\$
Name of Employer (Required)		<u>__ 1 __ 1 __</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Ceroy Walker</u>	<u>__ 1 __ 1 __</u>	<u>\$ 500.00</u>
Mailing Address	<u>5956 Holbrook Dr.</u>	<u>__ 1 __ 1 __</u>	\$
City, State, Zip Code	<u>Jackson, MS 39206</u>	<u>__ 1 __ 1 __</u>	\$
Name of Employer (Required)		<u>__ 1 __ 1 __</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
JUL 28 2015
BARBARA [Signature] CIRCUIT CLERK

Name of Candidate Jeff Stallworth
Address 1328 Fernwood Drive County Hinds
Telephone (Work) 601-259-5776 (Home) _____ (Fax) _____
Contact Name same Email Address jeffstallworth77@gmail.com
Office Sought DIST. 3 Supervisor 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
- ___ 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
- X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandatory
All Primary Candidates and Political Committees
- ___ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- ___ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
- ___ October 27, 2015 Pre-Election Report Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015) *All Candidates and Political Committees*
- ___ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ___ January 8, 2015 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 \$	1100	+	930.00	\$ 2030.00	\$ 23,931.34
Total amount of disbursements \$	2438	+	771.76	\$ 3209.76	\$ 20,700.12
Total amount of cash on hand				\$ 1515.00	

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

Jeffery Stallworth
Signature of Candidate

7/28/15
Date

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

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

SEND TO:

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

Name of Candidate or Committee Jeff Stallworth

Reporting 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jeffery A. Stallworth</u>	<u>7/15/15</u>	\$ <u>500.00</u>
Mailing Address <u>1328 Fernwood Dr.</u>	<u>7/17/15</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Jackson MS 39213</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Word and Worship Church</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Bishop</u>	Aggregate year-to-date	\$ <u>1500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JoAnne N. Shepherd</u>	<u>7/15/15</u>	\$ <u>550.00</u>
Mailing Address <u>1425 Amherst</u>	<u>7/15/15</u>	\$ <u>50</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Jackson Public School District</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>600.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$ <u> </u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$ <u> </u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<u> / / </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>

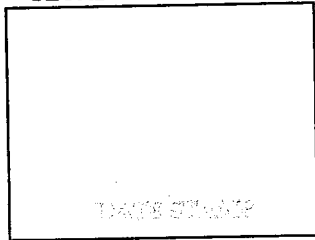
Name of Candidate or Committee Jeff Stallworth
 Reporting period July 1 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursement this period
<u>WINPR</u>		<u>7/10/15</u>	\$ <u>850.00</u>
<u>1018 Pecan Park Circle</u>		<u> / / </u>	\$
<u>Jackson MS 39209</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>850.00</u>
B. Full name		Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursement this period
<u>A2Z Printing</u>		<u>7/8/15</u>	\$ <u>1188.00</u>
<u>2125 TV Rd</u>		<u> / / </u>	\$
<u>Jackson MS 39202-4</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1188.00</u>
C. Full name		Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursement this period
<u>Lamar Advertising</u>		<u>7/13/15</u>	\$ <u>400.00</u>
<u>405 Country Place Pkwy</u>		<u> / / </u>	\$
<u>Pearl MS 39208</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>400.00</u>
D. Full name		Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursement this period
		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursement this period
		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date	Amount of each
Mailing Address		(Mo., Day, Year)	disbursement this period
		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Committee to elect Leslie Tannehill
Address P.O. Box 721088 Byram ms 39272 Hinds County
Telephone 601-832-5810 Fax 601-878-9136
Treasurer Tracey Gardner Email Address tannehillforsheriff@gmail.com



Check here if above is different from previous report

TYPE OF REPORT

FILED

JUL 28 2015

BARBARA DUNN CIRCUIT CLERK

BY [Signature] All Primary Candidates and Political Committees

- 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
- 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
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(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority 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	\$ 1000 ⁰⁰ + \$ 50 ⁰⁰	\$ 1,050 ⁰⁰	\$ 10,264.12
Total amount of disbursements	\$ 945 ⁰⁰ + \$ 315 ⁴⁸	\$ 1,260 ⁴⁸	\$ 12,495.62
Total amount of cash on hand		\$ 1,392.30	

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

Tracey Gardner
Signature of Director or Treasurer

7/25/2015
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).

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 To elect Leslie Tomnehill
 Reporting period 7-1-15 through 7-25-15

July

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>T. H. Kendall</u>	<u>7/12/15</u>	\$ <u>250⁰⁰</u>
Mailing Address	<u>P.O. Box 96</u>	<u>7/12/15</u>	\$ _____
City, State, Zip Code	<u>Bolton ms 39041</u>	<u>7/12/15</u>	\$ _____
Name of Employer (Required)	<u>Self employed</u>	<u>7/12/15</u>	\$ _____
Occupation (Required)	<u>Business Owner</u>	Aggregate year-to-date	\$ <u>450⁰⁰</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>Love Food Mart</u>	<u>7/12/15</u>	\$ <u>250⁰⁰</u>
Mailing Address	<u>120 E. Main St.</u>	<u>7/12/15</u>	\$ _____
City, State, Zip Code	<u>P.O. Box 63 Raymond, ms 39154</u>	<u>7/12/15</u>	\$ _____
Name of Employer (Required)	<u>Love Food Mart</u>	<u>7/12/15</u>	\$ _____
Occupation (Required)	<u>Gas Station</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. 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) <u>LLC</u>			
Full name	<u>Davis Brothers Ent LLC</u>	<u>7/12/15</u>	\$ <u>500⁰⁰</u>
Mailing Address	<u>50 Belletwood Dr.</u>	<u>7/12/15</u>	\$ _____
City, State, Zip Code	<u>Clinton ms 39056</u>	<u>7/12/15</u>	\$ _____
Name of Employer (Required)	<u>Davis Brothers Ent. LLC</u>	<u>7/12/15</u>	\$ _____
Occupation (Required)	<u>Auto Repair</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u>7/12/15</u>	\$ _____
Mailing Address	_____	<u>7/12/15</u>	\$ _____
City, State, Zip Code	_____	<u>7/12/15</u>	\$ _____
Name of Employer (Required)	_____	<u>7/12/15</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee to elect Leslie Tannehill
 Reporting period 7-1-15 through 7-25-15

guy

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>A2Z Printing</u>	<u>7/9/15</u>	\$ <u>945⁰⁰</u>
Mailing Address		
<u>2125 TV Rd.</u>		
City, State, Zip Code		
<u>Jackson ms 39204</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1504.20</u>
<u>yard signs</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	\$

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

Name of Committee Committee to Elect Anthony P. Thomas

Address P. O. Box 1247, Raymond, MS 39154

Telephone (601)951-0308 Fax (769)257-5659

Director Valarie White Treasurer Valarie White

Check here if above is different from previous report

FILED

JUL 28 2015

July _____, 2015 Monthly Report (due 10th of following Month) BARBARA DUNN, CIRCUIT CLERK Mandatory
(Month) BY _____ D.C.

Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority 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 last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$0.00 + \$100.00	\$ 100.00	\$ 2889.00
Total amount of disbursements	\$0.00 + \$ 0.00	\$ 0.00	\$ 2054.00
Total amount of cash on hand		\$ 835.00	

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

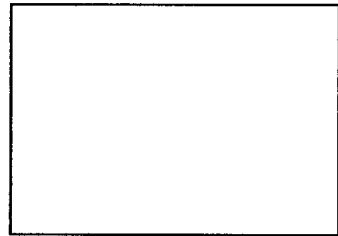
Valarie White _____ 7/28/2015
Signature of Director or Treasurer Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (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. 23-15-813 (1972).

SEND TO:
Political Committees and Individuals should return this form to
Secretary of State, Elections Division
P. O. Box 136
Jackson, MS 39205
Or fax to 601-576-2545

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Anthony P Thomas
 Address 10700 Hwy 467, Raymond, MS 39154 County Hinds
 Telephone (Work) (601)951-0308 (Home) (601)857-8447 (Fax) (769)257-5659
 Contact Name Valarie Thomas Email Address thomas4sheriff1@gmail.com
 Office Sought Sheriff Political Party Democratic



FILED

JUL 28 2015

- 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) **BARBARA DUNN, CIRCUIT CLERK** **Mandatory**
 - July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) **D.C.** **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.
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- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$0.00	+ \$ 0.00	\$ 0.00	\$ 0.00
Total amount of disbursements	\$0.00	+ \$ 0.00	\$ 0.00	\$ 860.00
Total amount of cash on hand			\$ 0.00	

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

Anthony P Thomas
Signature of Candidate

7/28/2015
Date

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

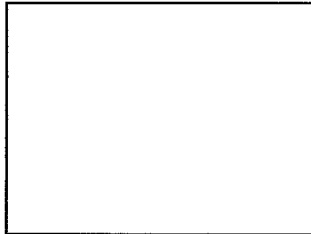
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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- 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

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Committee Committee To Elect Anthony P Thomas
 Address P. O. Box 1247, Raymond, MS 39154 County Hinds
 Telephone (601) 951-0308 Fax (769)257-5659
 Treasurer Valarie White Email Address thomas4sheriff1@gmail.com



Check here if above is different from previous report

FILED

<u>TYPE OF REPORT</u>			
<u>May 8, 2015 Periodic Report</u> (January 1, 2015, through April 30, 2015)		JUL 28 2015	Mandatory
<u>June 10, 2015 Periodic Report</u> (May 1, 2015, through May 31, 2015)			Mandatory
<u>July 10, 2015 Periodic Report</u> (June 1, 2015, through June 30, 2015)		BARBARA DUNN, CIRCUIT CLERK	Mandatory
<input checked="" type="checkbox"/> <u>July 28, 2015 Pre-Election Report</u> (July 1, 2015, through July 25, 2015)		BY _____ D.C.	Mandatory <i>All Primary Candidates and Political Committees</i>
<u>August 18, 2015 Pre-Election Report</u> (July 26, 2015, through August 15, 2015)			Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<u>October 9, 2015 Periodic Report</u> (July 1, 2015, through September 30, 2015)			Mandatory
<u>October 27, 2015 Pre-Election Report</u>			Mandatory <i>All Candidates and Political Committees</i>
(Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)			
<u>November 17, 2015 Pre-Runoff Report</u> (October 25, 2015, through November 14, 2015)			Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<u>January 8, 2016 Periodic Report</u> (October 1, 2015, through December 31, 2015)			Mandatory
<u>Termination Report</u> (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 receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0.00		+ \$ 100.00	\$ 100.00	\$ 2889.00
Total amount of disbursements	\$ 0.00		+ \$ 0.00	\$ 0.00	\$ 2054.00
Total amount of cash on hand				\$ 835.00	

certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Valarie White
 Signature of Director or Treasurer

7/28/2015
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 \$60 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

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
JUL 27 2015
BARBARA DUNN, CIRCUIT CLERK
BY *[Signature]* D.C.

Name of Candidate Reginald Thompson
Address 5316 Gardens Way County Hinds
Telephone (Work) 601-573-5912 (Home) same (Fax) _____
Contact Name Reginald Thompson Email Address reggie.thompson61@gmail.com
Office Sought Hinds County Sheriff Political Party Independent

Check here if above is different from previous report

TYPE OF REPORT

- ___ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
- ___ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
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All Primary Candidates and Political Committees
- ___ August 18, 2015 Pre-Election Report (July 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
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(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, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- ___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	0	+	0	\$ 0	\$ 0
Total amount of disbursements \$	2624	+	0	\$ 2624	\$ 2624
Total amount of cash on hand	0		0	\$ 0	

Reginald Thompson
Signature of Candidate _____ Date 27 July 15

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:**
- 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
 - Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
 - Candidates for Municipal office should return forms to the Municipal Clerk

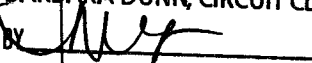
Name of Candidate or Committee Reginald Thompson
 Reporting period 1 July 15 through 25 July 15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Da Gange</u>		
Mailing Address <u>4343 Redwood Cr</u>	<u>15 July 15</u>	\$ <u>644.00</u>
City, State, Zip Code <u>Jackson MS 39212</u>	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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	\$

JUL 28 2015

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

BARBARA DUNN, CIRCUIT CLERK
BY  D.C.

Name of Candidate Zack Wallace
Address PO Box 3648, Jackson, MS 39207 County Hinds
Telephone (Work) 601-201-5677 (Home) 601-201-5677 (Fax) _____
Contact Name Kedra Wallace Email Address zackwallace4circuitclerk@gmail.com
Office Sought Hinds County Circuit 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**
- ___ 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**
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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
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- ___ 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**

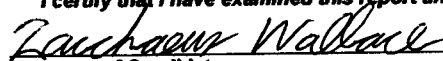
IMPORTANT

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- (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	\$	2,100.00	+	\$ 1,978.00	\$ 4,078.00	\$ 54,370.82
Total amount of disbursements	\$	9,716.15	+	\$ 615.97	\$ 10,332.12	\$ 44,287.46
Total amount of cash on hand			\$ 455.00			

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

07/27/2015
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:

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- 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 Zack WallaceReporting 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Brothers</u>	<u>07</u> / <u>01</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 6717</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39282</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>Self</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Baker Services</u>	<u>07</u> / <u>02</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 6717</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39282</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>Self</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"/> Other (please specify) _____		
Full name <u>Birdie LaMarca</u>	<u>07</u> / <u>10</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>103 Spencer Cove</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>UMMC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Associate Professor</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Lee & Associates</u>	<u>07</u> / <u>11</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Zack Wallace

Reporting 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 Bryant Guy	07 / 21 / 15	\$ 250.00
Mailing Address _____	___ / ___ / ___	\$ _____
City, State, Zip Code _____	___ / ___ / ___	\$ _____
Name of Employer (Required) _____	___ / ___ / ___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name John Brunini	07 / 21 / 15	\$ 300.00
Mailing Address 708 Welford Court	___ / ___ / ___	\$ _____
City, State, Zip Code Madison, MS 39110	___ / ___ / ___	\$ _____
Name of Employer (Required) Self	___ / ___ / ___	\$ _____
Occupation (Required) Attorney	Aggregate year-to-date	\$ 300.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name Kirksey & Associates	07 / 21 / 15	\$ 250.00
Mailing Address PO Box 33	___ / ___ / ___	\$ _____
City, State, Zip Code Jackson, MS 39205	___ / ___ / ___	\$ _____
Name of Employer (Required) Self	___ / ___ / ___	\$ _____
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name Maxie Gordon & Associates	07 / 23 / 15	\$ 200.00
Mailing Address 5 Charleston Ave	___ / ___ / ___	\$ _____
City, State, Zip Code Clinton, MS 39056	___ / ___ / ___	\$ _____
Name of Employer (Required) Self	___ / ___ / ___	\$ _____
Occupation (Required) Physician	Aggregate year-to-date	\$ 200.00

Name of Candidate or Committee Zack Wallace
 Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name VistaPrint	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 01 / 15 __ / __ / __	\$ 421.96
City, State, Zip Code	07 / 15 / 15 __ / __ / __	\$ 187.24
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,064.46
B. Full name Chunda Longino	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 01 / 15 __ / __ / __	\$ 2,611.50
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) Canvas Team	Aggregate Year-to-date	\$ 8,641.50
C. Full name Hafid Muhammad	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 05 / 15 __ / __ / __	\$ 374.50
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 374.50
D. Full name WAPT 16	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 08 / 15 __ / __ / __	\$ 400.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
E. Full name Jackson Free Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 08 / 15 __ / __ / __	\$ 445.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 445.00
F. Full name Jackson Jambalya	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 08 / 15 __ / __ / __	\$ 300.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00

Name of Candidate or Committee Zack Wallace
 Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name John Morgan Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 16 / 15 __ / __ / __	\$ 3,551.50
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) Mailout	Aggregate Year-to-date	\$ 5,898.42
B. Full name Stephens Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 23 / 15 __ / __ / __	\$ 684.80
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8,724.78
C. Full name Hinds County News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 / 16 / 15 __ / __ / __	\$ 160.00
City, State, Zip Code	07 / 23 / 15 __ / __ / __	\$ 160.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 320.00
D. Full name Broadstreet	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 23 / 15 __ / __ / __	\$ 419.65
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 419.65
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	\$