Delbert Hosemann
SECRETARY OF STATE
JUL 28 2015
RA DUNN, CIRCUIT CLERK
D.C.
-3372
k,ms.us
• • • • • • • • • • • • • • • • • • •
Mandatory
Mandatory
y Candidates and Political Committees
milical Committees in a Runoff Election
Candidates and Political Committees
Required to terminate reporting obligations
didate shall submit a report
is. Code Ann. § 23-15-807 (b) (ii)
eadline falls on a weekend or a cleadline. Faxed reports are
Calendar year-to-date
\$ 27,050 ce
\$ 2253800
·
ate, and complete.

Candidate	SECRETARY OF STATE
REPORT OF RECEIPTS AND	DISBURSEMENTS - 1
	on JUL 28 2015
Name of Candidate Darrel McQuirter	JUL ≈0 ZUIJ BARBARA DUNN, CIRCUIT CLERK
Address P.O. Box 1077	county Hinds BY D.C.
Telephone (Work) 601-968-6690 (Home) 601-927- 39	
Day 1 Ma D : 1	75.1 33 /2
Office Sought County Supervisor Political Party	dorquirterc co. hinds, ms. us
Check here if above is different from previous report	Democratic
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	EPORT
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	All Primary Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15	2015)
October 9, 2015 Periodic Report (listy 1, 2015 the control of the control	Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2 October 27, 2015 Pre-Election Report	015)Mandaton
(CINDALY EJECTION WIGHEST COURT COLOR OF THE	38
(Independent Candidates report January 1, 2015, through October 24, 2015) November 17, 2015 Page Page 25	All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through Nove	mber 14, 2015)Runoff Candidates Can
January 8, 2015 Periodic Report (October 1, 2015, through December 3	All Candidates and Political Committees in a Runoff Election
Termination Report (Continue to	1. 2015)
outstanding campaign debt obligation)	aign expenditures and has no Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have indicating "0" (Zero) for total amount of reported contributions and expenditures. (2) Until a Condident file.	
indicating "0" (Zero) for total amount of reported contributions and expenditures have 2. Until a Candidate files a Tambathan	re occurred. In such case, the candidate shall submit a report
Until a Candidate files a Termination Report, annual and periodic reports must s The Secretary of State must be leave.	till be filed in accordance with Name of
(3) The Secretary of State must be in actual receipt of the	The state of the s
(3) The Secretary of State must be in actual receipt of the required reports by 5:00 p holiday, the office must be in actual receipt of the required reports by 5:00 p.m. of acceptable.	and decomile. Faxed reports are
REPORTED CONTRIBUTIONS	AND DISRUPSEMENTS
Itemized + Non-Itemized	This Period Calendar
Total amount of contributions \$ 8000, as 53,000	year-to-date
Total amount of disbursements \$ 7890 +s 210000	3,300 3 27,050 00
Total amount of cash on hand	\$ 16,988 \$ 2253800 \$ US12
I certify that I have examined this report and to the	3 4215
I certify that I have examined this report and to the best of my know	ledge and belief it is true, accurate, and complete.
Signature of Candidate C	7-28-15
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.	Date
Penalties: Failure 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 fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and SEND TO:	statutory deadlines or failure to out
SEND TO:	813 (1972).
Candidates for Statewide, State-District, Multi-County and all Legislat Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545 Candidates for Countywide and County-District offices should	ive offices should return forms
2. Candidates for Countywide and County-District offices should return 3. Candidates for Municipal office should return forms to the Municipal	forms to the control form to Secretary of State, Elections
3. Candidates for Municipal office should return forms to the Municipal	Clerk rish stone is dans.

Name of Candidate or Committee	Friends to	Elect I	arrel i	Page Mc Dui	2 iter	of
Reporting period	` ~	through	July	25 ,	2015	

ITEMIZED	DISBU	RSEM	=NTS
-----------------	-------	------	------

A. Full name		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5540 Sunsex Dr. City, State, Zip Code	Z 124115	\$ 1,000 ce
Purpose of Disbursement (Optional)	Z116115	\$.650 co
B. Full name	Aggregate Year-to-date	\$ 165000
Tackson Free Dose	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 125. S. Congress St. City, State, Zip Code	Z115115	\$ 740-00.
Jackson MS 39201	_/_/_	\$
Purpose of Disbursement (Optional) C. Full name	Aggregate Year-to-date	\$
Jackson Advocate	Date (Mo., Day, Year)	Amount of each disbursement this period
100 10 1/2 1/2 5/	//_	\$ 714.90
City, State, Zip Code Jac Ksan MS 37202 Purpose of Disbursement (Optional)	//	\$ 80000
D. Full name	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code 1018 Pecan Port Cr	719115	\$ 700,00
Jackson MS 39209	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ · _ ·
Malling Address Clinton Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
402 Monroe St.	Z116115	\$ 588 00
Clinton MS 39056	//	\$ 300
urpose of Disbursement (Optional) Full name	Aggregate Year-to-date	\$ 484,00
WYAB SSR Communication	Date (Mo., Day, Year)	Amount of each disbursement this period
740-8 Highway 49	Z124115	\$ 502 00
Flora MS 3907/		\$
Purpose of Disbursement (Optional)	Aggregate	\$

	Page / of 2
Name of Candidate or Committee Friends to Elect	+ Darrel McQuirter
Reporting period 5 why 1 2018 throu	ugh 5 25 2015

ITEMIZED DISBURSEMENTS

A. Full name Date (Mo., Day, Year) Mailing Address H 125 W. Northside Dr. #B City, State, Zip Code Jackson MS 39209 Purpose of Disbursement (Optional) Aggregate Amount of edisbursement the disbursement t	
4/25 W. Northside Dr. #B 7/6/15 330 City, State, Zip Code Jackson MS 39209 330 Purpose of Disbursement (Optional) 330	as Derico
Purpose of Disbursement (Optional) \$39209 \\ \[-1_1_ \] \$330	
Purpose of Disbursement (Optional)	
	, 00
B. Full name Year-to-date 660) 00
Mailing Address Date (Mo., Day, Year) Amount of e	
4465 N. Hwy. 55#101 711615 \$ 220	16.
Vackson MS 39206 32	14
Purpose of Disbursement (Optional) Aggregate Year-to-date \$ 3.6.3.	30
Date Amount of e	\sim
Mailing Address (Mo., Day, Year) disbursement this	s period
90 Bass Pro Dr. Z124115 \$ 299, 6	51
Pearl MS 39208 7,15,15 129.0	12
Purpose of Disbursement (Optional) Aggregate Year-to-date \$ 428.0	33
Date Amount of es	ach
7,20,15-\$ 797 8	
New York City	
Purpose of Disbursement (Optional) Aggregate \$	-
Year-to-date 1	
E. Full name Poderich Gross (Mo., Day, Year) disbursement this	
E. Full name Poderto James (Mo., Day, Year) Amount of ear disbursement this \$ 39 Times Qd 21231(5) \$ 775 C	period
E. Full name Poderick James (Mo., Day, Year) Amount of earlies Mailing Address Z1231(5) City, State, Zip Code Linker Ms Linker Ms	period
E. Full name Poderich James (Mo., Day, Year) Mailing Address Z1231(5) City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date	period
E. Full name Poderto James (Mo., Day, Year) Amount of ear disbursement this 2 /23//5 \$ 2 75/ City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Pate (Mo., Day, Year) Amount of ear disbursement this Amount of ear disbursement this	3 period
E. Full name Poderich James (Mo., Day, Year) Mailing Address City, State, Zip Code City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Date (Mo., Day, Year) Amount of each of the Code of the Co	3 period
E. Full name Date (Mo., Day, Year) City, State, Zip Code	period

Name of Candidate or Committee Friends to Elect D Reporting period Uki 1 through July 28	Page _/	of
Name of Candidate or Committee Priends to Elect D	arrel McQuirte	or
J		
ITEMIZED RÉCEIR	PTS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	tris period
Mailing Address Londia Lewis	Z114125	\$ 250 -
72351 Mc Raven Rd		\$
City, State, Zip Code (Intern MS 39056		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt this period
Mailing Address	21415	\$ 250
PO BOX 12852		\$
City, State, Zip Code achson MS 39236		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name George Malvaney	71415	\$ 1,000.00
Mailing Address 1745 Hall Rd		\$
City, State Zip Code Edwards, 175 39066		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ -
D. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Baker Donelson Bearm	712015	\$500.00
Mailing Address 4268 1-55 North		\$
City, State, Zip Code, 39211	//_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Friends Fo Elect Reporting period July / through	Davrel McQuinter	ge of
Reporting period Outy / through	Jakpo	
ITEMIZED	RECEIPTS	3
A. Source: Corporation PAC Individual Loan		Amount of each

A. Source: Corporation PAC Individual Clean		
A. Source: Corporation PAC Individual Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	21/6/15	\$500.00
Mailing Address ~ () Cartha Stringer	7/3/-	
105 Greenwing Cove		\$
City, State, Zip Code Cintan M5 39056		\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan		Amount of each
☐ Other (please specify)	Date (Mo., Day, Year)	receipt this period
The May Law Firm	7.14.15	\$ 500.00
Mailing Address .	//	\$
728 North Congress St City, State, Zip Code ackson MS 39202	//	\$
Name of Employer (Required)	, ,	\$
Occupation (Required)		
	Aggregate	\$
	year-to-date	i .
C. Source: Corporation PAC Individual Loan		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fyliname Hill Farm Sprting	Date	receipt
Full name Fordence Hill Farm Sporting	Date (Mo., Day, Year)	receipt this period
Full name Full name For Vidence Hill Farm Sporting Mailing Address City, State, ZipyCode Code Co	Date (Mo., Day, Year)	receipt this period \$ 500.00
Full name For I form Sporting Mailing Address City, State, ZipiCode Jackson MS 39236	Date (Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full hame	Date (Mo., Day, Year)	receipt this period \$ 500.00
Full name For I form Sporting Mailing Address City, State, ZipiCode Jackson MS 39236	Date (Mo., Day, Year) /_///_/5 //// Aggregate	receipt this period \$ 500.00 \$
Other (please specify) Full hame No Vidence Hill Farm Sporting Mailing Address City, State, ZipiCode Jackson MS 39236 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ \$ \$
Other (please specify) Full hame Providence Hill Farm Sprying Mailing Address City, State, ZipiCode Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) /_///_/5 //// Aggregate	receipt this period \$ 500.00 \$ \$ Amount of each receipt
Other (please specify) Full name	Date (Mo., Day, Year) ///	receipt this period \$ 500.00 \$ \$ Amount of each
Gity, State, ZipiCode City, State, ZipiCode Cocupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name POVIDENCE Mandration Mailing Address POX 13688	Date (Mo., Day, Year) ///	receipt this period \$ 500.00 \$ \$ Amount of each receipt this period
Other (please specify) Full name	Date (Mo., Day, Year) ///	receipt this period \$ 500.00 \$ \$ Amount of each receipt this period \$ 500.00
Other (please specify) Full name	Date (Mo., Day, Year) ///	receipt this period \$ 500.00 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500.00 \$ \$
Other (please specify) Full name Farm Sprfing Mailing Address 13688 City, State, Zipi Code Gackson MS 39236 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Full name Other (please specify) Mailing Address Box 13688 City, State, Zip Code Gackson MS 39236 Name of Employer (Required) Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500.00 \$ \$
Other (please specify) Full name	Date (Mo., Day, Year) ///	receipt this period \$ 500.00 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500.00 \$ \$

5.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.	Page 3	of 4 -
Name of Candidate or Committee Fiends to Elect Daviel McQuiv	ter	01
Reporting period through		
ITEMIZED RECEIR	PTS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Full name // / / / / / /	(Mo., Day, Year)	receipt this period
Chartre Consultina	718 115	\$ 500.00
Mailing Address POB 550		\$
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Stephen C. Edds	720,15	\$ 250.00
120 Heron's landing		\$
City, State, Zip Code Ridgeland ms 39157		\$
Name of Employer (Hequired)	//	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Michael Walker	71/51/5	\$ 250.00
Mailing Address POB83	//	\$
City, State, Zip Code Clinton MS 39060		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ -
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Leroy Walker	21241 15	\$2,000.00
Mailing Address 5956 Holbrook Dr	//	\$
City, State, Zip Code Jackson M5 3420 6	//	\$
Name of Employer (Required)	1 , ,	

Occupation (Required)

Aggregate year-to-date

Name of Candidate of Committee Friends to Elect	Dowel Milling	Page 4	of
Reporting period u/y through	July 28		
ITEMIZED		TS	
A. Source: Corporation PAC Individual Loan			Amount of each
Other (please specify)		Date (Mo., Day, Year)	receipt this period
led Kendall IV		21515	\$250,00
Mailing Address POB 505		//_	\$
City, State, Zip Code Bo Han MS 3904	-)	//	\$
Name of Employer (Required)		, ,	\$
Occupation (Required)		Aggregate	s
B. Source: Corporation PAC Individual Loar		year-to-date	3
☐ Other (please specify))	Date (Mo., Day, Year)	Amount of each receipt this period
Full name / / / / / / / / / / / / / / / / / / /			\$
Mailing Address		_/_/_	\$
City, State, Zip Code		//	\$
Name of Employer (Required)		//	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	•	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Taggart Jr.		7114115	\$ 250.00
Mailing Address 148 Chape Lane		//	\$
City, State, Zip Code Amadisa in San in S	9/10	//	\$
Name of Employer (Required)		//	\$
Occupation (Required)		Aggregate	\$
D. Source: Corporation PAC Individual Loan		year-to-date	Amount of each
Other (please specify)		Date (Mo., Day, Year)	receipt this period
Mailing Address-		//	\$500.00
5936 Holbrook Dr.			\$
Uackson VVIS 39;	204	//	\$
Name of Employer (Required)			

Occupation (Required)

\$

\$

Aggregate year-to-date