

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election**FILED**

JUL 28 2015

Name of Candidate Darrel McQuirterAddress P.O. Box 1077

BARBARA DUNN, CIRCUIT CLERK

County Hinds BY D.C.Telephone (Work) 601-968-6690 (Home) 601-927-3962 (Fax) 601-924-3372Contact Name Darrel McQuirter Email Address dmcquirt@co.hinds.ms.usOffice 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
- ____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Runoff Candidates Only
- ____ October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) All Primary Candidates and Political Committees in a Runoff Election
- ____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) All Candidates and Political Committees
- ____ January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Runoff Candidates Only
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) All Candidates and Political Committees in a Runoff Election

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 \$ <u>8000.00</u> + \$ <u>5300.00</u>	\$ <u>13,300.00</u>	\$ <u>27,050.00</u>
Total amount of disbursements \$ <u>7880.00</u> + \$ <u>3108.00</u>	\$ <u>10,988.00</u>	\$ <u>22,538.00</u>
Total amount of cash on hand	\$ <u>4,512.00</u>	

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 Darrel McQuirterDate 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

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
Mailing Address Marvin Berry		7/24/15	\$ 1,000.00
City, State, Zip Code 5540 Sunset Dr.		7/16/15	\$ 650.00
Purpose of Disbursement (Optional) Jackson MS 39213		Aggregate Year-to-date	\$ 1650.00
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Jackson Free Press		7/15/15	\$ 740.00
City, State, Zip Code 125 S. Congress St.		7/1/15	\$
Purpose of Disbursement (Optional) Jackson MS 39201		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Jackson Advocate		7/1/15	\$ 714.90
City, State, Zip Code 100 W. Hamilton St.		7/1/15	\$ 800.00
Purpose of Disbursement (Optional) Jackson MS 39202		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address WMPR		7/9/15	\$ 700.00
City, State, Zip Code 1018 Pecan Park Cr.		7/1/15	\$
Purpose of Disbursement (Optional) Jackson MS 39209		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Clinton Courier		7/16/15	\$ 588.00
City, State, Zip Code 402 Monroe St.		7/1/15	\$ 300.00
Purpose of Disbursement (Optional) Clinton MS 39056		Aggregate Year-to-date	\$ 888.00
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address WYAB SSR Communication		7/24/15	\$ 502.00
City, State, Zip Code 740-R Highway 49		7/1/15	\$
Purpose of Disbursement (Optional) Flora MS 39071		Aggregate Year-to-date	\$

Name of Candidate or Committee Friends to Elect Darrel McQuirter
 Reporting period July 1 2015 through July 28 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Space Age</u>	<u>7/6/15</u>	\$ <u>330.00</u>
City, State, Zip Code <u>4125 W. Northside Dr. #B</u>	<u>7/1/15</u>	\$ <u>330.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>660.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Broad Street Baker</u>	<u>7/16/15</u>	\$ <u>339.16</u>
City, State, Zip Code <u>4465 N. Hwy. 55 #101</u>	<u>7/1/15</u>	\$ <u>23.14</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>363.30</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>SAM's</u>	<u>7/24/15</u>	\$ <u>299.61</u>
City, State, Zip Code <u>90 Bass Pro Dr.</u>	<u>7/15/15</u>	\$ <u>129.02</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>428.63</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Bright Bulk</u>	<u>7/20/15</u>	\$ <u>292.80</u>
City, State, Zip Code <u>New York City</u>	<u>7/1/15</u>	\$ <u>-</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>-</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Roderick James</u>	<u>7/23/15</u>	\$ <u>275.00</u>
City, State, Zip Code <u>539 Tinnin Rd</u>	<u>7/1/15</u>	\$ <u>-</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>-</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Signs</u>	<u>7/1/15</u>	\$ <u>205.90</u>
City, State, Zip Code <u>W O A D</u>	<u>7/1/15</u>	\$ <u>-</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>-</u>

Name of Candidate or Committee Friends to Elect Darrel McQuirter Page 1 of 4
 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>Tondia Lewis</u>		<u>7/14/15</u>	\$ <u>250 -</u>
Mailing Address <u>12351 McRaven Rd</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <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>Civil Tech</u>		<u>7/14/15</u>	\$ <u>250</u>
Mailing Address <u>PO Box 12852</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39236</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <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>George Malvaney</u>		<u>7/14/15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1745 Hall Rd</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Edwards MS 39066</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <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>Baker Donelson Bearm</u>		<u>7/20/15</u>	\$ <u>500.00</u>
Mailing Address <u>4268 1-55 North</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39211</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Friends to Elect Darrel McQuirter Page 2 of 4
 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>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>Oxford, 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 Plantation</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	\$

Name of Candidate or Committee Friends to Elect Darrel McQuiver Page 3 of 4
 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>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Oxford, MS 38655</u>	<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Bridgeland, MS 39157</u>	<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Clinton, MS 39060</u>	<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>Leroy Walker</u>	<u>7/24/15</u>	<u>\$2,000.00</u>
Mailing Address	<u>5956 Holbrook Dr</u>	<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Jackson, MS 39206</u>	<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 Friends to Elect Darrel McQuinter Page 4 of 4
 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>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Bolton, MS 39041</u>	<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>_____</u>	<u>___/___/___</u>	<u>\$</u>
Mailing Address	<u>_____</u>	<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>
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>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Madison MS 39110</u>	<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>Ceroy Walker</u>	<u>___/___/___</u>	<u>\$500.00</u>
Mailing Address	<u>3956 Holbrook Dr.</u>	<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code	<u>Jackson, MS 39206</u>	<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required)		<u>___/___/___</u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$</u>