EDDIE JEAN CARD

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

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		~ ~	-041	-	

JUL, 28 2015

Name of Candidate	BARBARA DUNN CROST CLERK
Address 980 WEST RIDGE DRIVE	County HINDS BY D.C.
Telephone (Work) 601-968-6507 (Home) 601-922-7	
Contact Name EDDIE JEAN CARR Email A	ddressEJCARR980@AOL.COM
CHANCEDY OF FRIC	ty DEMOCRAT
Check here if above is different from previous report	
May 8, 2015 Periodic Peport / January 1, 2015, through 1	OF REPORT
lune 49, 2015 refloate Report (January 1, 2015, through April 30,	2015)
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 20	15)
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2	015)
X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25	2015)
August 18, 2015 Pre-Election Report (July 26, 2015, through Au	All Primary Candidates and Political Committees gust 15, 2015)
October 9, 2015 Periodic Report (July 1, 2015, through Septemb	All Primary Candidates and Political Committees in a Runoff Election er 30, 2015)
October 27, 2015 Pre-Election Report	
(Primary Election Winners report October 1, 2015, through October 24, (Independent Candidates report January 1, 2015 through October 24, 2	2015)
	n November 14, 2015)
January 8, 2016 Periodic Report (October 1, 2015, through Dece	mber 31, 2015)
Termination Report (Candidate will no longer accept contributions or ma outstanding campaign debt obligation)	<u> </u>

IMPORTANT

- 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.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii)
- The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are

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

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

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

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

SEND TO:

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

Page	1	of	1

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

ITEMIZED RECEIPTS

Other (please specify)	A. Source: Corporation PAC Individual Loan		Amount of each
Mulliamm Milliam McOolety	Other (please specify)	(Mo., Day, Year)	
Mailing Address	Full name		
	WILLIAM M COOLEY	107 / 101 / 115	\$ 250.00
Introduction Internation	Mailing Address		
JACKSON, MS 39206	1116 HALLMARK DR		 \$
Name of Employer (Required) Aggregate S 250.00	City, State, Zip Code		
FETRED	11.000000000000000000000000000000000000	<u> </u>	\$
Aggregate year-to-date			
B. Source: Corporation PAC V Individual Loan Date (Mo., Day, Year) Full name Aggregate (Mo., Day, Year) Full name (C. Source Corporation PAC V Individual Loan Date (Mo., Day, Year) Full name (Mo., Day, Year)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name LeLand S. Garrett Sarate (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Individual Loan Date (Mo., Day, Year) Full name Capaciton PAC Capacito	Occupation (Required)		\$ 250.00
Other (please specify) Full name AUDREY B WILEY Mailing Address I546 COUNTRYWOOD DRIVE Giv, State, Zip Code JACKSON, MS 39213 Name of Employer (Required) Other (please specify) Full name C. Source Corporation PAC / Individual Lean Date (Mo., Day, Year) Full name LELAND S. GARRETT Mailing Address 2659 LIVINGSTON ROAD Giv, State, Zip Code JACKSON, MS 39213-6926 JACKSON, MS 39213-6926 Name of Employer (Required) Other (please specify) Aggregate year-to-date (Mo., Day, Year) Full name City, State, Zip Code JACKSON, MS 39213-6926 Amount of eac receipt this period Full name Aggregate year-to-date Jackson, MS 39213-6926 Amount of eac receipt this period Full name City, State, Zip Code JACKSON, MS 39213-6926 Aggregate year-to-date Other (please specify) Aggregate year-to-date Other (please specify) Aggregate year-to-date Other (please specify) Source: Corporation PAC / Individual Loan Date (Mo., Day, Year) Amount of eac receipt this period Full name ROSETTA LYMON Mailing Address 107 / 101 / 115 \$ 200.00 Amount of eac receipt this period Titl name ROSETTA LYMON Mailing Address 107 / 101 / 115 \$ 200.00 Mailing Address 107 / 101 / 115 \$ 200.00 Mailing Address 107 / 101 / 115 \$ 200.00 Mailing Address 107 / 101 / 115 \$ 200.00 Mailing Address 107 / 101 / 115 \$ 200.00	B. Source: Corporation PAC / Individual Loan		Amount of each
AUDREY B WILEY			receipt
Mailing Address	Full name		
1	AUDREY B WILEY	107 / 101 / 115	\$ 200.00
Sate Country Wood Drive Size Country State, Zip Code	Mailing Address		
JACKSON, MS 39213	1546 COUNTRYWOOD DRIVE	<u> </u>	\$
Name of Employer (Required) Name of Employer (Name of Em	City, State, Zip Code		
WESTHAVEN FUNERAL HOME Occupation (Required) OWNER C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name LELAND S. GARRETT O7 O1 15 \$ 200.00 Mailing Address	the state of the s		5
Occupation (Required) OWNER C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address 2659 LIVINGSTON ROAD City, State, Zip Code JACKSON, MS 39213-6926 Name of Employer (Required) GARRETT ENTERPRISES Occupation PAC Individual Loan Occupation Required Owner Other (please specify) Amount of eac receipt this period 1			\$
OWNER C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Co		<u> </u>	Y 1
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name LELAND S. GARRETT			\$ 200.00
Other (please specify) Date (Mo., Day, Year)		year–to-date	+ 1200.00
Eull name LIELAND S. GARRETT			
LELAND S. GARRETT			uns period
Mailing Address 2659 LIVINGSTON ROAD City, State, Zip Code JACKSON, MS 39213-6926 Name of Employer (Required) GARRETT ENTERPRISES Occupation (Required) OWNER D. Source: Corporation PAC / Individual Loan Other (please specify) Full name ROSETTA LYMON Mailing Address 152 SOLLITT ST City, State, Zip Code City, State, Zip Code		07 / 01 / 15	\$ 200.00
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City, State, Zip Code JACKSON, MS 39213-6926 Name of Employer (Required) GARRETT ENTERPRISES Occupation (Required) OWNER D. Source: Corporation PAC Individual Loan Other (please specify) Full name ROSETTA LYMON Mailing Address 152 SOLLITT ST City, State, Zip Code			\$
JACKSON, MS 39213-6926	90.11		· · · · · · · · · · · · · · · · · · ·
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Occupation (Required) OWNER D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name ROSETTA LYMON Mailing Address [152 SOLLITT ST City, State, Zip Code Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period Full of the control o			
OWNER D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full name ROSETTA LYMON Mailing Address 152 SOLLITT ST City, State, Zip Code Spara—to-date Amount of eac receipt this period \$ 200.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 200.00		<u> </u>	5]
Date (Mo., Day, Year) Full name ROSETTA LYMON Mailing Address [152 SOLLITT ST City, State, Zip Code Amount of each receipt this period Amount of each receipt this period Full name [77 / 01 / 15 \$ 200.00] [8			\$ 200.00
Other (please specify) Full name ROSETTA LYMON Mailing Address 152 SOLLITT ST City, State, Zip Code ROM., Day, Year) receipt this period receipt this period **Total Park Total Pa	D. Source: Corporation PAC / Individual Loan		Amount of each
Full name 07 / 01 / 15 \$ 200.00 Mailing Address	Other (please specify)		receipt
Mailing Address 152 SOLLITT ST		[07] / [02] / [25]	
152 SOLLITT ST	The state of the s	107 / 101 / 115	3 200.00
City, State, Zip Code			•
	AND AND A STANDARD AND ADDRESS OF THE ADDRESS OF TH	<u> </u>	₽
	JACKSON, MS 39209		\$
Name of Employer (Required)		<u> </u>	V
	BELK		\$
		Aggregate	8
Occupation (Required)	SALES REP	year–to-date	200.00

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Name of	Candidate	~=	Committee
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EDDIE JEAN CARR

Reporting period JULY 1, 2015

through ____

ITEMIZED DISBURSEMENTS

A. Full name CLASSIC PRINTING	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
418 N. FARISH STREET	07 / 02 / 15	\$ ^{1414.80}
City, State, Zip Code JACKSON, MS 39202		
		\$
Purpose of Disbursement (Optional) PRINTING	Aggregate	\$ 2914.80
B. Full name	Year-to-date	
KEVIN BRADLEY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 963 CHASTAIN DRIVE	07 / 08 / 15	\$ 600.00
City, State, Zip Code		
JACKSON, MS 39206	//	\$
Purpose of Disbursement (Optional)	Aggregate	
PHOTOGRAPHER	Aggregate Year-to-date	\$ 600.00
C. Full name	Date	Amount of each
GEORGE W. DANIEL	(Mo., Day, Year)	disbursement this period
Mailing Address P O BOX 94	07 / 13 / 15	\$ 300.00
City, State, Zip Code		
BOLTON, MS 39041		\$
Purpose of Disbursement (Optional)	Aggregate	- 200.00
FOOD FOR "MEET & GREET"	Year-to-date	\$ 300.00
D. Full name	Date	Amount of each
BIG DADDY'S SIGNS	(Mo., Day, Year)	disbursement this period
Mailing Address 24 LEXINGTON DR., SUITE 1	07 , 24 , 15	\$ 701.91
		3 701.51
City, State, Zip Code LACONIA, NH 03246	/ /	\$
		3
Purpose of Disbursement (Optional) CAMPAIGN SIGNS	Aggregate	s 1586.64
E. Full name	Year-to-date	
L. Full halile	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
maning Address	//	\$
City, State, Zip Code		
	//	\$
Purpose of Disbursement (Optional)	Aggregate	
	Year-to-date	\$
F. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	, ,	**
City State 7in Cod-		\$
City, State, Zip Code	, ,	\$
Purpose of Disbursement (Optional)		.
- dipose of Dispursement (Optional)	Aggregate Year-to-date	\$