

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

JUL 27 2015

BARBARA DUNN, CIRCUIT CLERK
BY [Signature] D.C.Name of Candidate Reginald ThompsonAddress 5316 Gardens WayCounty HindsTelephone (Work) 601-573-5912 (Home) same (Fax) _____Contact Name Reginald ThompsonEmail Address reggie.thompson61@gmail.comOffice Sought Hinds County SheriffPolitical Party Independent☐ Check here if above is different from previous report

TYPE OF REPORT

Mandatory

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)

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 \$	0	+	0	\$ 0	\$ 0
Total amount of disbursements \$	2624	+	0	\$ 644/40	\$ 2668
Total amount of cash on hand	0		0	\$ 0	

[Signature] I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Signature of Candidate Date 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:

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

4. 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>		<u>15 / July / 15</u>	\$ <u>644.00</u>
Mailing Address			
<u>4343 Redwood Cr</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	\$