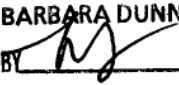


Delbert Hosemann  
SECRETARY OF STATE

FILED

JUL 27 2015

BARBARA DUNN, CIRCUIT CLERK  
BY  D.C.

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Name of Candidate Vern Gavin

Address P. O. Box 20092 County Hinds

Telephone (Work) 601 925-5255 (Home) 601 925-4846 (Fax) 601-925-4846

Contact Name Vern Gavin Email Address gavinforsupervisor@gmail.com

Office Sought Supervisor, District 4 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**  
*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, 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 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	\$600.00	+ \$1,590.00	\$2,190.00	\$4,369.85
Total amount of disbursements	\$1,960.00	+ \$0	\$1,960.00	\$3,843.85
<b>Total amount of cash on hand</b>			<b>\$526.00</b>	

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

July 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 Vern Gavin for Supervisor

Reporting period July 1, 2015 through July 25, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> WKXI		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 731 S Pear Orchard Road		07 / 23 / 15	\$ 1,380.00
<b>City, State, Zip Code</b> Jackson, MS 39201		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Radio Spots		<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,380.00
<b>B. Full name</b> Felicia Gavin		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 102 Moselle Drive		07 / 20 / 15	\$ 580.00
<b>City, State, Zip Code</b> Clinton, MS 39056		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> To Pay Campaign Workers for Canvassing		<b>Aggregate</b> <b>Year-to-date</b>	\$ 580.00
<b>C. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$

Name of Candidate or Committee Vern GavinReporting period July 1 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>John Hall</u>	<u>07</u> / <u>01</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>31 Raintree Pl.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Morgan and Morgan</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300.00</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>Roni Brown</u>	<u>07</u> / <u>01</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>103 Lantana Hill</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Dash Consulting, LLC</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>300.00</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	\$ _____

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

**FILED**

JUL 27 2015

BARBARA DUNN CIRCUIT CLERK  
D.C.

Name of Candidate Vern Gavin  
 Address P. O. Box 20092 County Hinds  
 Telephone (Work) 601 925-5255 (Home) 601 925-4846 (Fax) 601-925-4846  
 Contact Name Vern Gavin Email Address gavinforsupervisor@gmail.com  
 Office Sought Supervisor, District 4 Political Party Democratic

Check here if above is different from previous report

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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	\$	1,879.85	+	\$ 300.00	\$ 2,179.85	\$ 2,179.85
Total amount of disbursements	\$	1,640.90	+	\$ 242.95	\$ 1,883.85	\$ 1,883.85
Total amount of cash on hand			\$ 296.00			

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

July 10, 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. §§ 23-16-811 and 813 (1972).

**SEND TO:**

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Name of Candidate or Committee Vern Gavin for SupervisorReporting period June 1, 2015 through June 30, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Vern Gavin</u>		<u>06</u> / <u>01</u> / <u>15</u>	\$ <u>1,879.85</u>
Mailing Address <u>102 Moselle Drive</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>Self Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Business Owner</u>		Aggregate year-to-date	\$ <u>1,879.85</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 _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____		<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>  </u>
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 _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____		<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>  </u>
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>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____		<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>  </u>

Name of Candidate or Committee Vern Gavin for Supervisor  
 Reporting period June 1, 2015 through June 30, 2015

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Stamm Advertising		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 4445 Robinson Road		06 / 25 / 15	\$ 756.00
<b>City, State, Zip Code</b> Jackson, MS 39209		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Campaign Signs		<b>Aggregate</b> <b>Year-to-date</b>	\$ 756.00
<b>B. Full name</b> Taylor Made Labels		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 201 Industrial Drive		06 / 08 / 15	\$ 484.90
<b>City, State, Zip Code</b> Richland, MS 39218		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Campaign Labels		<b>Aggregate</b> <b>Year-to-date</b>	\$ 484.90
<b>C. Full name</b> Exact Data		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 328 S. Jefferson Street, Suite 550		06 / 29 / 15	\$ 400.00
<b>City, State, Zip Code</b> Chicago, IL 60661		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Email Blasts <i>Research</i>		<b>Aggregate</b> <b>Year-to-date</b>	\$ 400.00
<b>D. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		__ / __ / __	\$
<b>City, State, Zip Code</b>		__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$