2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Victor P. Mason

Address P.O. Box 1474, Jackson, MS 39213 County Hinds

Telephone (Work) (769)243-1733 (Home) _____ (Fax) _____

Contact Name Johnnie Bruce Email Address bajohnnie@aol.com

Office Sought Hinds County Sheriff Political Party Democratic

☐ Check here if above is different from previous report

FILED
JUL 28 2015
BARBARA DUNN, CIRCUIT CLERK
BY _____ D.C.

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	$ 5,975	+ $ 175.00	$ 6,150.00	$
Total amount of disbursements	$ 3,279.52	+ $ 00.00	$ 3,279.52	$
Total amount of cash on hand			$ 12,571.05	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Victor P. Mason
Signature of Candidate

July 28, 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***

SOS 10-14

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Name of Candidate or Committee Victor P. Mason

Reporting period 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Country Meadows Company, LLC	07/24/15	$ 200.00
Mailing Address: P.O. Box 13925	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fondren Hill Apartments, LLC	07/24/15	$ 200.00
Mailing Address: P.O. Box 13925	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
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	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 015 through 25 July 015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rae Brock Waller	07/17/	$ 100.00
Mailing Address: 1734 Hillview Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dustin W. Bailey	07/17/15	$ 500.00
Mailing Address: 105 Whitetail BLVd	/ /	$
City, State, Zip Code: Florence, MS 39073	/ /	$
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: Sarah Webb, M.D.	07/16/15	$ 250.00
Mailing Address: 4088 Boxwood Cir.	/ /	$
City, State, Zip Code: Jackson, MS 39211-6609	/ /	$
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: Virginia F. Webb	07/16/15	$ 250.00
Mailing Address: 4088 Boxwood Cir.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Victor P. Mason

Reporting period 15 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Frank C. Breese III	07/16/15	$ 250.00
Mailing Address: 110 Hoylake DR.	☐/☐/☐	$
City, State, Zip Code: Jackson, MS 39211-2513	☐/☐/☐	$
Name of Employer (Required)	☐/☐/☐	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brooks R Buchanan	07/16/15	$ 200.00
Mailing Address: 110 Meadowbrook N	☐/☐/☐	$
City, State, Zip Code: Jackson, MS 39211	☐/☐/☐	$
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: Kenneth Bryant	07/08/15	$ 25.00
Mailing Address: 6713 George Washington	☐/☐/☐	$
City, State, Zip Code: Jackson, MS 39213	☐/☐/☐	$
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: Hanging Moss Church OF Christ	07/12/15	$ 500.00
Mailing Address: 5225 Hanging Moss RD	☐/☐/☐	$
City, State, Zip Code: Jackson, MS 39206-2704	☐/☐/☐	$
Name of Employer (Required)	☐/☐/☐	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) ☐ Full name: Richard C. Turner III Mailing Address: 160 Kirkwood Place City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required) Occupation (Required)	07/13/15	$ 100.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) ☐ Full name: John Hackney Mailing Address: 1725 Seven Springs Rd City, State, Zip Code: Raymond, MS Name of Employer (Required) Occupation (Required)	07/10/15	$ 300.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) ☐ Full name: Mary Yerger Dunbar Mailing Address: 2476 Eastover DR. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required) Occupation (Required)	06/28/15	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) ☐ Full name: Mrs Mary M Yerger Mailing Address: 129 Woodland CR City, State, Zip Code: Jackson, MS 39216-0000 Name of Employer (Required) Occupation (Required)	06/30/15	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Haden Hughes	07/18/15	$ 500.00
Mailing Address: 48 Avery Cr	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. James H. Neeld, IV	07/15/15	$ 50.00
Mailing Address: 1460 Northlake Dr	/ /	$
City, State, Zip Code: Jackson, MS 39211-2138	/ /	$
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: Sondra Holman	07/16/15	$ 100.00
Mailing Address: 1200 Meadowbrook Rd	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
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: Darlene B. Davis	07/03/15	$ 25.00
Mailing Address: 3650 Main Street	/ /	$
City, State, Zip Code: Jackson, MS 39213	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Victor P Mason

Reporting period 15 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Terry Ledbetter Mailing Address: 309 E Northside DR City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required) Occupation (Required)	07/09/15	$ 50.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Don Waller LLC Mailing Address: P.O. Box 1 City, State, Zip Code: Jackson, MS 39205-0001 Name of Employer (Required) Occupation (Required)	07/17/15	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
C. Source ☐ (Corporation) ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Larr's Auto Sales, INC Mailing Address: 1692 Hwy 80 E City, State, Zip Code: Pearl, MS 39206-3219 Name of Employer (Required) Occupation (Required)	07/17/15	$ 500.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Richard Van Egmond Mailing Address: 328 E. Madison St City, State, Zip Code: Bolton, MS 39041 Name of Employer (Required) Occupation (Required)	07/15/15	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 15 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Thomas E Johnson Mailing Address: 121 Hickory Glen City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): Occupation (Required):	07/20/15	$ 100.00
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Catherine C Johnson Mailing Address: 121 Hickory Glen City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): Occupation (Required):	07/20/15	$ 100.00
	Aggregate year-to-date	$
C. Source ☐ (Corporation) ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: DON Calvey Insurance Mailing Address: 197 Highway 51 South, Suite A City, State, Zip Code: Ridgeland, MS 39157 Name of Employer (Required): Occupation (Required):	07/16/15	$ 500.00
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Alvono Castilla Mailing Address: P.O. BOX 1732 City, State, Zip Code: Jackson, MS 39215 Name of Employer (Required): Occupation (Required):	07/09/15	$ 75.00
	Aggregate year-to-date	$

Name of Candidate or Committee Victor P. Mason

Reporting period 15July2015 through 25July2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Henderson S. Hall, JR.	07/17/15	$ 100.00
Mailing Address: 118 St. Andrews Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Vieux Carre Apartments, LLC	07/21/15	$ 200.00
Mailing Address: P. O. Box 13925	/ /	$
City, State, Zip Code: Jackson, MS 39236-3925	/ /	$
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: State Street Group LLC	07/24/15	$ 200.00
Mailing Address: P. O. Box 13925	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
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: Capitol Magnolia LLC	07/24/15	$ 200.00
Mailing Address: P.O. Box 13925	07/24/15	$ 00.00
City, State, Zip Code: Jackson, MS 39235-3925	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: Wirt A. Yerger, JR	06/29/15	$ 200.00
Mailing Address: 129 Woodland Circle	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Howard Catchings	07/20/15	$ 200.00
Mailing Address: P.O. Box 2509	/ /	$
City, State, Zip Code: Jackson, MS 39213	/ /	$
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: Mildred Brinson	/ /	$ 25.00
Mailing Address: 3650 Main St	/ /	$
City, State, Zip Code: Jackson, MS 39213	/ /	$
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: Wirt A. Yerger, Jr.	07/20/15	$ 300.00
Mailing Address: 129 Woodland Circle	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 2015 through 25 July

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HOMEWOOD COMPANY, LLC	07/24/15	$ 200.00
Mailing Address: P.O. BOX 13925	/ /	$
City, State, Zip Code: JACKSON, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harbor Pines Company LLC	07/24/15	$ 200.00
Mailing Address: P.O. BOX 13925	/ /	$
City, State, Zip Code: JACKSON, MS 39236	/ /	$
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: Wirt Y Dunbar	07/20/15	$ 200.00
Mailing Address: 2476 Eastover Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
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: STONEY CREEK COMPANY LLC	07/24/	$ 200.00
Mailing Address: P.O. BOX 13925	/ /	$
City, State, Zip Code: JACKSON, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Thomas Y Dunbar Mailing Address: 2476 Eastover Drive City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required) Occupation (Required)	07/20/15	$ 200.00
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: James K. Child, Jr. Mailing Address: 4041 Dogwood Dr. City, State, Zip Code Name of Employer (Required) Occupation (Required)	07/20/15	$ 25.00
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Sarah S Nelson Mailing Address: 146 Ridge Drive City, State, Zip Code: Jackson, MS Name of Employer (Required) Occupation (Required)	07/22/15	$ 200.00
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Collie B Sledge Mailing Address: 5310 River Thames Rd. City, State, Zip Code: Jackson, MS 39211-0000 Name of Employer (Required) Occupation (Required)	07/17/15	$ 50.00
	Aggregate year-to-date	$

Name of Candidate or Committee Victor P. Mason

Reporting period 15July 2015 through 25July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Waller and Waller, Attorney at Law Mailing Address: P.O. BOX 4 City, State, Zip Code: Jackson, MS 39205 Name of Employer (Required): Occupation (Required):	07/20/15	$ 100.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: John W MCGowan Mailing Address: P.O. BOX 55809 City, State, Zip Code: Jackson, MS 39296-5809 Name of Employer (Required): Occupation (Required):	07/20/15	$ 500.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Charles G Johnson Mailing Address: 19 St Andrews Drive City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	07/16/15	$ 500.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Richard T Miller Mailing Address: 3671 Woodward Place City, State, Zip Code: Jackson, MS 39216 Name of Employer (Required): Occupation (Required):	07/16/15	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$

Name of Candidate or Committee Victor P. Mason

Reporting period 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: TOM F Kirkpatrick	07/18/15	$ 100.00
Mailing Address: 7 Eastbrooke St	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David B. Russell	07/25/15	$ 1,000.00
Mailing Address: P.O. Box 4795	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
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: E. Dalton Barham, M.D.	07/15/15	$ 250.00
Mailing Address: 315 Stonegate Drive	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
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: Richardson Road Land LLC	07/24/15	$ 200.00
Mailing Address: P.O. Box 13925	/ /	$
City, State, Zip Code: Jackson, MS 39236-3925	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Victor P. Mason

Reporting period: 1 July 2015 through 25 July 2015

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)		
Full name: TOM F Kirkpatrick	07/18/15	$ 100.00
Mailing Address: 7 Eastbrooke St	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David B. Russell	07/15/15	$ 1,000.00
Mailing Address: P.O. Box 4795	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
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: E. Dalton Barham, M.D.	07/15/15	$ 250.00
Mailing Address: 315 Stonegate Drive	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
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: Richardson Road Land LLC	07/24/15	$ 200.00
Mailing Address: P.O. Box 13925	/ /	$
City, State, Zip Code: Jackson, MS 39236-3925	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Victor P. Mason

Reporting period 1 July 2015 through 25 July 2015

ITEMIZED DISBURSEMENTS

A. Full name: F. Ellis, Jr. Mailing Address: P.O. Box 8656 City, State, Zip Code: Jackson, MS USA 39284-8656 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 07/24/15 07/14/15 Aggregate Year-to-date	Amount of each disbursement this period: $ 49.99 $ 400.22 $ 450.21
B. Full name: Hinds County News Mailing Address: P.O. Box 1052 City, State, Zip Code: Terry, MS 39170 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 07/02/15 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 500.00 $ $
C. Full name: TNT Screen Printing LLC Mailing Address: 700 South State Street City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 07/20/15 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 6,213.11 $ $
D. Full name: Harold Lyle Filings Mailing Address: Harold Lyle, Ph.#601-209-6730 City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 07/22/15 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 350.00 $ $
E. Full name: Wicks and Friends Diversified Holdings LLC Mailing Address: 105 Hunters Glen City, State, Zip Code: Clinton, MS 39056 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 07/06/15 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 171.20 $ $
F. Full name: Jackson Free Press, Inc. Mailing Address: 125 S Congress St #1324 City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 07/29/15 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 595.00 $ $