


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate MARY H. Coleman
Address 308 Lynwood Lane, Jackson 39206 County Hinds
Telephone (Work) 601-359-9395 (Home) 601-362-8105 (Fax) _____
Contact Name MARY H. Coleman Email Address CayleColeman@att.net
Office Sought Transportation Commissioner Political Party Democrat

 Check here if above is different from previous report

TYPE OF REPORT

TYPE OF REPORT		
<input checked="" type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
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IMPORTANT

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	+	\$	\$	— 0 —
Total amount of disbursements \$	+	\$	\$	— 0 —
Total amount of cash on hand			\$ — 0 —	

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

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:

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Candidate
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2015 Election

RECEIVED
JUN 10 2015

Secretary of State
Capitol Office

Name of Candidate Mary H. Coleman
Address 308 Lynwood Lane - 39206 County Pinck
Telephone (Work) 601-359-9395 (Home) 601-362-8105 (Fax) _____
Contact Name Mary H. Coleman Email Address marycoleman@att.net
Office Sought Transportation Commissioner Political Party Democrat
Central District
☐ Check here if above is different from previous report

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$		+	\$ 0	\$ 0	\$ 0
Total amount of disbursements \$		+	\$ 0	\$ 0	\$
Total amount of cash on hand				\$ 0	

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

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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JUN 1 1965

Secretary of State
Candace Miller

Reporting Period		Reporting Requirements
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	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$		+	\$ 9,850.00	\$ 9,850.00	\$ 9,850.00
Total amount of disbursements \$		+		\$ 3,800.00	\$ 3,800.00
Total amount of cash on hand				\$ 6,050.00	

4 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 _____

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Name of Candidate or Committee

Mary H. Coleman

Reporting period

June 1

through

June 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<i>G. Williams + Associates</i>	<i>06/20/15</i>	<i>\$3,800.00</i>
Mailing Address		
<i>368 Long Cove Drive</i>	<i>06/20/15</i>	<i>\$</i>
City, State, Zip Code		
<i>Madison, MS 39110</i>	<i>06/20/15</i>	<i>\$</i>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
<i>Design & Printing</i>	<i>\$2,800.00</i>	
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	

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Total amount of disbursements \$	+	\$	<u>— 0 —</u>	\$ <u>3,800.00</u>
Total amount of cash on hand			\$ <u>6,050.00</u>	

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

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ELECTIONS DIV'
SECRETARY C

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