Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann	
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K	OCT 2 7 2015	
	Campaign Finance Secretary of State	

Name of Cand	idateBrent Bailey			00, 2, 2013
Address 107 C	Cedar Ridge Drive, Cantor	n, MS 39046	_County_Madison	Campaign Finance Secretary of State
Telephone (Wo	ork) 601-573-4815	(Home) ⁶⁰¹⁻⁸⁵⁹⁻⁰⁶³⁸	/Fax1601-859-063	18
Contact Name	Brent Balley	Email Addre	brent@brentballey4psc.c	om
Office Sought_	MS Public Service Comm	ssioner Political Party R	epublican	
☐ ch	neck here if above is different			
May 8, 201	15 Periodic Report (Janua	TYPE OF 7 1, 2015, through April 30, 2015	REPORT	Mandatory
June 10, 2	015 Periodic Report (May	1, 2015, through May 31, 2015)	/	Mandatory
July 10, 20	015 Periodic Report (June	1. 2015, through June 30, 2015).		Mandatory
July 28, 20	015 Pre-Election Report (J	uly 1, 2015, through July 25, 2015	5)	
			15, 2015)	Runoff Candidates Only
October 9,	2015 Periodic Report (Ju	y 1, 2015, through September 30	2015)	Political Committees in a Runoff Election
(Primary	Election Winners report Octob	rt pr 1, 2015, through October 24, 2015) y 1, 2015 through October 24, 2015)	***************************************	
November	17, 2015 Pre-Runoff Repo	ert (October 25, 2015, through No	An Caucioares ann i	Runoff Candidates Only Political Committees in a Runoff Election
January 8,	2016 Periodic Report (Oc	lober 1, 2015, through December	31, 2015)	Mandatory
		nger accent contributions or make con		Required to terminate reporting obligations
(1) Pre-Election re indicating "0"	aports are mandatory, even it (Zero) for total amount of rep	IMPORTANT no contributions or expenditures i orted contributions and expenditure	•	candidate shall submit a report
(2) Until a Candida and (iii).	ate files a Termination Repor	t, annual and periodic reports must	still be filed in accordance with !	Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary holiday, the off acceptable.	of State must be in actual red fice must be in actual receipt	elpt of the required reports by 5:00 of the required reports by 5:00 p.m	p.m. on the reporting day. If the on the first working day before	deadline falls on a weekend or a the deadline. Faxed reports are

REPORTED CONTRIBUTIONS AND DISBURSEMENTS			
İtemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$13,550.00	+ \$ 2,075.00	\$15,625.00	\$79,121.00
Total amount of disbursements \$9,879.22	+ \$55.15	\$9,934.37	\$68,566,25
Total amount of cash on hand		\$ 10,554.75	
	's report and to the best of my	v knowledge and belief it is true, acc	urate, and complete.
fill Failly		10/27/2015	-
Signature of Candidate		Data	W

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-16-801 (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. §\$ 23-16-811 and 813 (1972).

- 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

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Name of Candidate or Committee	Brent Bailey for MPSC
Reporting period 10/01/2015	through 10/24/2015

ITEMIZED DISBURSEMENTS

A. Full name Raborn Media, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1042 Gluckstadt Road, Suite C	10 /01 / 15	\$ 650.00
City, State, Zip Code Madison, MS 39110	//	\$
Purpose of Disbursement (Optional) Campaign Media Marketing	Aggregate Year-to-date	\$ 7300.00
B. Full name JM Hughes Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 147 Highland Circle	10 / 01 / 15	§ 2500.00
City, State, Zip Code Jackson, MS 39211	//	s
Purpose of Disbursement (Optional) October Consulting Fee	Aggregate Year-to-date	\$ 5000,00
C. Full name MTG, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 147 Highland Circle	10 / 21 / 15	\$ 6281.67
City, State, Zip Code Jackson, MS 39211		s
Purpose of Disbursement (Optional) Direct Mailers/TV Add	Aggregate Year-to-date	\$ 6281.67
D. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	10 / 24 / 15	\$ 70.20
City, State, Zip Code Jackson, MS 39204	10 / 24 / 15	§ 377.35
Purpose of Disbursement (Optional) Business Cards/Fundralsing Invitations	Aggregate Year-to-date	\$ 4801.25
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling 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
Malling Address	//	\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

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Name of Candidate or Committee	Brent Balley for MPSC			
Reporting period 10/01/2015	through	10/24/2015		
ITI	EMIZED.	REC	FIPT	S

A. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 10 / 02 / 15 \$ 300.00 Donna Burris **Malling Address** 104 Danawood Lane City, State, Zip Code \$ [Vicksburg, MS 39180 Name of Employer (Required) \$ Retired Occupation (Required) Aggregate \$ 300.00 Engineer year-to-date B. Source: Corporation PAC Individual [Loan 🗸 Amount of each Date receipt (Mo., Day, Year) Other (please specify) Organization this period Full name / 15 \$ 2000.00 Rankin County Republican Executive Committee Mailing Address \$ [PO Box 320653 City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) \$ [Organization Occupation (Required) Aggregate \$ 2000.00 year-to-date Corporation PAC Individual Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250.00 Evon Joiner Mailing Address \$ 510 Highland Street City, State, Zip Code \$ Carthage, MS 39051 Name of Employer (Required) \$ Evon's Jewelry Occupation (Required) Aggregate \$ 500.00 year-to-date Owner Corporation -PAC Individual 🗀 Loan 🗀 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 10 / 8 / 15 \$ 200.00 Mike Pepper Mailing Address \$ [205 Breezy Hill Drie City, State, Zip Code \$ [Madiosn, MS 39110 Name of Employer (Regulred) \$ Pepper Farm Occupation (Required) Aggregate 700.00 year-to-date Farmer

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Name of Candidate or Committee	Brent Bailey for MPSC		
Reporting period 10/01/2015	through	10/24/2015	
ITI	FMIZED.	RECEI	OTS

A. Source: Corporation PAC / Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	10 / 07 / 15	e
Charles Sherwood	गुरुग । किंग । एउंग	\$ 200.00
Malling Address		\$
3954 Eastwood Drive		3
City, State, Zip Code		•
Jackson, MS 39211		\$
Name of Employer (Required)		•
Retired		\$
Occupation (Required)	Aggregate	\$ 400.00
Physician	year-to-date	Y [400.00
B. Source: Corporation PAC I Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Mitsy Balley	10 / 08 / 15	\$ 200.00
Mailing Address		I Company of the Comp
		\$
20 Lakes Blvd		I
City, State, Zip Code		\$
Starkville, MS 39759		· · · · · · · · · · · · · · · · · · ·
Name of Employer (Required)		\$
Delta Gamma		<u> </u>
Occupation (Required) House Director	Aggregate	\$ 700.00
Market in the second of the se	year-to-date	for married to the second of
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailling Address 215 Popes Road City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder	Date (Mo., Day, Year) 10 / 08 / 15 1 / 1 / 1	Amount of each receipt this period \$ 250.00 \$ 770.00
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 0 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 0 Aggregate year-to-date	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 0 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton Body Shop	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton Body Shop Mailing Address	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton Body Shop Mailing Address 1115 Monroe Street	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period \$ 500.00
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton Body Shop Mailing Address	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailing Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton 8ody Shop Mailing Address 1115 Monroe Street City, State, Zip Code	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Will Hegman Mailling Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton 8ody Shop Mailing Address 1115 Monroe Street City, State, Zip Code Clinton, MS 39056	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Will Hegman Malling Address 215 Popes Road City, State, Zip Code Carthage, MS 39051 Name of Employer (Required) MS Solar, Inc. Occupation (Required) Founder D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clinton Body Shop Malling Address 1115 Monroe Street City, State, Zip Code Clinton, MS 39056 Name of Employer (Required)	Date (Mo., Day, Year) 10 / 08 / 15 10 / 0 / 15 10 / 0 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 770.00 Amount of each receipt this period \$ 500.00 \$

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Name of Candidat	e or Committee	Brent Balley fo	or MPSC	
Reporting period_	10/01/2015		through	10/24/2015

ITEMIZED RECEIPTS

A Source Corporation C DAC C Latter C		
A. Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 . 10 . 10 I	†
Andy Divine	10 / 08 / 15	\$ 300.00
Malling Address		
PO Box 300		\$
City, State, Zip Code		
Sharon, MS 39163		\$
Name of Employer (Required)		
Canton Fire Department		\$
Occupation (Required) Fireman	Aggregate	\$ 625.00
	year-to-date	\$ 625.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Friend for Cory Wilson	10 / 08 / 15	\$ 250.00
Mailing Address		1.22.03
107 Persimmon Place		\$
City, State, Zip Code		
Madison, MS 39110		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan	Date (Mo. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name MMHA	10 / 08 / 15	\$ 500.00
Malling Address		¥ [500.00
1001 Airport Road		\$
City, State, Zlp Code		
Jackson, MS 39232		\$
Name of Employer (Required)		I and the second
PAC	\square \square \square \square	\$
Occupation (Required)	Aggregate	\$ 500.00
PAC	year-to-date	\$ 500,00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
ull name		
Westside Body Shop, Inc.	10 / 13 / 15	\$ 500.00
Mailing Address		A .
20 Waterview Lane	<u> </u>	\$
City, State, Zip Code	\square , \square , \square	e
Philadelphia, MS 39350	<u> </u>	\$
lame of Employer (Required) Business		\$
Occupation (Required)	Aggregate	e
Business	year-to-date	\$ 500.00

Page 4	of 5
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Name of Candidate or Committee	Brent Balley for MP5C
Reporting period 10/01/2015	through 10/24/2015

ITEMIZED RECEIPTS

Other (please specify) Cother (please specify) Cother (please spe	A. Source: Corporation C PAC / Individual C	10	
Full name Robert Leach	Other (please specify)		Amount of each
Mailing Address	Full name	(Mo., Day, 14al)	this period
Malling Address City, State, Zip Code Ridgeland, MS 39157 Source: Corporation V PAC Individual Loan Date Mon, Day, Year) Aggregate Vegar-to-date City, State, Zip Code Ridgeland, MS 39157 AS, Inc. Other (please specify) If Manage Other (please specify) Aggregate Vegar-to-date Amount of each receipt this period Aling Address Other (please specify) AC Aggregate Vegar-to-date Amount of each receipt other (please specify) AC Aggregate Vegar-to-date Amount of each receipt other (please specify) AC Aggregate Vegar-to-date Amount of each receipt other (please specify) Aliname Other (please specify) Aggregate Aggregate Aggregate Aggregate Amount of each receipt this period Aggregate Amount of each receipt filing Address Other (please specify) Individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Date (Mo., Day, Year) Aggregate Amount of each receipt in individual Loan Aggregate Aggregate Amount of each receipt in individual Loan Aggregate Aggregate Amount of each receipt in individual Loan Aggregate	Robert Leach	10 / 07 / 15	¢ [
City, State, Zip Code Ridgeland, MS 39157	Mailing Address		Ψ [500.00
City, State, Zip Code Milling Address Date Other (please specify) The Manager The Watchdog Alailing Address Date Other (please specify) The Manager The Watchdog Alailing Address Date Other (please specify) The Watchdog Alailing Address Date Date Other (please specify) The Watchdog Alailing Address Date Date Other (please specify) The Watchdog Address Date Date Amount of each receipt this period Address Date Date Date Date Date Date Date Date	32 Breakers Lane		•
	City, State, Zip Code		J • I
Name of Employer (Required) ACS, Inc. ACS, Inc. ACS, Inc. Other (please specify) Other (please specify) Other (please specify) Amount of each receipt this period falling Address Other (please specify) Source: Other (please specify) Amount of each receipt this period falling Address Other (please specify) Apgregate specify Apgregate (Mo., Day, Year) Amount of each receipt falling Address Other (please specify) Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Dove Crest Dove Crest Dove Crest Other (please specify) Source: Other (please specify) Other (please specify) Other (please specify) Amount of each receipt falling Address Dove Crest Other (please specify) Source: Other (please specify) Other (please specify) Other (please specify) Aggregate specify Amount of each receipt falling Address Other (please specify) Other (please specify) Source: Other (please specify) Aggregate specify Amount of each receipt falling Address Other (please specify) Source: Other (please specify) Amount of each receipt falling Address Other (please specify) Source: Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Other (please specify) Amount of each receipt falling Address Amount of each receipt falling falling falling falling			
ACS, Inc. Corporation PAC Individual Loan Date Moo, Day, Year)			3
Aggregate year-to-date			
Aggregate year-to-date \$ 1000.00 3. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Aggregate year-to-date year-to-date vear-to-date in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of Employer (Required) Amount of each receipt this period in PAC Date (Mo., Day, Year) Amount of Employer (Required) Amount of Employer (Required) Amount of Employer (Required) Amount of Em	Occupation (Required)		3
3. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Other (please specify) Mailing Address Othor (Required) AC Corporation PAC Individual Loan Date (Mo., Day, Year) AC Source Corporation PAC Individual Loan Mailing Address Dove Crest Other (please specify) Mailing Address Dove Crest Other (Required) AC Corporation PAC Individual Loan Mailing Address Dove Crest Other (Required) AC Corporation PAC Individual Loan Mailing Address Dove Crest Other (Required) AC Corporation PAC Individual Loan Mailing Address Dove Crest Other (Required) AC Corporation PAC Individual Loan Mailing Address Dove Crest Other (Required) AC Corporation PAC Individual Loan Mailing Address Dove Crest Other (Required) Aggregate Year-to-date Other (Required) Aggregate Year-to-date Amount of each receipt This period Aggregate Year-to-date Amount of each receipt This period This period Aggregate Year-to-date Amount of each receipt This period This period This period Aggregate Year-to-date Amount of each receipt This period T	IT Manager	Aggregate	¢
Other (please specify) The Watchdog The Wa	B. Source: Corporation [7] BAC [7] Individual [7]	year-to-date	₹ [1000.00
Other (please specify) Ithis period The Watchdog Ithis Watch	Loan [Data	Amount of each
this period this period this period this period this period this period the Watchdog labiling Address O Box 23 O Box 24 O Box 25 O B	Other (please specify)		
The Watchdog Individual Loan Date (Mo., Day, Year)	Full name	(mon bay, rear)	this period
Mailing Address OB Box 23 City, State, 2ip Code ackson, MS 39215 ame of Employer (Regulred) AC Coupation (Regulred) AC Other (please specify) Illiname OW Coke Illiname Other (please specify) Other (please specify) Individual Loan Date Individual Loan Date Individual Date Indivi		10 / 19 / 15	•
Source Corporation PAC Individual Loan Date (Mo., Day, Year) Source Corporation PAC Individual Loan Date (Mo., Day, Year) Source Corporation PAC Individual Loan Date (Mo., Day, Year) Source Corporation PAC Individual Loan Date (Mo., Day, Year) Individual Composition PAC Individual Composition Individual In	The state of the s		9 [2000.00
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ackson, MS 39215 ame of Employer (Required) Accupation (Required) ACCUPATION PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period vill name Other (please specify) Alling Address By, State, Zip Code ckson, TN 38305 ame of Employer (Required) Commons Bank Cother (please specify) Il name Other (please specify) Other (please specify) Amount of each receipt this period vill name Amount of each receipt this period vill name Aggregate y Sale, Zip Code Ckson, TN 38305 Aggregate year-to-date Aggregate year-to-date Amount of each receipt vill name (Mo., Day, Year) Il name Other (please specify) Il name Il name Il name In pate Amount of each receipt this period Il name			\$
ame of Employer (Regulred) AC CCUpation (Required) AC . Source Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) Individual Loan Mount of each receipt this period by Source Source Source Department of Employer (Regulred) Amount of Employer (Regulred) To J 19 / 15 \$ 500,00 Alling Address To J 1 / 1 \$ \$ \$ 500,00 Aggregate year-to-date for this period by Source (Mo., Day, Year) To Source Corporation PAC Individual Loan Aggregate year-to-date for each receipt this period by Cook In name by Cook In name V Cook In de Dog Road V State, Zip Code The Dog Road The Dog Ro			
AC Aggregate Security Amount of each receipt Aggregate Security Aggregate Security Amount of each receipt Aggregate Security Amount of each receipt Aggregate Amount of each receipt Aggregate Amount of each receipt Aggregate Amount of each receipt Amount of eac	A Prince of the Control of the Contr		\$
Aggregate year-to-date specify			***************************************
Aggregate year-to-date (Mo., Day, Year) Date (Mo., Day, Year)			\$
Source Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) Date (Mo., Day, Year) Amount of each receipt this period by \$500,00 Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year) Source Text		Aggregate	
Other (please specify) Other (please specify) Other (please specify) Individual Loan Date (Mo., Day, Year) Individual Date (receipt this period th			\$ 2000.00
Other (please specify) Iname Inam	C. Source Corporation PAC Individual Loan	7000 00000	The second second second second
Ull name ony Gregory alling Address 5 Dove Crest by, State, Zip Code ckson, TN 38305 Imme of Employer (Required) To Code To Co	Other (please specify)		receipt
alling Address 5 Dove Crest ty, State, Zip Code ckson, TN 38305 Image of Employer (Regulred) Comparison PAC Individual Loan Other (please specify) Il name by Cook Illing Address 1 Red Dog Road y, State, Zip Code Thage, MS 39051 The of Employer (Regulred) The of Employer (ull name		this period
alling Address 5 Dove Crest ty, State, Zip Code ckson, TN 38305 ame of Employer (Required) mmons Bank cupation (Required) Other (please specify) Il name by Cook Illing Address 1 Red Dog Road y, State, Zip Code rthage, MS 39051 me of Employer (Required) cupation (Required) Aggregate year-to-date 10 / 21 / 15 \$ 250.00 10 / 21 / 15 \$ 250.00 10 / 21 / 15 \$ 250.00 10 / 21 / 15 \$ 250.00 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	Tony Gregory	10 / 19 / 15	\$ 500.00
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Il name ly Cook Il name ly Cook Il name Il	Other (please specify)	(Mo., Day, Year)	
illing Address 1 Red Dog Road Y, State, Zip Code rthage, MS 39051 me of Employer (Required) izens Bank Cupation (Required) Aggregate \$ 55000	ull name		this period
illing Address 1 Red Dog Road Y, State, Zip Code rthage, MS 39051 me of Employer (Required) izens Bank Cupation (Required) scutive Aggregate \$ 75000	illy Cook	10 / 21 / 15	\$ 250.00
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Aggregate \$ 250.00		<u> </u>	\$
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	ecutive	year-to-date	250.00

of 5

Name of Candidate or Committee	Brent Balley for MPSC	
Reporting period 10/01/2015	through	10/24/2015

ITEMIZED RECEIPTS

	. –	
A. Source: Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
B & G Equipment	10 / 21 / 15	\$ 300.00
Mailing Address		
10430 Road 383		\$
City, State, Zip Code		
Philadelphia, MS 39350		\$
Name of Employer (Required)		\$
Business Occupation (Required)		4
Business	Aggregate year–to-date	\$ 300.00
B. Source: Corporation PAC Individual Loan V	, , , , , , , , , , , , , , , , , , , ,	Amount of each
Other (please specify) Organization-In Kind Donation	Date (Mo., Day, Year)	receipt this period
Full name		uns periou
South Mississippi ans For Economic Progress	10 / 24 / 15	\$ 1050.00
Mailing Address		
PO Box 1911	10 / 24 / 15	\$ 2500.00
City, State, Zip Code	[] []	
Biloxi, MS 39533	<u> </u>	\$
Name of Employer (Required)		<u> </u>
Organization	 	\$
Occupation (Required)	Aggregate	\$ 3550.00
Organization-in Kind Donation	year-to-date	\$ 3550.00
Organization-In Kind Donation C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each receipt
C. Source Corporation PAC Individual Loan	pate (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	pate (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin	pate (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address	pate (Mo., Day, Year)	Amount of each receipt this period \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street	pate (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code	pate (Mo., Day, Year)	Amount of each receipt this period \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative	pate (Mo., Day, Year)	Amount of each receipt this period \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Reguired)	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Reguired) President	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Reguired) President	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1000.00 \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Malling Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Required) President D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 \$ 1000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Required) President D. Source: Corporation PAC Individual Loan Other (please specify) Full name	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Required) President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 \$ 1000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Required) President D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 \$ 1000.00 Amount of each receipt this period \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Required) President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 Amount of each receipt this period \$ 1000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jeffrey Cantin Mailing Address 4739 Laurel Street City, State, Zip Code New Orleans, LA 70115 Name of Employer (Required) Solar Alternative Occupation (Required) President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) 10 / 24 / 15 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1000.00 \$ 1000.00 Amount of each receipt this period \$ 1000.00