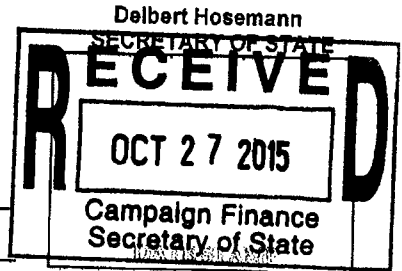
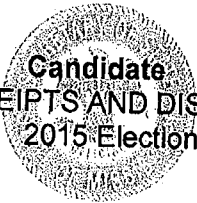


REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Brent Bailey
 Address 107 Cedar Ridge Drive, Canton, MS 39046 County Madison
 Telephone (Work) 601-573-4815 (Home) 601-859-0638 (Fax) 601-859-0638
 Contact Name Brent Bailey Email Address brent@brentbailey4psc.com
 Office Sought MS Public Service Commissioner Political Party Republican

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	\$	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		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Brent Bailey Signature of Candidate Date 10/27/2015

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 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
Mailing 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	_ / _ / _	\$
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
Mailing Address 147 Highland Circle	10 / 21 / 15	\$ 6281.67
City, State, Zip Code Jackson, MS 39211	_ / _ / _	\$
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/Fundraising Invitations	Aggregate Year-to-date	\$ 4801.25
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	\$

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Donna Burris</u>	<u>10</u> / <u>02</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>104 Danawood Lane</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Vicksburg, MS 39180</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		
Other (please specify) <u>Organization</u>		
Full name <u>Rankin County Republican Executive Committee</u>	<u>10</u> / <u>4</u> / <u>15</u>	\$ <u>2000.00</u>
Mailing Address <u>PO Box 320653</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Organization</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>2000.00</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) _____		
Full name <u>Evon Joiner</u>	<u>10</u> / <u>7</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>510 Highland Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Carthage, MS 39051</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Evon's Jewelry</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Mike Pepper</u>	<u>10</u> / <u>8</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>205 Breezy Hill Drie</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Pepper Farm</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Farmer</u>	Aggregate year-to-date	\$ <u>700.00</u>

Name of Candidate or Committee Brent Bailey for MPSCReporting period 10/01/2015 through 10/24/2015**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Charles Sherwood</u>		<u>10</u> / <u>07</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>3954 Eastwood Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Mitsy Bailey</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>20 Lakes Blvd</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Delta Gamma</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>House Director</u>		Aggregate year-to-date	\$ <u>700.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Will Hegman</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>215 Popes Road</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Carthage, MS 39051</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>MS Solar, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Founder</u>		Aggregate year-to-date	\$ <u>770.00</u>
D. Source: <input checked="" 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>Clinton Body Shop</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1115 Monroe Street</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>Business-Body Shop</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Business</u>		Aggregate year-to-date	\$ <u>500.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Andy Divlne</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address			
<u>PO Box 300</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code			
<u>Sharon, MS 39163</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)			
<u>Canton Fire Department</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>625.00</u>
<u>Fireman</u>			
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Friend for Cory Wilson</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address			
<u>107 Persimmon Place</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code			
<u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)			
<u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
<u>Attorney</u>			
C. Source <input type="checkbox"/> Corporation <input checked="" 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>MMHA</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address			
<u>1001 Airport Road</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code			
<u>Jackson, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)			
<u>PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
<u>PAC</u>			
D. Source: <input checked="" 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>Westside Body Shop, Inc.</u>		<u>10</u> / <u>13</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address			
<u>20 Waterview Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code			
<u>Philadelphia, MS 39350</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)			
<u>Business</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
<u>Business</u>			

Name of Candidate or Committee Brent Bailey for MPSC

Reporting period 10/01/2015 through 10/24/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Robert Leach</u>		<u>10</u> / <u>07</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>32 Breakers Lane</u>		/ /	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		/ /	\$
Name of Employer (Required) <u>ACS, Inc.</u>		/ /	\$
Occupation (Required) <u>IT Manager</u>		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>The Watchdog</u>		<u>10</u> / <u>19</u> / <u>15</u>	\$ <u>2000.00</u>
Mailing Address <u>PO Box 23</u>		/ /	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		/ /	\$
Name of Employer (Required) <u>PAC</u>		/ /	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>2000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Tony Gregory</u>		<u>10</u> / <u>19</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>26 Dove Crest</u>		/ /	\$
City, State, Zip Code <u>Jackson, TN 38305</u>		/ /	\$
Name of Employer (Required) <u>Simmons Bank</u>		/ /	\$
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Billy Cook</u>		<u>10</u> / <u>21</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>211 Red Dog Road</u>		/ /	\$
City, State, Zip Code <u>Carthage, MS 39051</u>		/ /	\$
Name of Employer (Required) <u>Citizens Bank</u>		/ /	\$
Occupation (Required) <u>Executive</u>		Aggregate year-to-date	\$ <u>250.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input checked="" 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>B & G Equipment</u>		<u>10</u> / <u>21</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>10430 Road 383</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Business</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Business</u>		Aggregate year-to-date	\$ <u>300.00</u>
B. 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) <u>Organization-In Kind Donation</u>			
Full name <u>South Mississippians For Economic Progress</u>		<u>10</u> / <u>24</u> / <u>15</u>	\$ <u>1050.00</u>
Mailing Address <u>PO Box 1911</u>		<u>10</u> / <u>24</u> / <u>15</u>	\$ <u>2500.00</u>
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Organization</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Organization-In Kind Donation</u>		Aggregate year-to-date	\$ <u>3550.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Jeffrey Cantin</u>		<u>10</u> / <u>24</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>4739 Laurel Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>New Orleans, LA 70115</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Solar Alternative</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>President</u>		Aggregate year-to-date	\$ <u>1000.00</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>