### REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

A	SECRETARY OF STATE	R
H	MAY 0 6 2015	) III
	Campaign Finance Secretary of State	1 500

ame of Candidate JOSH HARKINS			Campaign Finance
ddress P O Box 320374, Flowood, MS 3	9232	_CountyRANKIN	Secretary of State
elephone (Work) 601-932-4663	(Home)	(Fax) 601-932-927	
ontact Name Josh Harkins	Email Addr	ess_joshharkins@bellsouth.ne	et
ffice Sought Senate District 20	Political Party_	Republican	
Check here if above is different for × May 8, 2015 Periodic Report (January	TYPE 01 1, 2015, through April 30, 201	F REPORT 5)	
June 10, 2015 Periodic Report (May 1	, 2015, through May 31, 2015)		Mandator
July 10, 2015 Periodic Report (June 1	, 2015, through June 30, 2015	)	Mandator
July 28, 2015 Pre-Election Report (Ju	ly 1, 2015, through July 25, 20	15)	nary Candidates and Political Committee
August 18, 2015 Pre-Election Report	2	All Filliary Candidates and	/ Omicor Commission in a riamon and
October 9, 2015 Periodic Report (July	1, 2015, through September	30, 2015)	Mandato
October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January November 17, 2015 Pre-Runoff Report	1, 2015 through October 24, 2015	(i) November 14, 2015)	Runoff Candidates On
January 8, 2016 Periodic Report (Oc		All Cardidates and	Foliation Committee and Filmon English
Termination Report (Candidate will no lo outstanding campai	nger accept contributions or make		Required to terminate reporting obligations
t) Pre-Election reports are mandatory, even indicating "0" (Zero) for total amount of re Until a Candidate files a Termination Repo	rt, annual and periodic reports n	es have occurred. In such case, the ditures during this period. nust still be filed in accordance with	n Miss. Code Ann. § 23-15-807 (b) (ii)
<ol> <li>The Secretary of State must be in actual re- holiday, the office must be in actual receip acceptable.</li> </ol>	of the required reports by 6:00	p.in. on the mat norking day serve.	e the deadline. Faxed reports are
	REPORTED CONTRIBUT	IONS AND DISBURSEMENTS	Calendar
Itemized	+ Non-Itemized	This Period	year-to-date
Total amount of contributions \$ 1,300.00	+\$ 100.00	\$ 1,400.00	\$ 1,400.00
Total amount of disbursements \$ 4,481.44	+\$ 1,496.69	\$ 5,978.13	\$ 5,978.13
Total amount of cash on hand		\$ 99,605.48	
	his report and to the best of m	y knowledge and bellef it is true, MAY 6, 2018	accurate, and complete.

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. §§ 23-15-811 and 613 (1972).

SEND TO:

Signature of Candidate

- 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) 578-2545
   Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
   Candidates for Municipal office should return forms to the Municipal Clerk

Page	1	of	17
4			7.

Reporting period TANUARY 1, 2015 through APRIL 30, 2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
FULLIOTT LAW FIRM	1 126175	\$ 1000.
Mailing Address 200 E GOVERNMENT ST. STE 300		\$ .
City, State, Zip Code  BRANDON, MS 39042		\$
Name of Employer (Required)	$\Box I \Box I \Box$	\$
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
MS ASSOCIATION FOR HOME CARE	1 1 26 1 75	\$ 300
Mailing Address  134 FAIRMONT ST, STE B		\$ [
Clty, State, Zip Code  CLINTON, MS 39056		\$
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, Zlp Code		\$
Name of Employer (Required)		\$
Occupation (Regulred)	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		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS of JOSH HARKINS
Reporting period JANUARY 1, 2015 through APRIL 30, 2015

SERVICE PRINTERS	Date (Mo., Day, Year)	Amount of each disbursement this period
## Mailing Address    P. O.   Box   320249   City, State, Zip Code	11/2/15	\$ 202, 23
Flowood, M5 39232-0249  Purpose of Disbursement (Optional)	_'_'_	s
PRINTING-	Aggregate Year-to-date	\$
JIM HENDRIX	Date (Mo., Day, Year)	Amount of each disbursement this period
5106 OLD CANTON ROAD	1,28,15	\$ 1500.00
JACKSON, MS 39211		s
Purpose of Disbursement (Optional)  ADVERTISING	Aggregate Year-to-date	8
C. Full name  NEBLETTS  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  163 121066 MAY  City, State, Zip Code	3126115	\$ 226,01
City, State, Zip Code  Flowood, M9 3923Z.  Purpose of Disbursement (Optional)	_'_'_	s
DOCUMENT FRAMING	Aggregate Year-to-date	s
FRIENDS of PHIL BRYANT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3,30,65	\$ 1000.00
City, State, Zip Gode		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
NWR Cougar Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4,9,15	\$ 250.00
City, State, Zip Code BRANDON, MS.	-'-'-	S
Purpose of Disbursement (Optional)  ADVERTISING	Aggregate Year-to-date	\$
RANKIN COUNTY Republican Wor	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4, 22, 15	\$ 250.00
City, State, Zip Code  BRANDON, MS.	_'_'_	\$
Purpose of Disbursement (Optional)  TABLE SPONSOR	Aggregate Year-to-date	s

Name of Candidate or Committee FRIENDS of JOSH HARKINS

Reporting period JANUARY 1, 2015 through APRIL 30, 2015

AMERICAN LEGISLATIVE EXCHANGE COUNCIL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	41 101 15	s 650.00
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
ALEC CONFERENCE B. Full name DELTA AIR LINES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4110115	s 403.20
City, State, Zip Code		\$
Purpose of Disbursement (Optional) FLIGHT TO ALEC	Aggregate Year-to-date	\$
C. Fujj name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E, Fuil name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
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	s

Delbert Hosemann SECRETARY OF STATE

Name of Candidate JOSH HARKINS	A STATE OF THE PARTY OF THE PAR		JUN 0 0 2013
P O Box 320374, Flowood, MS 39232	C	PUNTY RANKIN	Campaign Finance
Address		601 072 0270	Secretary or star
Telebilotte (Motiv)	lome)	(Fax)	
Contact Name_JOSH HARKINS	Email Address	joshharkins@bellsouth.net	
Office Sought SENATE DISTRICT 20	Political PartyREI	PUBLICAN	
Check here if above is different from previ	ious report		
May 8, 2016 Periodic Report (January 1, 2015	TYPE OF R	EPORT	Mandatory
May 8, 2015 Periodic Report (January 1, 2015, Σ × June 10, 2015 Periodic Report (May 1, 2015, Σ	hough May 31 2015)	***************************************	Mandatory
June 10, 2015 Periodic Report (May 1, 2015, t	through lune 30, 2015)		Mandatory
July 10, 2015 Periodic Report (July 1, 2015, 1	15. through July 25, 2015)	•••••	Mandatory
August 18, 2015 Pre-Election Report (July 26		MI I THIMIT AND THE THE	
October 9, 2015 Periodic Report (July 1, 2015	5, through September 30, 2	2015)	Mandatory
October 27, 2015 Pre-Election Report	through October 24, 2015)	A	I Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (Octo	ber 25, 2015, through Nov	ember 14, 2015)	Runoff Candidates Only olitical Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2	2015, through December 3	31, 2015)	Mandatory
Termination Report (Candidate will no longer acce- outstanding campaign debt of	ept contributions or make cam		Required to terminate reporting obligations
	IMPORTANT		andidate aball submit a report
(1) Pre-Election reports are mandatory, even if no contindicating "0" (Zero) for total amount of reported co	ישועות באום בוטעות ואום בוטעות מוועות באום וועות באום באום וועות באום באום וועות באום באום באום באום באום באום באום באום	on grania mun barren.	
(2) Until a Candidate files a Termination Report, annua and (iii).			The state of the s
(3) The Secretary of State must be in actual receipt of the foliday, the office must be in sotual receipt of the facesptable.	the required reports by 5:00 required reports by 5:00 p.π	) p.m. on the reporting day. If the n. on the first working day <i>before</i>	deadline falls on a weekend or a the deadline. Faxed reports are
REPO	ORTED CONTRIBUTION	IS AND DISBURSEMENTS	Calendar
tternized + I	Non-Itemized	This Period	year-to-date
Total amount of contributions \$ 1,500.00 +\$	0	\$ 1,500.00	\$ 2,900.00
	311.14	\$ 3,311.14	\$ 9,289.27
Total amount of cash on hand		\$ 97,794.34	
i certify that I have examined this repo	ft and to the best of my kr	nowledge and belief it is true, a	curate, and complete.
hel Marke	m	JUNE 8, 2015	
Signature of Candidate	20 North American	Date	2
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. se Pensities: Failure to submit required reports, or failure to s fines of \$50 per day and/or prosecution in accordance with	eq. for statutory requirements ubmit reports in accordance t Miss. Code Ann, §§ 23-15-81	with statutory deadlines, or failure to 1 and 813 (1972).	o aubmit valid reports shall result in
INIGO OF ADA DAT MAS			A STATE OF THE STA

- Candidates for Statewide, State-District, Multi-County and all Legislative offices should ratum form to Secretary of State, Elections
   Division, P. O. Box 136, Jackson, MS 39205 or fax to (801) 576-2545
   Candidates for Countywide and County-District offices should ratum forms to their County Circuit Clerk
   Candidates for Municipal office should ratum forms to the Municipal Clerk

Page	// of	r IT

Name of Candidate or Committee	FRIENDS	of	JOSH	HARKINS	,
Reporting period MAY 1, 2015	5 thr	ough	MAY	31,2015	

### ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
LEN PAC	5 111 1 15	\$ 1000
Mailing Address		\$
3 LAKELAND CIRCLE, STE 201	1 1 3 1 <u>1 </u>	<b>4</b> )
City, State, Zip Code		\$
JACKSON, MS 39216	1	<u> </u>
Name of Employer (Required)		\$
	Send / Send / Send	<b>4</b> 1
Occupation (Regulred)	Aggregate year-to-date	\$
B. Source: Corporation X PAC Individual Loan	5-4-	Amount of each
B. Soulce. 1 Corporation 177 1110	Date (Mo., Day, Year)	receipt
Other (please specify)	(150., 20), (00)	this period
Full name	5 120115	\$ 500.
MS HEALTH CARE ASSOCIATION PAC		0.00,
Malling Address		\$
1076 HIGHLAND COLONY PARKWAY, STE 125		
City, State, Zip Code		\$
Ridgeland, MS 39157		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt this period
	Date	receipt
Other (please specify)	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Malling Address  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Regulred)	Date (Mo., Day, Year)                                      Aggregate year-to-date	receipt this period  \$
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)	Date (Mo., Day, Year)  / / / /  / / /  Aggregate year-to-date	s s s s s s s s s s s s s s s s s s s
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)                                      Aggregate year-to-date	s s s s s s s s s s s s s s s s s s s
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Nams of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date (Mo., Day, Year)	s S S S S S S S S S S S S S S S S S S S
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date (Mo., Day, Year)	s s s s s s s s s s s s s s s s s s s
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Nams of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date (Mo., Day, Year)	s S S S S S S S S S S S S S S S S S S S
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date (Mo., Day, Year)	s S S S S S S S S S S S S S S S S S S S
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Nams of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)  / / / /  / / /  Aggregate year-to-date  Date (Mo., Day, Year)	s s s s s s s s s s s s s s s s s s s
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code	Date (Mo., Day, Year)  / / / /  / / /  Aggregate year-to-date  Date (Mo., Day, Year)	s s s s s s s s s s s s s s s s s s s

Name of Candidate or Committee FRIENDS of Jose Harrins

Reporting period MAY 1, 2015 through MAY 31, 2015

A. Full name	Date	Amount of each
FRIENDS of MIKE HURST Mailing Address	(Mo., Day, Year)	disbursement this period
Mailing Address	5.1.15	\$ 100000
0 0 Par 221170	51115	s 1000
P O Box 32/177 City, State, Zip Code		\$
FIOWOOD M9 39232-1177  Purpose of Disbursement (Optional)	-/-/	·
Surpass of Dishursement (Optional)	Aggregate	S
DONATION	Year-to-date	3
DUNATION	Date	Amount of each
FRITZE SEAM TINDALL	(Mo., Day, Year)	disbursement this period
FRIEND of SEAN TINDALL Mailing Address		
2200 25 th Avenue	5 125115	\$ 1000.
GULFPORT, MS 39501	_'_'_	S
	A	9000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
DONATION		Amount of each
C. Full name	(Mo., Day, Year)	disbursement this period
FRIENDS OF MICHAEL WATSON		
Mailing Address	512515	s 1000
PO BOX 964		
PO BOX 964 City, State, Zip Code	//	S
Purpose of Disbursament (Optional)		
Purpose of Disbursement (Optional)	Aggregate	\$
DONATION	Year-to-date	
D, Full name	Date	Amount of each disbursement this period
	(Mo., Day, Year)	dispursement this period
Mailing Address	1 1	\$
City, State, Zip Code	1 1	s
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
E. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		s
Manual Addition	1 / /	
Mailing Address	_'_'_	3
City, State, Zip Code	'	\$
City, State, Zip Code		\$
	_'_'_	
City, State, Zip Code  Purpose of Disbursement (Optional)	//	\$ S Amount of each
City, State, Zip Code	Aggregate Year-to-date	\$
City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name	Aggregate Year-to-date Date (Mo., Day, Year)	\$ Amount of each disbursement this period
City, State, Zip Code  Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ S Amount of each
City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name  Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ Amount of each disbursement this period \$
City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name	Aggregate Year-to-date Date (Mo., Day, Year)	\$ Amount of each disbursement this period
City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name  Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ Amount of each disbursement this period \$

## REPORT OF RECEIPTS AND DISBURSEMENTS

S	ERETATE VAL	-
K	JUL 0 6 2015	
	Campaign Finance Secretary of State	

JOSH HARKINS			Campaign Finance Secretary of State
P O BOX 320374, Flowood, MS 3923	32	County RANKIN	1 34 18 12 3
dress	50	(Fax) 601-932-9270	
ephone (Work) 601-932-4663	(Home)	joshharkins@bellsouth.net	20 - 10 - 100 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20
ntact Name_JOSH HARKINS	Email Addres	IS CAN	<del></del>
ice Sought SENATE DISTRICT 20	Political Party_R	EPUBLICAN	
Check here if above is different from p	previous report		•
*	TYPE OF	·	Mandatory
May 8, 2015 Periodic Report (January 1, 2 June 10, 2015 Periodic Report (May 1, 20	015, through April 30, 2015)		Mandatory
June 10, 2015 Periodic Report (May 1, 20	15, through May 31, 2015)		Mandatory
June 10, 2015 Periodic Report (May 1, 20  X July 10, 2015 Periodic Report (June 1, 20	15, through June 30, 2015)		Mandatory
July 28, 2015 Pre-Election Report (July 1,	2015, through July 25, 201	All Primary C	Candidates and Political Committees
August 18, 2015 Pre-Election Report (Jul	y 26, 2015, through August	15, 2015)	Runoff Candidates Uniy ical Committees in a Runoff Election
		2015)	Mandatory
October 9, 2015 Periodic Report (July 1, 2) October 27, 2015 Pre-Election Report	2015, inrough September 5	o, 20.0,	Mandatory
(Driman) Fielding Williams Input Office			
(Independent Candidates report January 1, 2  November 17, 2015 Pre-Runoff Report (C	October 25, 2015, through N	lovember 14, 2015)	Runoff Candidates Office ical Committees in a Runoff Election
Modernoer 11, 2012		/ DOJE!	Mandatory
January 8, 2016 Periodic Report (Octobe	ar 1, 2015, through December	er 31, 2015)	
TermInation Report (Candidate will no longe	r accept contributions or make of	sampaign expenditures and has no	Required to terminate reporting obligations
TermInation Report (Candidate with no longer outstanding campaign d	ebt obligation)		(aporting cons
	IMPORTA	NT the same	didete chall submit a report
Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of report Until a Candidate files a Termination Report, a	contributions or expenditure ted contributions and expend unrual and periodic reports m	es have occurred, in such case, the call itures during this period. oust still be filed in accordance with Mis	ss. Code Ann. § 23-15-807 (b) (li)
			A JULY TABLE OF A WARKERS OF A
and (III).  The Secretary of State must be in actual receipt of holiday, the office must be in actual receipt of	The second secon		deadline. Faxed reports are
acceptable.	REPORTED CONTRIBUT	ONS AND DISBURSEMENTS	Calendar
Itemized	+ Non-Itemized	This Period	year-to-date
Total amount of contributions \$ 0	+\$ 0	\$ 0	\$2,900.00
Total amount of disbursements \$35,097.83		\$36,426.37	\$45,715.64
b band		\$61,367.97	
Total amount of cash on hand	most and to the hest of m	y knowledge and belief it is true, acc JULY 3,2015	urate, and complete.
I certify that I have examined this	report and to the pear of the	JULY 3,2015	
10 10	<u> </u>	Date	at '
Signature of Candidate	or and for stabilitary requirem	ents.	number valid reports shall result in
Authority: Refer to Miss. Code Ann. §23-15-801 (1972 Penalties: Fallure to submit required reports, or fallur fines of \$50 per day and/or prosecution in accordance	re to submit reports in accordance with Miss. Code Ann. §§ 23-1:	nce with statutory deadlines, or failure to 5-8-11 and 813 (1972).	addition agency and a second an
fines of \$50 per day and/or prosecution in accordance		8.2	4- Country of State Flection

- 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
   Candidates for CountyWide and County-District offices should return forms to their County Circuit Clerk
   Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee <u>FRIENDS</u> of <u>JOSH HORKINS</u>

Reporting period <u>June 1</u>, <u>2015</u> through <u>June 30</u>, <u>Z015</u>

ITEMIZED DISBURGE		
	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name  FRIENDS OF TONY SMITH  Mailing Address  NORTH MAIN ST.	6,1,15	\$ 1000.00
Mailing Address  17 C NORTH MAIN ST.  City, State, Zip Code  City, State, Zip Code  MS 39470	1_1_	S
City, State, Zip Code  POPLAR VILLE, MS 39470  Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Purpose of Disbursement (Optional)  DONATION	Date (Mo., Day, Year)	Amount of each disbursement this period
B. Full name RAY ROGERS	61115	00
RAY ROGERS  Mailing Address  3403 LANELL LANE  Gity, State, Zip Gode  705 392	1	s
	Aggregate Year-to-date	s
Purpose of Disbursement (Optional)  DONATION	Date	Amount of each disbursement this period
JOSH HARKINS	(Mo., Day, Year	00
Mailing Address	1	5
City, State, Zip Code	Aggregate Year-to-date	s
Purpose of Disbursement (Optional) REPAY LOAN	Date (Mo., Day, Ye	Amount of each
D. Full name	6,20,	. 00
Mailing Address  17 DOK WOOD LANE  City, State, Zip Gode  City, State, Zip Gode  City, State, Zip Gode  City, State, Zip Gode	_'_'-	_ s
City, State, Zip Code  WAYNES BORD, MS 39367  Purpose of Disbursement (Optional)	Aggregat Year-to-da	te
Purpose of Disbursement (Optional)	Date	Amount of each disbursement this period
E. Full name  E. Full name  L. Full name  L. Full name  L. Full name	61221	15 \$ 1000.°°
	Aggrega Year-to-d	ate S
Purpose of Disbutsonion ( )	Date	Amount of each
Committee to Elect MARIN Mille	6123	
Mailing Address 30× 1323		/ s
City, State, 20 CON MS 39043	Aggres	gate S date
Purpose of Disbursement (Optional)  DOWATION		SS04-06

Name of Candidate or Committee FELENDS of JOSH HARKING
Reporting period Tune 1, 2015 \_\_\_\_\_ through June 30, 2015

HEMIZED DISDORCE			
Φ 0 01	Date (Mo., Day, Ye	ar) dist	Amount of each oursement this period
RICHARD MORRISON CAMPAIGN	6   23	5 S	500.°°
hailing Address 1304 2115		s	
BRANDON, MS 39043	Aggregat	e s	
- of Dishurgement (Optional)	Year-to-da	Te -	Amount of each
121) A 7/02	(Mo., Day, Y	ear) di	sbursement this period
FRIENDS OF JAMES	61301	15 5	1000.00
00 Box 4662		_   \$	
City, State, Zip Code  DEOOKHA VEN MS 39603  Purpose of Disbursement (Optional)	Aggrega Year-to-C	ite S	
DONATION	Date (Mo., Day,		Amount of each sisbursement this period
C. Full name  AME T	613		897.83
Mailing Address			
City, State, Zip Code	Aggre- Year-to	gate :	s
Purpose of Disbursement (Optional)  CONVENTION-TRAVEL EXPENSE	Dat (Mo., Dat	e	Amount of each disbursement this period
D. FULL ATTO HOUSE		115	s 200.00
Mailing Address		_/	s
City, State, Zip Code	Aggr	egate	s
Purpose of Disbursement (Optional)		o-date	Amount of each
DONATION		ate ay, Year)	disbursement this period
E. Full rama		/	S
Malling Address	+=-		s
City, State, Zip Code	Agg	regate	s
Purpose of Disbursement (Optional)		to-date	Amount of each disbursement this perior
F. Full name		Day, Year	10
Mailing Address		<u>-'-</u>	5
City, State, Zip Code		gregate	s
		er-to-date	



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Page	1	· of	/

Name of Candidate or Committee	FRIENDS	of Josa	HARKINS	
Reporting period Tuly 1,	<i>2015</i> the	rough <u>Tecky</u>	25, 2015	

FRIENDS of NANCY COLLINS Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
1604 BRIDE RIGGE ROOM	7114115	s 1000-
Malling Address  1604 BRIAR Ridge Road  City, State, Zip Code  Tupero MS 38804		\$
Purpose of Disbursement (Optional)  DONATION	Aggregate Year-to-date	\$
Exiens of Phillip Gana, Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
17 DOKWOOD Lane.	1125115	***************************************
City, State, Zip Gode  Waynes 13020 1775 39367  Purpose of Dishursement (Optional)	//	s
	Aggregate Year-to-date	\$ 2000.
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	//	\$
City, State, Zip Gode		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>s</b>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	//	\$
City, State, Zip Code	''	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
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	\$

		Page 🖊 of 🖊
Name of Candidate or Committee FRIENDS of Joseph R.		
Reporting period through		
ITEMIZED RECEIP	TS	
A Source: Corporation PAC Nandividual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
KCS RAIL PAC	夕1010	\$ 250,-
Halling Address		8
City, State, Zip Code		
KANSAS CITY, M.D. 64121-4335  Name of Employer (Regulard)		\$
		\$
Occupation (Bogillad)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name  COM CAST COR DORATION	团,团,四	\$ 500-
Halling Address		S
One Compast Center, 1701 JEK Boulevoud	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Philadelphia, PA 19103-2838		\$
Name of Employer (Required)		\$
Occupation (Regulifed)	Aggregate year-to-date	\$
2. Source C Corporation PAC Individual Loan .	Date	Amount of each
Other (please specify) 440	(Mo., Day, Year)	receipt this period
Centene Management Company LL	71718	\$ 1000
Mailing Address		\$
Centen o Coe p		Committee and a second second
ST. Louis, MO 63105	<u>L.J./L.j.</u>	\$
iame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
2. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
EII DATE		\$
Asiling Address		\$ [
City, State, Zip Code		\$ [
isme of Employer (Required)	<u> </u>	Transport of the second
		\$ [
ecupation (Required)	Aggregate	\$



<u></u>	Delbert Hosemann SECRETARY OF STATE	_
	ECEIVE	h
h	OCT 0 1 2015	U
	Campaign Figance Secretary of State	

Name of Candidate	DANI/IN	Compoles Finance
Address P O BOX 320374, Flowood, MS 39232	County_RANKIN	Campaign Figance Secretary of State
Telebuque (MOLK)	(Fax) 601-932-9270 (Fax) 601-932-9270 (Fax) 601-932-9270	
Contact Name SENATE DISTRICT 20	DEDLIRY (CAN	
Office Sought	Political Party REPOBLICAN	-
Check here If above is different from previo		Mandatory
May 8, 2015 Periodic Report (January 1, 2015,	through April 30, 2015)	Mandatory
June 10, 2015 Periodic Report (May 1, 2015, th	rough May 31, 2015)	Mandatory
July 10, 2015 Periodic Report (June 1, 2015, th	rough June 30, 2015)	Mandatory
	5, through July 25, 2015)	
	2015, through August 15, 2015)	
Cotober 9, 2015 Periodic Report (July 1, 2015,	through September 30, 2015)	
(Primary Election Winners report October 1, 2015,	Innugh October 24, 2015)	*/ 5
November 17, 2015 Pre-Runoff Report (Octob	er 25, 2015, through November 14, 2015)	Political Committees in a Runoff Election
January 8, 2016 Periodic Report (October 1, 2	2015, through December 31, 2015)	Mandatory
Termination Report (Candidate will no longer acce, outstanding campaign debt of	pt contributions or make campaign expenditures and has no bligation)	Required to terminate reporting obligations
	IMPORTANT	acadidate shall submit a report
(1) Pre-Election reports are mandatory, even if no contr indicating "0" (Zero) for total amount of reported co	<u>IMPORTANT</u> ributions or expenditures have occurred. In such case, the intributions and expenditures during this period.	Mice Code Ann. 5 23-15-807 (b) (ll)
(2) Until a Candidate files a Termination Report, annual and (III).	and periodic reports must still be tiled in accordance with	ne deadline falls on a weekend or a

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 CONTRIBUT	ONS AND DISBURSEMENTS	Calendar
<b>Itemized</b>	+ Non-Itemized	This Period	year-to-date
Total amount of contributions \$ 4,600.00	+\$ 400.00	\$ 5,000.00	\$ 7,900.00
Total amount of disbursements \$ 7,548.49	+\$ 1,046.39	\$ 8,594.88	\$ 54,310.52
Total amount of cash on hand		\$57,773.09	

Authority: Refer to Miss. Code Ann. §23-15-891 (1972) et. seq. for statutory requirements.

Authority: Refer to Miss. Code Ann. §23-15-891 (1972) et. seq. for statutory requirements.

Penalties: Fallure 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).

- 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
   Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
   Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee FRIENDS	of JOSIA HARKINS
Name of Candidate of Committee	through 5 EPT. 30, 2015
Reporting period July 1, 2015	_ through

Full name  Transport of Money COLLINS	Date (Mo., Day, Year)	Amount of each disbursement this period
FRIENDS OF NAMEY COLLINS falling Address  LIAN GRAD PLASE ROAD	711415	s 1000 -
Isling Address  1604 BRIAR RISE ROAD  Ity, State, Zip Code  Trace M. 5 38804	_'_'_	2
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
FRIENDS of Phillip GANRY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mulling Address 17 Dakwoon Lane	7125115	s 1000 -
City, State, Zip Code  11) 14 100 25 2 mg M5 36 36 7	_'_'_	5
City, State, Zip Code  WALNESBORD MS 38367  Purpose of Diebursement (Optional)  Down 7100	Aggregate Year-to-date	\$ 2000.
NORTHWEST PANKIN ATHLETIC ASSOCIATION	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	B129115	s 350
City, State, Zip Code  PRANDON, 005	_'_'_	<b>S</b> .
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Fyll name BRANDON - The B Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8114115	\$ 300.
BRANDON, M5	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
EFULL NOS OF TATE PERVES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	912115	s 2500.
City, State, Zip Code	'	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name  F. RIENDS of GREGG HARPER  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9122115	\$ 1000.
City, State, Zip Code	_'_'_	s
	Aggregate	s

Name of Candidate or Committee FRIENDS	of JOSH HARKINS
Name of Candidate of Committee 1 2015	through 56PT. 30, 2015
Reporting period July 1, 2015	

L Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AMEX Malling Address	8,28,15	s 1398.49
City, State, Zip Code	_/_/_	s
Purpose of Dispursement (Optional) ALEC CONFERENCE (AIR FAIR, ROOM, TRANSPORTATION	Aggregate Year-to-date	\$ 2296.32
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ia⊞ng Address	_'_'_	S
City, State, Zip Code	_/_/_	s
Purpose of Disbursament (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	!!	s
City, State, Zip Code	'	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Meding Address	_'_'_	S
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_/_/_	S
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

Name of Candidate or Committee FRIENDS of Jose Horans	Ì
Reporting period Tuly 1, 2015 through Sept. 30, 2015	<u> </u>
A Source: Corporation PAC Individual Loan	(Mo.,

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	71/1/5	\$ 250-
RCS RALL PAC	121 20 122	
failing Address		\$
PO BOX 219335		•
KANSAS CITY, MD GYIZI-9335		<u> </u>
KANSAS CITY, MD 6 4171 - 9335		\$
And the state of t	Aggregate	\$
Occupation (Regulred)	year-to-date	<u> </u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	71212	
Full name	1 NZ 1 NZ	\$ 500 -
Comcast Copporation	口,口,口	\$
ONE COMCAST CENTER, 1701 JEK Boulevard City, State, Zip Code		\$
Phyladelphia, PA 19103-2838 Name of Employer (Required)		\$
	Aggregate	\$
Occupation (Raquired)	year-to-date	Amount of each
C. Source Corporation PAC Individual Loan	(Mo., Day, Year)	receipt
Other (please specify)	17 17 18	\$ 7000-
Centene MANAGEMENT COMPANY LLC		
Mailing Address		\$
Crentene Corp. City, State, Zip Code	口心口	\$
ST LOUIS MO 63105		\$
Occupation (Required)	Aggregate	\$
		Amount of each
D. Source: Corporation PAC Individual Loan	(Mo., Day, Year	- manainé
Other (please specify)	18/23/6	\$ 300-
MTPA PAC		\$
345 HWY 6 W		1: -
City, State, Zip Code	<u>                                      </u>	\$
Name of Employer (Required)		]   \$
	Aggregate	\$
Occupation (Regulared)	year-to-date	

u of Condidate of Comm	nittee FRIENDS of Jose HARRING
Tar No. 1	1. 2015 through 350 30.203
responding better	ITEMIZED RECEIPTS

A Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  MS_DENTAL_VAC  Mailing Address  PAGE INDIVIDUAL PAC  Name of Employer (Required)  Other (please specify)  Other (please specify)  Full name  Full name  Full name  Flower  Required  Dete (Mo., Day, Year)  S   Doc.   D
MS DENTAL VAC   Mailing Address   MS DENTAL VAC   Mailing Address   MS DENTAL VAC   Mailing Address   MS MAILING ACTION   MS MAILING ACTION   MS
MS. DENTAL VAC  Mailing Address    139
City, Stats, Zip Code
Name of Employer (Required)    Coccupation (Required)
Aggregate year-to-date   Section   PAC   Individual   Loan   Date receipt this period
B. Source: Gorporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name  Full name  Full name  Full part (Mo., Day, Year)  Full name  Full name  Full part (Mo., Day, Year)  This period
B. Source: Corporation PAC Individual Loan Pace (No., Day, Year)  Other (please specify)  Full name  ELECTRIC Power Ass. of M.S. State PAC 7.7.15 \$ 300  Mailing Address  P. D. Box. 33.00  City, State, 2tp Code 7.1.1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name  ELECTRIC Power Assn of MS State PAC  Mailing Address  POBOX 3300  City, State, Zip Code  RLDGELAND MS 39158  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date
Mailing Address  P D BOX 3300  City, State, Zip Code  Rub GE LAND MS 39158  Quipation (Required)  Aggregate year-to-date
City, State, Zip Code    City, State, Zip Code   City,
Name of Employer (Required)  Aggregate sear-to-date
Occupation (Required) year-to-date
C. Source Corporation PAC Individual Control Date receipt
Other (please specify) ASSOCIATION (Mo., Day, Year) this period
CENTRAL ELECTRIC POWER ASSN
Melling Address  P.O. Box 477
City, State, Zip Code
CARTHAGE, US 39051 Name of Employer (Required)
Aggregate
Occupation (Regulared)  year-to-date  Amount of et
Date receipt
(Mo., Day, Year) this perior
Other (please specify) (Mo., Day, Year) this period
Other (please specify)  Other (please specify)  Full name  Pull name  Pull name
Other (please specify)  Other (please specify)  Full name  PI HEUSER BUSCH  Malling Address  I I I I I I I I I I I I I I I I I I
Other (please specify)  Other (please specify)  Full rights  AN HEUSER BUSCH  Mailling Address  P 0 Box 217  City, State, Zip Code  (Mo., Day, Year)  this period  (Mo., Day, Year)  this period  [ ] [ ] [ ] \$ [
Other (please specify)  Other (please specify)  Full name  AN HEUSER BUSCH  Mailling Address  P 0 Box 217  City, State, Zip Code  Tack Spp, ms 39205
Other (please specify)  Other (please specify)  Full name  AN HEUSER BUSCH  Mailling Address  P 0 Box 217  City, State, Zip Code  (Mo., Day, Year)  this period  (Mo., Day, Year)  this period  [ ] [ ] [ ] \$ [ ]

Name of Candidate or Cor	-RI	eros of	J05#	HARKINS
Reporting period Tuly	1. 2015	mrouun		
Reporting period	ITEM	IZED	RFC	FIPTS

			Amount of each
Source: Corporation PAC Individual Loan	(M	Date o., Day, Year)	receipt this period
Other (please specify)	19	12/18	\$ 2.50
TAKEBA Pharmaceuticas	1=		8
Sing Address TOKEDA PARKWAL		1/ <u>E</u> : <u>E</u>	
y, State, Zip Gode			\$
NEW FIELD   L 60015	I	コーロー	\$
reugation (Required)		Aggregate year-to-date	\$
Source: Corporation PAC Individual Loan	$\top$	Date No., Day, Year)	Amount of each receipt this period
Other (please specify)	٦,	7.0.0	\$ S
uli name	1	<u>='='=</u>	
alling Address	Ţ		\$
Hy, State, Zip Code			\$
	1		\$
same of Employer (Required)	+	Aggregate	5
Decupation (Regulared)	$\dashv$	year-to-date	Amount of each
C. Source Corporation PAC Individual Loan		Date (Ma., Day, Year	receipt
Other (please specify)	, +		\$
Full name	4		\$
Making Address	$\Box$	<u> </u>	
City, State, Zip Code	] ]	<u> </u>	<u> </u>
Name of Employer (Required)	7		\$
Occupation (Required)	7	Aggregate year-to-date	\$
in the state of th		Date	Amount of each
p. Source: Corporation		(Mo., Day, Yes	r) this period
Other (please specify)	7		1 5
Full name	<del></del>		] \$
	1		_
Welling Address	_		\$
City, State, Zip Code			
		Aggregate year-to-da	1 5



n	Delbert Hosemaph SECRET RY DEVIA	h
K	OCT 2 6 2015	U
	Campaign Finance Secretary of State	
	BO STER SET A TURB	

			Secretary of State
idress p o box 320374, Flowood, MS 3923	32	CountyRANKIN	eare stand
elephone (Work) 601-932-4663	(Home)	(Fax) 601-932-9270	
loch Harkins	Eil Add	ress_joshharkins@bellsouth.net	
SENATE DISTRICT 20	. Email Add	REPUBLICAN	
fice Sought	Political Party	THE OBLICATION	
Check here if above is different from p			
May 8, 2015 Periodic Report (January 1, 2	<u>TYPE 0</u> 015. through April 30, 20	<u> </u>	Mandatory
June 10, 2015 Periodic Report (May 1, 20	15, through May 31, 2015	5)	Mandaton
July 10, 2015 Periodic Report (June 1, 201	15, through June 30, 201	5)	Mandator
July 28, 2015 Pre-Election Report (July 1,	2015, through July 25, 2	015)	Mandatory
		Par I III III	
August 18, 2015 Pre-Election Report (July	y 26, 2015, through Augu	All Primary Candidates and Pe	ditical Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 2	2015, through September	30, 2015)	Mandetor:
X October 27 2015 Pre-Election Report			Candidates and Political Committees
(Primary Election Winners report October 1, 2 (Independent Candidates report January 1, 20	2015, through October 24, 20	715)	Caudalas and Policer Committees
November 17, 2015 Pre-Runoff Report (C	ctober 25, 2015, through	November 14, 2015)	Runoff Candidates Only
January 8, 2016 Periodic Report (October	r 4 2015 through Decem		
			Required to terminate
	accept contributions or make	e campaign expenditures and has no	reporting obligations
Termination Report (Candidate will no longer outstanding campaign de	ebt obligation)		reporting obligations
outstanding campaign de	bt obligation)	rant.	
outstanding campaign de	(MPOR)	TANT Ures have occurred. In such case, the o	
outstanding campaign de  ) Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports	imporion)  imporior contributions or expanditude contributions and expenditude contributions and	FANT tres have occurred. In such case, the o	andidate shalf submit a report
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports  Until a Candidate files a Termination Report, and fili).	int obligation)  IMPORT  contributions or expanditude contributions and expensions are expensions.	FANT  tres have occurred. In such case, the or ditures during this period.  must still be filed in accordance with N	andidate shalf submit a report
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports  Until a Candidate files a Termination Report, ar and (iii).	IMPORT  contributions or expendituded contributions and experimental and periodic reports	TANT  uras have occurred. In such case, the or iditures during this period.  must still be filed in accordance with in	andidate shall submit a report liss, Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt acceptable.	int obligation)  IMPORT  contributions or expandituded contributions and expensions and expensions and expensions and expensions are ports of the required reports by 5:00 the required report	FANT  Tres have occurred. In such case, the or ditures during this period.  Must still be filed in accordance with Many  5:00 p.m. on the reporting day. If the  0 p.m. on the first working day before to	andidate shall submit a report liss, Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend of a
Outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  Until a Candidate files a Termination Report, as and (iii).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of eacceptable.	int obligation)  IMPORT  contributions or expandituded contributions and experimental and periodic reports of the required reports by 5:0  EFORTED CONTRIBU	TANT  tres have occurred. In such case, the oraditures during this period.  must still be filed in accordance with his period of the control	andidate shall submit a report liss, Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a the deadline. Faxed reports are  Calendar
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt acceptable.	int obligation)  IMPORT  contributions or expandituded contributions and expensions and expensions and expensions and expensions are ports of the required reports by 5:00 the required report	TANT  tres have occurred. In such case, the oraditures during this period.  must still be filed in accordance with May 5:00 p.m. on the reporting day. If the Op.m. on the first working day before to the period and the first working day before the tree of the period and the first working day.	andidate shall submit a report liss, Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a he deadline. Faxed reports are  Calendar year-to-date
outstanding campaign de  ) Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of the acceptable.	int obligation)  IMPORT  contributions or expandituded contributions and experimental and periodic reports of the required reports by 5:0  EFORTED CONTRIBU	TANT  tres have occurred. In such case, the oraditures during this period.  must still be filed in accordance with his period of the control	andidate shall submit a report liss. Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a the deadline. Faxed reports are  Calendar year-to-date  \$ 9,850.00
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (III).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of the acceptable.  Remixed +  Octal amount of contributions \$ 1,750.00 +	int obligation)  IMPORT  contributions or expendituded contributions and experimental and periodic reports of the required reports by 5:0  EPORTED CONTRIBUTION OF THE PORTED CONTRIBUT	TANT  tres have occurred. In such case, the oraditures during this period.  must still be filed in accordance with May 5:00 p.m. on the reporting day. If the Op.m. on the first working day before to the period and the first working day before the tree of the period and the first working day.	andidate shall submit a report liss, Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a he deadline. Faxed reports are  Calendar year-to-date
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (III).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of the acceptable.  Remixed +  Otal amount of contributions \$ 1,750.00 +	importion  importion  importion  importion  contributions or expenditued contributions and expenditued and periodic reports  for the required reports by 5:0  the required reports by 5:0  EPORTED CONTRIBU  Non-Itemized  \$ 200.00	TANT  tres have occurred. In such case, the oraditures during this period.  must still be filed in accordance with May 5:00 p.m. on the reporting day. If the 0 p.m. on the first working day before to the trest working day.  TIONS AND DISBURSEMENTS  This Period  \$ 1,950.00	andidate shalf submit a report liss, Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a the deadline. Faxed reports are  Calendar year-to-date  \$ 9,850.00
outstanding campaign de  ) Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  ) Until a Candidate files a Termination Report, and (iii).  ) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of the acceptable.  Put itemized +  otal amount of contributions \$ 1,750.00 +  otal amount of disbursements \$ 500.00 +	importion  importion  importion  importion  contributions or expenditued contributions and expenditued contributions and expenditued and periodic reports to the required reports by 5:0  EPORTED CONTRIBUTION  Non-Itemized  \$ 200.00	rant res have occurred. In such case, the oraditures during this period. must still be filed in accordance with N y 5:00 p.m. on the reporting day. If the 0 p.m. on the first working day before to the period  TIONS AND DISBURSEMENTS This Period  \$ 1,950.00 \$ 500.00 \$ 59,223.09  my knowledge and belief it is true, as	andidate shall sulomit a report liss. Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a he deadline. Faxed reports are  Calendar year-to-date \$ 9,850.00 \$ 54,810.52  curate, and complete.
outstanding campaign de  Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of acceptable.  Protal amount of contributions \$ 1,750.00 +  Total amount of disbursements \$ 500.00 +	importion  importion  importion  importion  contributions or expenditued contributions and expenditued contributions and expenditued and periodic reports to the required reports by 5:0  EPORTED CONTRIBUTION  Non-Itemized  \$ 200.00	rant res have occurred. In such case, the oraditures during this period. must still be filed in accordance with May 5:00 p.m. on the reporting day. If the 0 p.m. on the first working day before to the first working day before to the first working day.  TIONS AND DISBURSEMENTS This Period  \$ 1,950.00	andidate shall submit a report liss. Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a he deadline. Faxed reports are  Calendar year-to-date \$ 9,850.00 \$ 54,810.52
outstanding campaign de  ) Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of reports and (iii).  Until a Candidate files a Termination Report, and (iii).  The Secretary of State must be in actual receipt holiday, the office must be in actual receipt of the acceptable.  Put itemized +  Otal amount of contributions \$ 1,750.00 +  Otal amount of disbursements \$ 500.00 +	import contributions or expenditude contributions and expension and expe	rant Tres have occurred. In such case, the oraditures during this period.  must still be filed in accordance with May 5:00 p.m. on the reporting day. If the 0 p.m. on the first working day before to the first working day before to the period.  TIONS AND DISBURSEMENTS This Period.  \$ 1,950.00 \$ 59,223.09  my knowledge and belief it is true, according to the period.	andidate shall submit a report liss. Code Ann. § 23-15-807 (b) (ii) deadline falls on a weekend or a he deadline. Faxed reports are  Calendar year-to-date \$ 9,850.00 \$ 54,810.52

- 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
   Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
   Candidates for Municipal office should return forms to the Municipal Clerk

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Page	1	of	

Name of Candidate or Committee FRIENDS OF JOSH HEREINS
Reporting period OCTOBER 1, 2015 through OCTOBER 24, 2015

## ITEMIZED RECEIPTS

A Source: Corporation PAC individual Loan	Date (Me., Day, Year)	Amount of each receipt this period
Other (please specify)	1215	\$ 250.
MS PRIMARY Health CARE ASSNING		\$
6400 LAKEOVER ROAD, Ste A. City, State, Zip Code		\$
TACKSON MS 39213. Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
S. Source: Corporation PAC K Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	回。四、四	\$ 7000,
Pull name  MAE		
Realing Address		\$
City, State, Zip Code		\$
Tusca loosa , AL 35406 Name of Employer (Reculred)	ローロー	\$
Occupation (Regulared)	Aggregate year-to-date	\$
The state of the s	Date	Amount of each
C. Source C. Corporation	(Mo., Day, Year)	receipt this period
Other (please specify)		
Other (please specify)  Full name  OPTOMETRY FOR PROGRESS  Malling Address	(Mo., Day, Year)	this period
Other (please specify)  Full restrict  OPTOMETRY FOR PROGRESS  Matting Address  I H EXECUTIVE DRIVE, STE 5  City, State, Zip Code	(Mo., Day, Year)	\$ 500.
Other (please specify)  Full name  OPTOMETRY FOR PROGRESS  Malling Address  14 EXECUTIVE DRIVE, STE 5	(Mo., Day, Year)  10 1 20 1 15  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 500.
Other (please specify)  Pull restre  OPTOMETRY FOR PROGRESS  Matting Address  I'LL EXECUTIVE DRIVE, STE 5  City, State, Zip Code  MADISON MS 39110	(Mo., Day, Year)	\$ 500
Other (please specify)  Full name  OPTOMETRY FOR PROGRESS  Making Address  I'LL EXECUTIVE DRIVE, STE 5  City, State, Zip Code  MADISON MS 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	(Mo., Day, Year)	\$ 500.
Other (please specify)  Full name  OPTOMETRY FOR PROGRESS  Malling Address  I H EXECUTIVE DRIVE, STE 5  City, State, Zip Code  MADISON MS 39110  Name of Employer (Required)  D. Source: Corporation PAG Individual Loan Control (please specify)	(Mo., Day, Year)  10 1 20 1 15  1 1 1 1 1  Aggregate year-to-date	\$ 500.
Other (please specify)  Full name  DPTDMETRY FOR PRIGRESS  Malting Address  I 4 EXECUTIVE DRIVE, STE 5  City, Stats, Zip Code  MADISON MS 39110  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  10 1 20 1 15  1 1 1 1 1  Aggregate year-to-date	\$ 500.
Other (please specify)  Full numbe  OPTOMETRY FOR PROGRESS  Malling Address  I'H EXECUTIVE DRIVE, STE 5  City, Stats, Zip Code  MADISON MS 39110  Name of Employer (Required)  Ougusetion (Required)  Other (please specify)  Full name	(Mo., Day, Year)  10 1 20 1 15  1 1 1 1 1  Aggregate year-to-date	this period  \$ 500 \$ \$ \$ \$ \$ \$ \$ \$ Arrount of each receipt this period \$ \$ \$ \$
Other (please specify)  Full numbe  OPTOMETRY FOR PROGRESS  Malling Address  I'H EXECUTIVE DRIVE, STE 5  City, State, Zip Code  MADISON MS 39110  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Malling Address  City, State, Zip Code	(Mo., Day, Year)  10 1 20 1 15  1 1 1 1 1  Aggregate year-to-date	this period  \$ 500 \$ \$ \$ \$ \$ \$ \$ \$ \$ Armount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full numbe  OPTOMETRY FOR PROGRESS  Malling Address  I'H EXECUTIVE DRIVE, STE 5  City, Stats, Zip Code  MADISON MS 39110  Name of Employer (Required)  Ougusetion (Required)  Other (please specify)  Full name	(Mo., Day, Year)  10 1 20 1 15  1 1 1 1 1  Aggregate year-to-date	this period  \$ 500.  \$

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Page	1	of	- /

Name of Candidate or Committee FRIENDS	of JOSH HARRING
Reporting period OCTOBER 1, 2015	_through

Full name 1) C 4.	Date (Mo., Day, Year)	Amount of each disbursement this period
AMERICAN CANCER Society	101115	s 500.
ty, State, Zip Code		\$
irpose of Disbursement (Optional)	Aggregate Year-to-date	S
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
alling Address		\$
lty, State, Zip Code		s
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$
), Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		\$
Purpose of Disbursament (Optional)	Aggregate Year-to-date	
F. Fulf name	(Mo., Date	Amount of each ar) disbursement this period
Mailing Address		_ s
City, State, Zip Code		_ s
Purpose of Disbursement (Optional)	Aggregate Year-to-dat	5

420		Delbert Hosen SECRETARY OF	SMI
n		CEIAL	
K	\ .	AN 0 7 2016	
1 2	- Ca	impaign Finance	

Name of Candidate	- ALLES	***	Campaign Finance
Address P O Box 320374, FLOWOOD, M	MS 39232	County RANKIN	Campaign Finance Secretary of State
Telephone (Work) 601-932-4663	(Home)	(Fax) 601-932	
Contact Name JOSH HARKINS	Email Ad	dress_joshharkins@bellso	uth.net
Office Sought SENATE DISTRICT 20	Political Part	REPUBLICAN	
Check here if above is different f	from previous report		
May 8, 2016 Periodic Report (January	<u>TYPE</u> y 1, 2015, through April 30, 20	OF REPORT 015)	Mandatory
June 10, 2015 Periodic Report (May	1, 2015, through May 31, 201	5)	
July 10, 2015 Periodic Report (June	1, 2015, through June 30, 20	15)	Mandatory
July 28, 2015 Pre-Election Report (Ju	uly 1, 2015, through July 25,	2015)	Il Primary Candidates and Political Committees
August 18, 2015 Pre-Election Report	(July 26, 2015, through Aug		s and Political Committees in a Runoff Election
October 9, 2016 Periodic Report (July	y 1, 2015, through Septembe	r 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report Octobe (Independent Candidates report January	er 1, 2015, through October 24, 20	015)	All Candidates and Political Committees
		All Candidate	Runoff Candidates Only s and Political Committees in a Runoff Election
January 8, 2016 Periodic Report (Oct	tober 1, 2015, through Decem	nber 31, 2015)	Mandatory
	nger accept contributions or make	2 852	
Termination Report (Candidate will no lo outstanding campaig	nger accept contributions or maken debt obligation)	e campaign expenditures and has	no Required to terminate reporting obligations
Termination Report (Candidate will no lo	nger accept contributions or maken debt obligation)  MEPORI  In contributions or expenditu	e campaign expenditures and has  [ANT]  Ires have occurred. In such case	no Required to terminate reporting obligations
Termination Report (Candidate will no loc outstanding campaig (1) Pre-Election reports are mandatory, even if	nger accept contributions or maken debt obligation)  IMPORT  In contributions or expenditue  ported contributions and exper	e campaign expenditures and has  FANT  Ires have occurred, in such cast  iditures during this period.	no Required to terminate reporting obligations
Termination Report (Candidate will no los outstanding campaig  (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of reports (2) Until a Candidate files a Termination Report	nger accept contributions or make in debt obligation)  IMPORT  In o contributions or expenditu- ported contributions and exper-  it, annual and periodic reports  celpt of the required reports by	e campaign expenditures and has  FANT  Ires have occurred, in such case ditures during this period.  must still be filed in accordance	Required to terminate reporting obligations  the candidate shall submit a report  with Miss. Code Ann. § 23-15-807 (b) (ii)
Termination Report (Candidate will no local outstanding campaigns)  (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of reports and (iii).  (2) Until a Candidate files a Termination Report and (iii).  (3) The Secretary of State must be in actual reholiday, the office must be in actual receiptions.	nger accept contributions or maken debt obligation)  IMPORT for contributions or expenditu- ported contributions and expenditu- ported contributions and expenditure and periodic reports celpt of the required reports by t of the required reports by 5:00	e campaign expenditures and has  FANT  Ires have occurred, in such case ditures during this period.  must still be filed in accordance	Required to terminate reporting obligations  the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are
Termination Report (Candidate will no local outstanding campaigns)  (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of reports and (iii).  (2) Until a Candidate files a Termination Report and (iii).  (3) The Secretary of State must be in actual reholiday, the office must be in actual receiptions.	nger accept contributions or maken debt obligation)  IMPORT for contributions or expenditu- ported contributions and expenditu- rt, annual and periodic reports celpt of the required reports by t of the required reports by	e campaign expenditures and has  FANT Ires have occurred. In such case distures during this period.  must still be filed in accordance f 5:00 p.m. on the reporting day.	Required to terminate reporting obligations  the candidate shall submit a report  with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are
Termination Report (Candidate will no local outstanding campaigns)  (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of reports and (iii).  (2) Until a Candidate files a Termination Report and (iii).  (3) The Secretary of State must be in actual receipted acceptable.	nger accept contributions or maken debt obligation)  IMPORT  In o contributions or expenditue ported contributions and experit, annual and periodic reports celpt of the required reports by t of the required reports by REPORTED CONTRIBUT	e campaign expenditures and has  IANT INTER have occurred. In such case relitures during this period. must still be filed in accordance y 5:00 p.m. on the reporting day. In p.m. on the first working day. ITONS AND DISBURSEMEN	Required to terminate reporting obligations  the candidate shall submit a report with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are
Termination Report (Candidate will no local outstanding campaigns)  (1) Pre-Election reports are mandatory, even it indicating "0" (Zero) for total amount of reports and (iii).  (2) Until a Candidate files a Termination Report and (iii).  (3) The Secretary of State must be in actual reholiday, the office must be in actual receipt acceptable.	nger accept contributions or maken debt obligation)  IMPORT  In o contributions or expenditue ported contributions and experit, annual and periodic reports celpt of the required reports by t of the required reports by 5:00  REPORTED CONTRIBUTE  + Non-Itemized	re campaign expenditures and has reported in such case distures during this period.  must still be filed in accordance of 5:00 p.m. on the reporting day.  TIONS AND DISBURSEMENTAL.	Required to terminate reporting obligations  the candidate shall submit a report  with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are  Calendar year-to-date
Termination Report (Candidate will no localized controlled in the controlled campaign of the controlled campaign of the controlled campaign of the campaign of	nger accept contributions or making debt obligation)  IMPORT  In occurributions or expenditure ported contributions and experit, annual and periodic reports by to the required reports by 5:00  REPORTED CONTRIBUTE  + Non-itemized  + \$ 491.17	FANT If so have occurred. In such case distures during this period. If so have occurred in such case distures during this period. If so have occurred in such case distures during this period. If so p.m. on the first working day in this period.  This Period.  \$ 5,991.17	Required to terminate reporting obligations  the candidate shall submit a report  with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are  Calendar year-to-date  \$ 13,891.17
Termination Report (Candidate will no local outstanding campaigns)  (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of report and (iii).  (2) Until a Candidate files a Termination Report and (iii).  (3) The Secretary of State must be in actual reholiday, the office must be in actual receipt ecceptable.  Itemized  Total amount of contributions \$ 5,500.00	nger accept contributions or making debt obligation)  IMPORT  In o contributions or expenditure ported contributions and experit, annual and periodic reports by tof the required reports by 5:00  REPORTED CONTRIBUT  + Non-Itemized  +\$ 491.17	rant Ires have occurred. In such case adduces during this period. In such case adduces during this period. In such case adduces of 5:00 p.m. on the reporting day. If the period of this period of 5,991.17  \$ 2,524.37  \$ 60,648.73  It is trowledge and belief it is trowledge.	Required to terminate reporting obligations  the the candidate shall submit a report  with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are  ITS  Calendar  year-to-date  \$ 13,891,17  \$ 56,834.89
Termination Report (Candidate will no local outstanding campaigns)  (1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of reports and (iii).  (2) Until a Candidate files a Termination Report and (iii).  (3) The Secretary of State must be in actual receipted and the office must be in actual receipted acceptable.  (itemized)  Total amount of contributions \$ 5,500.00  Total amount of disbursements \$ 1,967.20  Total amount of cash on hand	nger accept contributions or make in debt obligation)  IMPORT In occurributions or expenditure ported contributions and experit, annual and periodic reports by the of the required reports by the of the required reports by 5:00  REPORTED CONTRIBUTE  + Non-Itemized  +\$ 491.17  +\$ 557.17	FANT Ires have occurred, in such case ditures during this period. In such case distures during this period. In such case distures during day. If it is such case during day. If it is such case during day. If it is the such case during day. If it is such case during this period. If it is the such case during this period. If it is th	Required to terminate reporting obligations  e, the candidate shall submit a report  with Miss. Code Ann. § 23-15-807 (b) (ii)  If the deadline falls on a weekend or a sefore the deadline. Faxed reports are  Calendar year-to-date  \$ 13,891,17  \$ 56,834.89

- 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) 576-2546
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Name of Candidate or Committee FRIENDS of JOSH HARKINS

Reporting period OCTOBER 1, 2015 through DECEMBER 31, 2015

AMERICAN CANCER SOCIETY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	101115	\$ 500.°°
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)  CONTRIBUTION	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ALEC Malling Address	10130115	s 400.00
City, State, Zip Code		s
Purpose of Disbursement (Optional)  CONFERENCE REGISTRATION	Aggregate Year-to-date	s
COMMITTEE to ELECT MARLIN MILLER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1323	11/11/15	\$ 500.00
BRANDON, MS 39203		S
Purpose of Disbursement (Optional)  CONTRIBUTION	Aggregate Year-to-date	s
FRIENDS OF DICK HALL	Date (Mo., Day, Year)	Amount of each disbursement this period
P O BOX 55942	11 , 20, 15	\$ 250.°°
City, State, Zip Code  JACKSON M5 392.96  Purpose of Disbursement (Optional)		s
Purpose of Disbursement (Optional)  CONTRIBUTION	Aggregate Year-to-date	S
LINITED AIRLINES	Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address	11 1231 15	\$ 817.20
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)  FLIGHT TO ATTENO ALEC	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	\$
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

Name of Candidate or Committee FRIENDS of JOSH HARKINS

Reporting period OCTOBER 1, 2015 through DECEMBER 31, 2014

### Amount of each A Source: Corporation PAC Nindividual Loan Date receipt (Mo., Day, Year) this period Other (please specify) Full name \$ 250. CARE ASSN MS Permary Ste A Ret. 6400 LAN City, State, Zip Code LAKEOVER \$ [ MS 39213 JACKS ON. Name of Employer (Required) \$ [ Occupation (Required) Aggregate \$ [ year-to-date B. Source: Corporation PAC Mindividual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name 10115715 \$ 1000 MAE Mailing Address Blva N. Ste 1629 M City, State, Zip Code \$ [ 35406 Tusca loosa AL Name of Employer (Require \$ [ Occupation (Required) Aggregate \$ [ year-to-date C. Source Corporation PAC Individual Loan Amount of each receipt (Mo., Day, Year) Other (please specify) this period 10 1 20115 \$ 500. Fuß name PROGRESS OPTONE TRY Mailing Address \$ [ DR. 141 EXECUTIVE City, State, Zip Code \$ 39110 MADISON, M. Name of Employer (Required MS \$ [ Aggregate Occupation (Required) \$ [ year-to-date Amount of each Individual PAC D. Source: Corporation Date receipt (Mo., Day, Year) this period Other (please specify) Full name 250. SERVICES ALTRIA Mailing Address CLIENT \$ [ PO BOX City, State, Zip Code \$ [ RICHMOND, \$ Aggregate Occupation (Required) vear-to-date

Name of Candidate or Committee FRIENIS OF JOSH HARMINS
Reporting period OCTOBER 1 2015 through AECEMBER 31, 2015
ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Coan Coan Coan Coan Coan Coan Coan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11/1/2/175	\$ 1000.
MASCA Mailing Address  HOS W PARKWAS Place		\$
City, State, Zip Code		\$
Ridgeland, MS 39157		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	17 178 175	\$ 1000
MMHA	<u> </u>	2
Mailing Address    D O Box 320369		\$
City, State, Zip Code	$\square_{\prime}\square_{\prime}\square$	\$ [
Name of Employer (Réguired)	$\square$ $_{\prime}\square$ $_{\prime}\square$	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  CERNER CORPORATION  Mailing Address	100 ACA 1700 ACA 1000	receipt this period
Other (please specify)  Full name  CERNER CORPORATION  Mailing Address  2800 ROCKCREEN PKWY  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 500
Other (please specify)  Full name  CERNER CORPORATION  Malling Address  2800 ROCKCREEN PKWY  City, State, Zip Code  NORTH KANSAS City, MO 64117	(Mo., Day, Year)	receipt this period  \$ 500
Other (please specify)  Full name  CERNER CORPORATION  Mailing Address  2800 ROCKCREEN PKWY  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 500
Other (please specify)  Full name  CERNER CORPORATION  Malling Address  2800 ROCKCREEN PKWY  City, State, Zip Code  NORTH KANSAS City, MO 64117	(Mo., Day, Year)	receipt this period  \$ 500  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$
Other (please specify)  Full name  CERNER CORPORATION  Malling Address  2800 ROCKCREEK PKWY  City, State, Zip Code  NORTH KANSAS City, MO 64/17  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation X PAC Individual Loan	(Mo., Day, Year)	receipt this period  \$ 500  \$ 5
Other (please specify)  Full name  CERNER CORPORATION  Malling Address  2800 ROCKCREEK PKWY  City, State, Zip Code  NORTH KANSAS City, MO 64/17  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation X PAC Individual Loan  Other (please specify)	(Mo., Day, Year)	s 500  \$ Amount of each receipt this period
Other (please specify)  Full name  CERNER CORPORATION  Mailing Address  2800 ROCKCREEL PKWY  City, State, Zip Code  NORTH KANSAS City, MO 64117  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation X PAC Individual Loan  Other (please specify)  Full name  CAREMARK RX INC.	(Mo., Day, Year)	s 500  \$ 500  \$ Amount of each receipt this period  \$ 500
Other (please specify)  Full name  CERNER CORPORATION  Mailing Address  2800 ROCKCREEL PKWY  City, State, Zip Code  NORTH KANSAS City, MO 64117  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation X PAC Individual Loan  Other (please specify)  Full name  CAREMARK RX INC.  Mailing Address  PO BOX 287	(Mo., Day, Year)	receipt this period  \$ 500  \$ 500  \$ Amount of each receipt this period  \$ 500
Full name  CERNER CORPORATION  Mailing Address  2800 ROCKCREEN PRWY  City, State, Zip Code  NORTH KANSAS City, MO 64117  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  CAREMARK RX INC.  Mailing Address  PO BOX 287  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 500  \$ 500  \$ 500  \$ 500  \$ 500  \$ 500  \$ 500  \$ 500
Full name  CERNER CORPORATION  Malling Address  2800 ROCKCREER PKWY  City, State, Zlp Code  NORTH KANSAS City, MO 64/17  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  CAREMARK RX INC.  Mailing Address  PO BOX 287  City, State, Zlp Code	(Mo., Day, Year)	receipt this period  \$ 500  \$ 500  \$ Amount of each receipt this period  \$ 500

Name of Candidate or Committee FRIENDS OF JOSH HORKING
Reporting period FC TOBE E 1, 2015 through December 31, 2015
ITEMIZED RECEIPTS

		1
L Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12/12/1/3	\$ 500,
LKQ CORPORATION EMPLOYEE 1-DOG 1981/15 AMA		\$
500 West MADISON STREET, Ste 1800		\$
Chicago, IL 6066)		\$
Occupation (Recubred)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$
Full name		
Melling Address		\$
City, State, Zip Code	ロロロロ	\$
Name of Employer (Regulated)		\$
Occupation (staguised)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$
	n,070	\$
Mailing Address	7.0.0	•
City, State, Zip Code	<u> </u>	
Stame of Employer (Regulred)		\$
Occupation (Required)	Aggregate year-to-date	\$
		Amount of each
D. Source: Corporation PAC Individual Loan	(Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year	this period
D. Source: Corporation PAGE MANAGEMENT	(Mo., Day, Year	this period
Other (please specify)	(Mo., Day, Year	this period  \$
Other (please specify)	(Mo., Day, Year	this period
Other (please specify)  Full name  Melling Address	(Mo., Day, Year	\$ s s s s s s s s s s s s s s s s s s s
Other (please specify)  Full name  Melling Address  City, State, Zip Code	(Mo., Day, Year	this period  \$