



**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**

Name of Candidate Laurie L. Allen  
 Address 1059 Lloyd Hamilton Rd County Pike  
 Telephone (Work) 601-783-4130 (Home) 601-249-6125 (Fax) 601-783-3232  
 Contact Name Laurie L. Allen Email Address alaurie41@yahoo.com  
 Office Sought Pike County Assessor 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 \$	2760.00	+ \$ 900.00	\$ 2070.00	\$ 12,175.20
Total amount of disbursements \$	10,406.88	+ \$ 8	\$ 301.68	\$ 10,406.88
Total amount of cash on hand			\$ 868.32	

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

Laurie L. Allen  
 Signature of Candidate

10-27-15  
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

- 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 Laurie L. Allen

Reporting period 10/1/15 through 10/24/15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input 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		<input type="text"/>	\$ <input type="text"/>
<u>Gill &amp; Ladner Law Firm</u>		<input type="text"/>	\$ <u>500.00</u>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
<u>344 Hwy 51 Ste 200</u>		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
<u>Ridgeland, MS 39157</u>		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
<u>Law Firm</u>			
B. Source: <input type="checkbox"/> Corporation <input 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		<input type="text"/>	\$ <input type="text"/>
<u>Mike Necaie</u>		<input type="text"/>	\$ <u>670.00</u>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
<u>26745 Camille Dr</u>		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
<u>Pass Christian, MS 39571</u>		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input 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		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input 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		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee Laurie L. AllenReporting period 10/1/15 through 10/24/15

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>Stewart Signs</u>	___/___/___	\$ 216.68
<b>Mailing Address</b>	___/___/___	\$
<u>2109 Hwy 48 W</u>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<u>McComb, MS 39648</u>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<u>Signs</u>		
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$