

Delbert Hosemann  
 SECRETARY OF STATE  
 PIKE COUNTY, MS

MAY 08 2015

ROGER A. GRAVES  
 CIRCUIT CLERK

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

Name of Candidate Scott Anderson  
 Address 7107 Hwy 570 E, Ruth MS County Pike  
 Telephone (Work) 601 551 6652 (Home) 601 276 9000 (Fax) \_\_\_\_\_  
 Contact Name Scott Anderson Email Address owen.anderson@yahoo.com  
 Office Sought Supervisor dist. 4 Political Party Republican

Check here if above is different from previous report

<u>TYPE OF REPORT</u>	
<input checked="" type="checkbox"/> 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 <i>All Primary Candidates and Political Committees</i>
____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) .....	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) .....	Mandatory
____ October 27, 2015 Pre-Election Report .....	Mandatory <i>All Candidates and Political Committees</i>
<small>(Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)</small>	
____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) .....	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
____ January 8, 2015 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 \$	<u>0</u>	+	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total amount of disbursements \$		+	<u>1146.75</u>	\$ <u>1146.75</u>	\$ <u>1146.75</u>
Total amount of cash on hand			<u>0</u>	\$ <u>0</u>	

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

Scott Anderson  
 Signature of Candidate

5-08-2015  
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

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 Scott Anderson

Reporting period Jan - 1 - 2015 through May 8, 2015

# ITEMIZED RECEIPTS

A. 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 _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="text"/>
B. 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 _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) _____		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="text"/>

