

2015 ELECTION CYCLE

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

Deborah H. ...
SECRETARY OF STATE
PIKE COUNTY, MISS.

MAY 12 2015

ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate John ~~Talbot~~ Andrews
 Address 3180 River Ridge Rd County Pike
 Telephone (Work) (601)-684-2941 (Home) (601)-810-9509 (Fax)
 Contact Name John Andrews Email Address andrewsmetals@uphoo.com
 Office Sought Supervisor 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, 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 cases, 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 \$	+	\$	\$	\$
Total amount of disbursements \$	+	\$	\$	\$
Total amount of cash on hand			\$	

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

Signature of Candidate _____

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:

- Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, 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 John Andrews
 Reporting period Jan 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>John Ben & Paulette Andrews</u>		<u>1/16/15</u>	\$ <u>500.00</u>
Mailing Address <u>4101 Summit Holmesville Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>McCombs, MS 39648</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>Retired</u>		Aggregate year-to-date	\$ <u> </u>
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		<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>
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		<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>
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>

Name of Candidate or Committee John T. Andrews
 Reporting period January 1 through April 30

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Screen Graphics	1/20/15	\$ 1,197.33
Mailing Address 2147 Hwy 48 West		
City, State, Zip Code McComb, MS. 39648	__/__/__	\$
Purpose of Disbursement (Optional) election Signs	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Screen Graphics	1/30/15	\$ 411.95
Mailing Address 2147 Hwy 48 West		
City, State, Zip Code McComb, MS. 39648	__/__/__	\$
Purpose of Disbursement (Optional) election Signs	Aggregate Year-to-date	\$ 1,609.28
C. 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	\$
D. 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	\$
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	\$