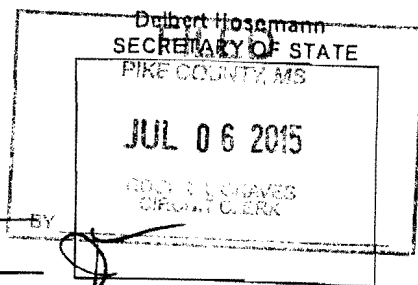


**Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election**



Name of Candidate Mercedes Boss
 Address 703 Wall Street County Pike
 Telephone (Work) 601-977-8484 ^{cell} 601-248-1203 ^(Home) Fax N/A
 Contact Name Mercedes Boss Email Address mercyboss@gmail.com
 Office Sought Circuit Clerk Political Party Democrat

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 ReportMandatory
*(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 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 \$	1777.17 ⁺	0	\$ 1777.17	\$ 3649.43
Total amount of disbursements \$	1188.89 ⁺	788.28	\$ 1977.17	\$ 3649.43
Total amount of cash on hand			\$ 0	

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

Mercedes Boss
Signature of Candidate

7-6-15
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 \$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 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 Mercedes Boss
 Reporting period 6-1-15 through 6-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mercedes Boss</u>	<u>6/4/15</u>	\$ <u>900.00</u>
Mailing Address <u>703 Wall St</u>	<u>6/13/15</u>	\$ <u>700.00</u>
City, State, Zip Code <u>McComb Ms 39648</u>	<u>6/15/15</u>	\$ <u>177.17</u>
Name of Employer (Required) <u>Prime Care</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Registered Nurse</u>	Aggregate year-to-date	\$ <u>3549.43</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>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<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>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<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>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<u> / / </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Mercedes Boss
 Reporting period 6-1-15 through 6-30-15

ITEMIZED DISBURSEMENTS

A. Full name <u>Vista Print</u>	Date (Mo., Day, Year) <u>6/2/15</u>	Amount of each disbursement this period \$ <u>213.05</u>
Mailing Address <u>95 Hayden Ave</u>		
City, State, Zip Code <u>Lexington, Ma 02421</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>383.30</u>
B. Full name <u>Screen Graphics</u>	Date (Mo., Day, Year) <u>6/4/15</u>	Amount of each disbursement this period \$ <u>702.99</u>
Mailing Address <u>2147 Hwy 48 West</u>		
City, State, Zip Code <u>McComb, Ms 39648</u>	<u>6/12/15</u>	\$ <u>272.85</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1627.47</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$