Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

2015 Election	JUL 2 8 20%					
Name of Candidate Mexce des Boss	302 2.0 20%					
Address 703 Wall Street county Pike						
Telephone (Work) 601-977-8484 (Home) 601-248-1203 (Fax)	UA					
Contact Name Mexcedes BOSS Email Address Mexcubo	ss Dagmail. Wm					
Office Sought Circuit Clerk Political Party Democrat	0					
Check here if above is different from previous report						
<u>TYPE OF REPORT</u> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)						
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)						
✓ 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)						
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory					
October 27, 2015 Pre-Election Report	All Candidates and Political Committees					
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only					
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)	ates and Political Committees in a Runoff Election					
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and outstanding campaign debt obligation)	has no Required to terminate reporting obligations					
(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 accorda and (iii).	nce with Miss. Code Ann. § 23-15-807 (b) (li)					
(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 hollday, 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 DISBURSEM						
Itemized + Non-Itemized This Per	iod Calendar year-to-date					
Total amount of contributions \$ \$ \$	\$ 3649.43					
Total amount of disbursements \$ 260.00+\$ 312.61 \$ 572.	61 \$ 4222.04					
Total amount of cash on hand \$ D						
I certify that I have examined this report and to the best of my knowledge and belief it is	s true, accurate, and complete.					
Alexander Boss						
Signature of Candidate Date Authority: Refer to Miss, Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.						
Attending, Relief to Miss, Code Ami, 925-10-14 (1912), at 154, 104 and the system to with statutory deadlines, or fines of \$50 per day and/or presecution in accordance with Miss, Code Ann. §§ 23-15-811 and 813 (1972).	failure to submit valid reports shall result in					

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	e or Committee	Mer	udes	Boss			
Reporting period _	20/41-2	015	through	n _ Jula	25,20	\5	
	1	- ,				•	

ITEMIZED DISBURSEMENTS

Yard Sign wholesale	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address J	7,2315	\$ 260.00
Orlando, Fl 32803		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 260.00
B. Full name Enterprise Journal Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address \\ \frac{1/2 Diver Emmerich Dr.}{City, State, Zip Gode	7/13/15	s 145,00
City, State, Zip Code Mc Comb MS 39648 Purpose of Disbursement (Optional)	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s \$ 545.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	//	s
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	s
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	\$