

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

**FILED**  
Delbert H. Hermann  
SECRETARY OF STATE  
**MAY 08 2015**  
BY *BRW* ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate Luke Brewer  
Address PO Box 218 (1117 Oleander Dr) county Pike  
Telephone (Work) 601 276 7450 <sup>Cell</sup> 601-248-5102 (Home) 601-276-2787 (Fax)  
Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Office Sought Supervisor - Dist. 4 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 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	\$ 2525.00	+	\$ 0.00	\$ 2525.00	\$ 2525.00
Total amount of disbursements	\$ 2525.00	+	\$ 0.00	\$ 2525.00	\$ 2525.00
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.

*Luke Brewer*  
Signature of Candidate

5/7/14  
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

Reporting period  through

# 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) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>LUKE BREWER</b>	<b>03/17/15</b>	\$ <b>3575.00</b>
Mailing Address <b>P.O. BOX 218</b>	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <b>SUMMIT, NS</b>	<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"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	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"/>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	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) <input type="text"/>	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 Luke Brewer  
 Reporting period JAN 1, 2015 - April 30<sup>20</sup> through April 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name <u>Enterprise Journal</u>	Date (Mo., Day, Year) <u>3/17/15</u>	Amount of each disbursement this period \$ <u>800<sup>00</sup></u>
Mailing Address <u>PO Box 2009</u>	<u>3/17/15</u>	\$ <u>800<sup>00</sup></u>
City, State, Zip Code <u>McComb, MS</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Ads</u>	Aggregate Year-to-date	\$
B. Full name <u>Enterprise Journal</u>	Date (Mo., Day, Year) <u>3/19/15</u>	Amount of each disbursement this period \$ <u>400<sup>00</sup></u>
Mailing Address <u>PO Box 2009</u>	<u>3/19/15</u>	\$ <u>400<sup>00</sup></u>
City, State, Zip Code <u>McComb, MS</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Calendar</u>	Aggregate Year-to-date	\$
C. Full name <u>K106</u>	Date (Mo., Day, Year) <u>4/13/15</u>	Amount of each disbursement this period \$ <u>300<sup>00</sup></u>
Mailing Address <u>206 N. Front St</u>	<u>4/13/15</u>	\$ <u>300<sup>00</sup></u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Political Calendar</u>	Aggregate Year-to-date	\$
D. Full name <u>Stewart Signs</u>	Date (Mo., Day, Year) <u>4/16/15</u>	Amount of each disbursement this period \$ <u>1,025<sup>00</sup></u>
Mailing Address <u>2147 Hwy 48 West</u>	<u>4/16/15</u>	\$ <u>1,025<sup>00</sup></u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Signs</u>	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	\$