2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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

Name of Candidate Luke Brewer

Address PO Box 218 (1117 Olender) County Pike

Telephone (Work) 601-276-2456 (Home) 601-248-5192 (Fax) 601-276-2287

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 $ | 0 | + $ | 0 | $ 0 | $ 4235.00 |
| Total amount of disbursements $ | 0 | + $ | 0 | $ 0 | $ 4235.00 |
| 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

10/22/15 — 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:*

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 _____

Reporting period _____ through _____

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | __/__/__ | $ |
| Mailing Address | __/__/__ | $ |
| City, State, Zip Code | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year–to-date | $ |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | __/__/__ | $ |
| Mailing Address | __/__/__ | $ |
| City, State, Zip Code | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year–to-date | $ |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | __/__/__ | $ |
| Mailing Address | __/__/__ | $ |
| City, State, Zip Code | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year–to-date | $ |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | __/__/__ | $ |
| Mailing Address | __/__/__ | $ |
| City, State, Zip Code | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year–to-date | $ |

Name of Candidate or Committee _____

Reporting period _____ through _____

# ITEMIZED DISBURSEMENTS

| A. 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 | $ |
| B. 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 | $ |
| 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 | $ |