

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

Name of Candidate Edward Bullock  
 Address 1042 Edwards Drive County Pike  
 Telephone (Work) \_\_\_\_\_ (Home) 601 810 1046 (Fax) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Office Sought Supervisor Political Party DEMOCRAT

**FILED**  
PIKE COUNTY, MS  
**MAY 06 2015**  
ROBERTA A. GRAVES  
CIRCUIT CLERK

Check here if above is different from previous report

<u>TYPE OF REPORT</u>		
<input checked="" type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	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	\$
Total amount of disbursements \$		+	\$	0	\$
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.

Edward Bullock  
Signature of Candidate

5/6/15  
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 \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	<b>\$</b>

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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	Aggregate year-to-date	\$ <input type="text"/>