

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MS
MAY 08 2015
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Casey Carter
Address 1045 Bill Bacot Rd. McComb, MS 39648 County Pike
Telephone (Work) 601-270-9271 (Home) 601-270-9271 (Fax) _____
Contact Name _____ Email Address casey.carter@lids.com
Office Sought Chancery Clerk 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, 2016 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	\$8555.00	+ \$ 4225.00	\$ 12780.00	\$ 12780.00
Total amount of disbursements	\$6446.70	+ \$ 1662.29	\$8108.99	\$8108.99
Total amount of cash on hand			\$ 4671.01	

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

Casey Carter
Signature of Candidate

05/04/2015
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 \$80 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 Casey CarterReporting period January 1, 2015 through April 30, 2015**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mark Mize	2 / 2 / 15	\$ 250.00
Mailing Address 1183 Caston Rd.	/ /	\$
City, State, Zip Code McComb, MS 39648	/ /	\$
Name of Employer (Required) Farm Bureau	/ /	\$
Occupation (Required) Insurance Agent	Aggregate year-to-date	\$ 250.-
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Stewart	2 / 4 / 15	\$ 500.00
Mailing Address 501 Pearl River Ave.	/ /	\$
City, State, Zip Code McComb, MS 39648	/ /	\$
Name of Employer (Required) East McComb Body Shop	/ /	\$
Occupation (Required) Auto Repair Business Owner	Aggregate year-to-date	\$ 500.-
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Troy and Kathy Alford	2 / 10 / 15	\$ 300.00
Mailing Address P.O. Box 1267	/ /	\$
City, State, Zip Code Summit, MS 39666	/ /	\$
Name of Employer (Required) Retired	/ /	\$
Occupation (Required) Accountant	Aggregate year-to-date	\$ 300.-
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jason Jones	2 / 16 / 15	\$ 1000
Mailing Address 905 Park Dr.	/ /	\$
City, State, Zip Code McComb, MS 39648	/ /	\$
Name of Employer (Required) Jones Family Funeral Services, LLC	/ /	\$
Occupation (Required) Funeral Director, Business Owner	Aggregate year-to-date	\$ 1000.-

Name of Candidate or Committee Casey CarterReporting period January 1, 2015 through April 30, 2015**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott and Debra Jackson</u>	<u>2</u> / <u>22</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>3127 McComb-Holmesville Rd.</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Sanderson Farms</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Accountant</u>	Aggregate year-to-date	\$ <u>500.-</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny Smith</u>	<u>2</u> / <u>23</u> / <u>15</u>	\$ <u>1200.00</u>
Mailing Address <u>P.O. Box 414</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Lott Furniture</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Business Owner</u>	Aggregate year-to-date	\$ <u>1200.-</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Glen Fortenberry</u>	<u>3</u> / <u>2</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1165 Highway 98E Suite A</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Fortenberry Trucking</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Business Owner</u>	Aggregate year-to-date	\$ <u>500.-</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>L.E. Griffin</u>	<u>2</u> / <u>1</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>3030 Wardlaw Rd.</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Thrift Drugs</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ <u>500.-</u>

Name of Candidate or Committee Casey CarterReporting period January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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 Mark Wallace		3 / 17 / 15	\$ 400.00
Mailing Address 6521 County Line Rd.		/ /	\$
City, State, Zip Code Summit, MS 39666		/ /	\$
Name of Employer (Required) Wallace Lumber Company		/ /	\$
Occupation (Required) Business Owner		Aggregate year-to-date	\$ 400.-
B. Source: <input type="checkbox"/> Corporation <input checked="" 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 Chad Smith		3 / 23 / 15	\$ 350.00
Mailing Address 325 Brookhaven St.		/ /	\$
City, State, Zip Code Brookhaven, MS 39601		/ /	\$
Name of Employer (Required) Smith Bros. Collision Center		/ /	\$
Occupation (Required) Business Owner		Aggregate year-to-date	\$ 350.-
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Keith Cline		4 / 28 / 15	\$ 500.00
Mailing Address P.O. Box 1116		/ /	\$
City, State, Zip Code Brookhaven, MS 39602		/ /	\$
Name of Employer (Required) Farm Bureau		/ /	\$
Occupation (Required) Insurance Agent		Aggregate year-to-date	\$ 500.-
D. Source: <input type="checkbox"/> Corporation <input checked="" 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 Josh L. Simpson DMD		4 / 28 / 15	\$ 250.00
Mailing Address P.O. Box 990		/ /	\$
City, State, Zip Code McComb, MS 39649		/ /	\$
Name of Employer (Required) Simpson Family Dental		/ /	\$
Occupation (Required) Dentist		Aggregate year-to-date	\$ 250.-

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nolan and Frances Sesser</u>	<u>4</u> / <u>28</u> / <u>15</u>	\$ <u>600.00</u>
Mailing Address <u>309 Ogden Rd.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Natchez School District</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Teacher</u>	Aggregate year-to-date	\$ <u>600.-</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ray and Jo Ann Herrington</u>	<u>3</u> / <u>28</u> / <u>15</u>	\$ <u>705.00</u>
Mailing Address <u>0802 Lower Meadville Dr.</u>	<u>4</u> / <u>28</u> / <u>15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Bogue Chitto, MS 39629</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Herrington's Welding</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Business Owner/Welder</u>	Aggregate year-to-date	\$ <u>905.-</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lloyd Dean Smith</u>	<u>4</u> / <u>16</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 648</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Summit, MS 39666</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Retired</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.-</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Boyd Carter</u>	<u>4</u> / <u>28</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>54 St. Charles Ave.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Retired</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.-</u>

Name of Candidate or Committee Casey Carter

Reporting period January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barclay Security - Mark Barclay</u>	<u>4</u> / <u>28</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 1923</u>	/ /	\$
City, State, Zip Code <u>McComb, MS 39648</u>	/ /	\$
Name of Employer (Required) <u>Barclay Security, Inc.</u>	/ /	\$
Occupation (Required) <u>Small Business Owner - Security Systems</u>	Aggregate year-to-date	\$ <u>300.-</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 Casey Carter
 Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Screen Graphics	Date (Mo., Day, Year) 2 / 22 / 15	Amount of each disbursement this period \$ 3249.80
Mailing Address 2147 Hwy 48 West	___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648	___ / ___ / ___	\$
Purpose of Disbursement (Optional) signs	Aggregate Year-to-date	\$ 3249.80
B. Full name Lids Branding Solutions	Date (Mo., Day, Year) 4 / 1 / 15	Amount of each disbursement this period \$ 410.93
Mailing Address 7555 Woodland Dr.	___ / ___ / ___	\$
City, State, Zip Code Indianapolis, IN 46278	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Promotional Items	Aggregate Year-to-date	\$ 410.93
C. Full name Lids Team Sports	Date (Mo., Day, Year) 4 / 1 / 15	Amount of each disbursement this period \$ 696.14
Mailing Address 7555 Woodland Dr.	___ / ___ / ___	\$
City, State, Zip Code Indianapolis, IN 46278	___ / ___ / ___	\$
Purpose of Disbursement (Optional) t-shirts	Aggregate Year-to-date	\$ 696.14
D. Full name Southwest Broadcasting	Date (Mo., Day, Year) 3 / 20 / 15	Amount of each disbursement this period \$ 300.00
Mailing Address 206 N. Front St.	___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Political Calendar	Aggregate Year-to-date	\$ 300.00
E. Full name Enterprise Journal	Date (Mo., Day, Year) 3 / 20 / 15	Amount of each disbursement this period \$ 400.00
Mailing Address P.O. Box 2009	___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39649	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Political Directory	Aggregate Year-to-date	\$ 400.00
F. Full name Justin's On The Lake	Date (Mo., Day, Year) 3 / 20 / 15	Amount of each disbursement this period \$ 1389.83
Mailing Address 4105 Hwy 98 West	___ / ___ / ___	\$
City, State, Zip Code Summit, MS 39666	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Fundraiser	Aggregate Year-to-date	\$ 1389.83