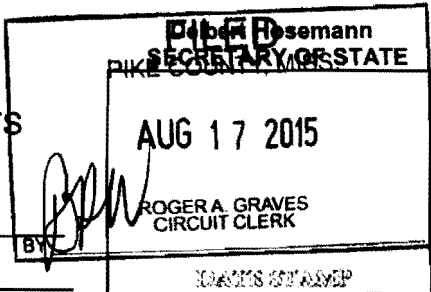


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Casey Carter
 Address 1045 Bill Bacot Rd. Neshob County Pike
 Telephone (Work) _____ (Home) 601-220-9271 (Fax) _____
 Contact Name _____ Email Address Casey.carter@lds.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) *All Candidates and Political Committees*
 (Independent Candidates report January 1, 2015 through October 24, 2015)
- ___ 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	\$ 9155.-	+\$ 4875.-	\$ 750.-	\$ 14030.-
Total amount of disbursements	\$ 2388.70	+\$ 2326.10	\$ 18066.20	\$ 14713.86
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.

Casey Carter
 Signature of Candidate

8-17-15
 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 Casey CarterReporting period July 26, 2015 through August 15, 2015**ITEMIZED RECEIPTS**

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 Francis Sesser</u>	<u>08</u> / <u>10</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 Public Schools</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Teacher</u>	Aggregate year-to-date	\$ <u>1200.00</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 July 26, 2015 through August 15, 2015

ITEMIZED DISBURSEMENTS

A. Full name Enterprise Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 2009	08 / 07 / 15 ___ / ___ / ___	\$ 536.20
City, State, Zip Code McComb, MS 39648	08 / 13 / 15 ___ / ___ / ___	\$ 1060.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 4894.80
B. Full name Southwest Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 North Front St.	08 / 13 / 15 ___ / ___ / ___	\$ 250.00
City, State, Zip Code McComb, MS 39648	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 1175.00
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	\$