

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Delbert Hosemann
 SECRETARY OF STATE
FILED
 PIKE COUNTY, MISS.
 MAY 20 2015
 BY BPW ROGER A. GRAVES
 CIRCUIT CLERK

Name of Candidate Elizabeth Anne Crawford
 Address 6072 Pike 935 Magnolia, MS County Pike
 Telephone (Work) 601-684-2900 (Home) 601-783-0713 (Fax) _____
 Contact Name _____ Email Address annecrawford80@yahoo.com
 Office Sought Tax Collector - Pike Co. 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 ReportMandatory
 (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 \$	500.00	+	775.00	\$ 1275.00	\$ 12,75.00
Total amount of disbursements \$	700.00	+	144.45	\$ 844.45	\$ 844.45
Total amount of cash on hand	430.55			\$	

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

Anne Crawford
 Signature of Candidate

5/19/15
 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 Elizabeth Anne "Babs" Crawford
 Reporting period 1/1/2015 through 4/30/15

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 <u>Karen Sanders</u> <u>BUS Supply Choctaw, INC</u> Mailing Address <u>P.O. Box 1389 McComb, MS. 39649</u> City, State, Zip Code Name of Employer (Required) Occupation (Required) <u>Business Owner</u>	<u>3</u> / <u>6</u> / <u>15</u>	\$ <u>500.</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____ Full name <u>Ruth Faucett</u> Mailing Address <u>1052 Amite Line Rd. Summit, MS 39666</u> City, State, Zip Code Name of Employer (Required) Occupation (Required) <u>Retired</u>	<u>3</u> / <u>14</u> / <u>15</u>	\$ <u>100.</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____ Full name <u>Mr & Mrs F.L. Faucett</u> Mailing Address <u>Summit MS. 39666</u> City, State, Zip Code Name of Employer (Required) Occupation (Required) <u>Retired</u>	<u>3</u> / <u>14</u> / <u>15</u>	\$ <u>100.</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____ Full name <u>Ted Rayborn</u> Mailing Address <u>Fernwood, MS. 39635</u> City, State, Zip Code Name of Employer (Required) Occupation (Required) <u>Retired</u>	<u>3</u> / <u>17</u> / <u>15</u>	\$ <u>200.</u>

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) _____		
Full name <u>Dione Cotten</u>	<u>4/7/15</u>	\$ <u>50.-</u>
Mailing Address <u>P.O. Box 1666 McComb, MS</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Pike National Bank</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Senior VP</u>	Aggregate year-to-date	\$ <u> </u>
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) _____		
Full name <u>Jennifer Wallace</u>	<u>4/7/15</u>	\$ <u>50.-</u>
Mailing Address <u>1051 Emileigh Dr. Summit, MS 39666</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Pike National Bank</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>President of Bank</u>	Aggregate year-to-date	\$ <u> </u>
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) _____		
Full name <u>James Wicker</u>	<u>4/8/15</u>	\$ <u>75.-</u>
Mailing Address <u>Old Hwy 24 McComb, MS 39648</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Pike National Bank</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Ceo of Bank</u>	Aggregate year-to-date	\$ <u> </u>
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) _____		
Full name <u>Buddy Powell</u>	<u>4/16/15</u>	\$ <u>150.-</u>
Mailing Address <u>McComb MS 39648</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Business Owner</u>	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Elizabeth Anne Crawford

Reporting 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 type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Joe Buddy</u>		<u>4/17/15</u>	\$ <u>50.</u>
Mailing Address <u>Country Club Rd, Fernwood, Mo</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Retiree</u>		Aggregate year-to-date	\$ _____
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) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u> </u>		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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u> </u>		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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Elizabeth Anne "Becky" Crawford
 Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>3/20/15</u>	<u>\$ 400.-</u>
Mailing Address <u>P.O. Box 2009 McComb, MS. 39649</u>	<u>3/20/15</u>	<u>\$ 400.-</u>
City, State, Zip Code <u>McComb, MS. 39649</u>	<u>3/20/15</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewarts Sign</u>	<u>4/13/15</u>	<u>\$ 144.45</u>
Mailing Address <u>2147 Hwy 48 W McComb, MS 39648</u>	<u>4/13/15</u>	<u>\$ 144.45</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>4/13/15</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>Magnetic Signs for Auto</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southwest Broadcasting</u>	<u>4/15/15</u>	<u>\$ 300.-</u>
Mailing Address <u>McComb, MS. 39648</u>	<u>4/15/15</u>	<u>\$ 300.-</u>
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>4/15/15</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>Radio Advertising</u>	Aggregate Year-to-date	\$
D. 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	\$
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	\$