

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Delbert Hosemann
 SECRETARY OF STATE
 PIKE COUNTY, MISS.
 JUN 09 2015
 BY: *[Signature]* ROGER A. GRAVES
 CIRCUIT CLERK

Name of Candidate Elizabeth Anne Crawford
 Address 6072 Pike 93S. Magnolia, MS County Pike
 Telephone (Work) 601-684-2900 (Home) 601-783-0743 (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 \$		+	\$ 460.05	\$ 460.05	\$ 1735.05
Total amount of disbursements \$	801.96	+	\$ 52.00	\$ 853.96	\$ 1698.41
Total amount of cash on hand				\$ 36.64	

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 Date 6/8/2015

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

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>Geoff Hodgson</u>		<u>5/17/05</u>	\$ <u>100.-</u>
Mailing Address <u>225 Magnolia St. Magnolia, MS 39652</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Fernwood Country Club</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Golf Pro Shop</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>Don Lazarus</u>		<u>5/17/05</u>	\$ <u>100.-</u>
Mailing Address <u>209 Harmony St</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>McComb, MS 39648</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>Whitney Bawlings</u>		<u>5/17/05</u>	\$ <u>100.-</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>City of McComb</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Mayor of Pike Co.</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>Dansey + Done Parsons</u>		<u>5/17/05</u>	\$ <u>100.-</u>
Mailing Address <u>Country Club Rd. Fernwood, MS.</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Elizabeth Anne "Buddy" Crawford

Reporting period 5/1/15 through 5/31/15

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>Louise Pigott</u>		<u>5/8/15</u>	\$ <u>20.</u>
Mailing Address <u>Amite Line Rd. Summit, MS 39666</u>		<u>1/1/</u>	\$ _____
City, State, Zip Code _____		<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>MDOT</u>		<u>1/1/</u>	\$ _____
Occupation (Required) <u>Retired</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>Wild</u>		<u>5/1/15</u>	\$ <u>40.</u>
Mailing Address _____		<u>1/1/</u>	\$ _____
City, State, Zip Code _____		<u>1/1/</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/</u>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Pike National Bank</u>		<u>3/23/15</u>	\$ <u>.01</u>
Mailing Address <u>P.O. Box 1666</u>		<u>4/27/15</u>	\$ <u>.02</u>
City, State, Zip Code <u>McComb MS (Interest)</u>		<u>5/26/15</u>	\$ <u>.02</u>
Name of Employer (Required) _____		<u>1/1/</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>.05</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>1/1/</u>	\$ _____
Mailing Address _____		<u>1/1/</u>	\$ _____
City, State, Zip Code _____		<u>1/1/</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Elizabeth Anne "Baecky" Crawford Page 3 of 3
 Reporting period 5/1/15 through 5/31/15

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>Pike National Bank</u>	<u>4/27/15</u>	\$ <u>6.00</u>
Mailing Address <u>P.O. Box 1666</u>	<u>5/26/15</u>	\$ <u>6.00</u>
City, State, Zip Code <u>McComb, MS 39649</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>12.00</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>Stewart's Sign</u>	<u>5/8/15</u>	\$ <u>801.96</u>
Mailing Address <u>2147 Hwy 48 W</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>McComb, MS 39649</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	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>Brianna Schoonover</u>	<u>5/1/15</u>	\$ <u>40.</u>
Mailing Address <u>Dress, MS 39641</u>	<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>Head & Tails</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Photographer for Ads</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> </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)	Aggregate year-to-date	\$ <u> </u>