

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MS
OCT 07 2015
BY *[Signature]* ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Elizabeth Anne Crawford
Address 6072 Pike 93 S. Magnolia MS County Pike
Telephone (Work) 601-551-0421 (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 \$	2,150.75	2,105.00	\$ 4,255.00	\$ 6,915.05
Total amount of disbursements \$	2,190.85	1,205.82	\$ 3,396.67	\$ 5,725.59
Total amount of cash on hand			\$ 1,189.46	

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 10/7/2015
Signature of Candidate 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 Anne "Barbara" Crawford

Reporting period July 1, 2015 through Sep. 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>Chris Honea</u>	<u>7/8/15</u>	\$ <u>50.-</u>
Mailing Address <u>6013 Pike 935</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required) <u>NOLA</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>Loan Officer</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"/>		
Other (please specify) _____		
Full name <u>Prentiss Crawford</u>	<u>7/8/15</u>	\$ <u>100.-</u>
Mailing Address <u>4020 Pike 935</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required) <u>USPS</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>Post Office</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"/>		
Other (please specify) _____		
Full name <u>Brad Troutman</u>	<u>7/8/15</u>	\$ <u>50.-</u>
Mailing Address <u>P.O. Box 120</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>Ferwood, MS. 39635</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required) <u>Ferwood Country Club</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>Golf Pro</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"/>		
Other (please specify) _____		
Full name <u>Whitney Sanderfer</u>	<u>7/8/15</u>	\$ <u>100.-</u>
Mailing Address <u> </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>Sanderfers</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>Clerk</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Anne "Barck" Crawford
 Reporting period July 1, 2015 through Sep. 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>Ruth Faucett</u>		<u>8/17/15</u>	\$ <u>20.-</u>
Mailing Address <u>1052 Amite Line Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Summit, MS. 39666</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ <u>120.-</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>Bus Supply Co. (Keith Sanders)</u>		<u>8/19/15</u>	\$ <u>500.-</u>
Mailing Address <u>P.O. Box 1389 McComb, MS.</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </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>Bubba Cullom</u>		<u>9/1/15</u>	\$ <u>300.-</u>
Mailing Address _____		<u>9/26/15</u>	\$ <u>250.-</u>
City, State, Zip Code <u>Magnolia, MS. 39652</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>309</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>550.-</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>Phyllis Thompson</u>		<u>9/10/15</u>	\$ <u>200.-</u>
Mailing Address <u>406 W. Presley Blvd McComb, MS.</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Wheels for Deals</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Business Owner</u>		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Anne "Barclay" Crawford

Reporting period July 1, 2015 through Sep. 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>Terry Pigott</u>		<u>9/10/15</u>	\$ <u>100.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>M^eConr, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Fernwood Grocery</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
<u>Business Owner</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>ACK Terrell</u>		<u>9/11/15</u>	\$ <u>100.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>MASHNOLA MS. 39652</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Retired</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>Anthony SASSONE</u>		<u>9/11/15</u>	\$ <u>100.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>OS/KG MS.</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Business Owner</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>K+S Petroleum Inc.</u>		<u>9/14/15</u>	\$ <u>300.</u>
Mailing Address <u>119 Prentiss Ball Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>MASHNOLA MS. 39652</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Zoups</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Business Owner</u>	Aggregate year-to-date		\$ _____

Name of Candidate or Committee Anne "Barbara" Crawford
 Reporting period July 1, 2015 through Sep. 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>REK Enterprises</u>	<u>9/14/15</u>	\$ <u>100.</u>
Mailing Address <u>1009 Pinebrook Dr.</u>	[] [] []	\$ []
City, State, Zip Code <u>Summit, Ms. 39666</u>	[] [] []	\$ []
Name of Employer (Required) <u>GARY RUSSELL</u>	[] [] []	\$ []
Occupation (Required) <u>BUSINESS OWNER</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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bob & Kim WALL</u>	<u>9/17/15</u>	\$ <u>500.</u>
Mailing Address <u>4107 Hwy 584 WPS</u>	[] [] []	\$ []
City, State, Zip Code <u>Osaka MS. 39657</u>	[] [] []	\$ []
Name of Employer (Required)	[] [] []	\$ []
Occupation (Required) <u>BUSINESS OWNER</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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denham Holdings</u>	<u>9/17/15</u>	\$ <u>50.</u>
Mailing Address <u>400 Delaware Ave Ste C</u>	[] [] []	\$ []
City, State, Zip Code <u>McComb, MS. 39648</u>	[] [] []	\$ []
Name of Employer (Required) <u>Priss</u>	[] [] []	\$ []
Occupation (Required) <u>Insurance</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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norman B. Gillis JR.</u>	<u>9/22/15</u>	\$ <u>200.</u>
Mailing Address <u>P.O. Drawer 1907</u>	[] [] []	\$ []
City, State, Zip Code <u>McComb, MS. 39649</u>	[] [] []	\$ []
Name of Employer (Required) <u>Self</u>	[] [] []	\$ []
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ []

Name of Candidate or Committee Anne "BARCLAY" Crawford
 Reporting period July 1, 2015 through Sep 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>James Russell</u>	<u>8/12/15</u>	\$ <u>50.-</u>
Mailing Address	<u>1800 Beach Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u>Gulfport MS 39507</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	<u>Retired</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>Jay Smith</u>	<u>9/28/15</u>	\$ <u>100.-</u>
Mailing Address	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u>McComb MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u>Smith Pest Control</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	<u> </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>Landon Langston & Johnny Ott</u>	<u>9/28/15</u>	\$ <u>135.-</u>
Mailing Address	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	<u> </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>Ted Rayborn</u>	<u>9/28/15</u>	\$ <u>300.-</u>
Mailing Address	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	<u>Retired</u>	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Anne "BARCLAY" Crawford Page 7 of 13
 Reporting period July 1, 2015 through Sep. 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>MARK Curry</u>		<u>9/28/15</u>	\$ <u>200.-</u>
Mailing Address <u>Pinehurst</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McConk, Ms. 39648</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		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>Deborah Reynolds</u>		<u>9/28/15</u>	\$ <u>25.-</u>
Mailing Address <u>1018 Hillshire Dr.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McConk, Ms. 39648</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>B&S Supply Centers</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Office Manager</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>Laurie McDaniel</u>		<u>9/28/15</u>	\$ <u>50.-</u>
Mailing Address <u>1143 David Benjamin Dr.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McConk, Ms. 39648</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>STATE</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Ronnie & Rose Frazier</u>		<u>9/28/15</u>	\$ <u>100.-</u>
Mailing Address <u>1042 Country Club Rd.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McConk, Ms. 39648</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Anne "Barckley" Crawford

Reporting period July 1, 2015 through Sep 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>Kitt & Keri HATZEK</u>	<u>9/28/15</u>	\$ <u>700.-</u>
Mailing Address <u>172 HATZEK DR</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>HOOPER AL</u>	[]/[]/[]	\$ []
Name of Employer (Required) _____	[]/[]/[]	\$ []
Occupation (Required) <u>Salesman</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"/>		
Other (please specify) _____		
Full name <u>S. Smith MD</u>	<u>9/28/15</u>	\$ <u>100.-</u>
Mailing Address <u>Pinehurst Pt</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>McComb, MS 39648</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>Self</u>	[]/[]/[]	\$ []
Occupation (Required) <u>Doctor</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"/>		
Other (please specify) _____		
Full name <u>Landon Woodell</u>	<u>9/28/15</u>	\$ <u>75.-</u>
Mailing Address <u>1003 Hidden Meadow Lane</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>Summit, MS 39666</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>Regions Bank</u>	[]/[]/[]	\$ []
Occupation (Required) <u>Bank President</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"/>		
Other (please specify) _____		
Full name _____	[]/[]/[]	\$ []
Mailing Address _____	[]/[]/[]	\$ []
City, State, Zip Code _____	[]/[]/[]	\$ []
Name of Employer (Required) _____	[]/[]/[]	\$ []
Occupation (Required) _____	Aggregate year-to-date	\$ []

Name of Candidate or Committee Anne "Barclay" Crawford
 Reporting period July 1, 2015 through sep 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4 WAY</u>	<u>7/11/15</u>	\$ <u>36.73</u>
Mailing Address <u>1119 Prentiss BARI Rd</u>		
City, State, Zip Code <u>MAGNOLIA, MS. 39652</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Home Hardware</u>	<u>7/18/15</u>	\$ <u>29.47</u>
Mailing Address <u>300 W. Presley Blvd</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>T-post</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>7/20/15</u>	\$ <u>250.00</u>
Mailing Address <u>112 Oliver Emmerich Dr</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewart's Sign</u>	<u>7/17/15</u>	\$ <u>288.90</u>
Mailing Address <u>2147 Hwy 48W</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Signs</u>	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	\$
Mailing Address		
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
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Anne "Barclay" Crawford
 Reporting period July 1, 2015 through Sep. 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise Journal	8/18/15	\$ 85.00
Mailing Address 112 Oliver Emmerich DR		
City, State, Zip Code McComb, MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) Thank You Ad	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MARATHON	8/20/15	\$ 39.63
Mailing Address Hwy 98 E		
City, State, Zip Code McComb, MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) GAS	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pike National Bank	8/24/15	\$ 6.00
Mailing Address RAULS DR		
City, State, Zip Code McComb, MS 39648	9/28/15	\$ 6.00
Purpose of Disbursement (Optional) Service Charge	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MARATHON	8/27/15	\$ 40.00
Mailing Address Highway 98 E		
City, State, Zip Code McComb, MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) GAS	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Home Hardware	8/22/15	\$ 19.65
Mailing Address 300 W. Presley Blvd.		
City, State, Zip Code McComb, MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) T-post	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stewart's Sign	8/24/15	\$ 64.09
Mailing Address 2147 Hwy 98 W		
City, State, Zip Code McComb, MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) Magnetic Signs	Aggregate Year-to-date	\$

Name of Candidate or Committee Anne "Barclay" Crawford
 Reporting period July 1, 2015 through Sep 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>	<u>8/27/15</u>	\$ <u>30.00</u>
Mailing Address <u>1119 Prentiss Ball Rd.</u>		
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u>9/4/15</u>	\$ <u>30.04</u>
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southwest Broadcasting</u>	<u>9/1/15</u>	\$ <u>550.00</u>
Mailing Address <u>206 N. Front St.</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Fridays Night Lights</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southwest Broadcasting</u>	<u>9/11/15</u>	\$ <u>300.00</u>
Mailing Address <u>206 N. Front St.</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Political Calendar</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>	<u>9/11/15</u>	\$ <u>34.00</u>
Mailing Address <u>1119 Prentiss Ball Rd.</u>		
City, State, Zip Code <u>Magnolia, MS 39652</u>	<u>9/16/15</u>	\$ <u>32.31</u>
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ozka Civic Club</u>	<u>9/16/15</u>	\$ <u>25.00</u>
Mailing Address		
City, State, Zip Code <u>Ozka, MS 396</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Ozka Fall Festival Booth</u>	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jim Stewart</u>	<u>9/16/15</u>	\$ <u>10.00</u>
Mailing Address <u>2147 Hwy 48 W</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Repair Magnetic Sign</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee Anne "Barclay" Crawford
 Reporting period July 1, 2015 through sep. 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Summit Chamber of Commerce Mailing Address	9/21/15	\$ 65.00
City, State, Zip Code	—/—/—	\$
Purpose of Disbursement (Optional) Fall Festival Booth	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stewart's Sign Mailing Address	9/27/15	\$ 368.60
2147 Hwy 48 W City, State, Zip Code	9/29/15	\$ 433.35
McConk, MS. 39648 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Signs		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
4-WAY Mailing Address	9/23/15	\$ 30.21
1119 Prentiss Ball Rd. City, State, Zip Code	9/30/15	\$ 32.34
Magnolia, MS. 39652 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
GAS		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kroger's Mailing Address	9/25/15	\$ 129.11
1617 Delaware Ave City, State, Zip Code	9/26/15	\$ 141.65
McConk-MS. 39648 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Fund RAISEK		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mc Whiskers Mailing Address	9/25/15	\$ 16.04
Hwy 48 W City, State, Zip Code	—/—/—	\$
McConk, MS. 39648 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Data to send for fund raisek		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sunflower Mailing Address	9/25/15	\$ 85.70
1003 Highway 48 E City, State, Zip Code	—/—/—	\$
Magnolia, MS. 39652 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Fund RAISEK		

Name of Candidate or Committee Anne "BARCLAY" Crawford
 Reporting period July 1, 2015 through SEP. 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Wal-Mart</u>	<u>9/29/15</u>	<u>\$ 117.85</u>
Mailing Address <u>1608 Veterans Blvd</u>	<u>9/29/15</u>	<u>\$ 117.85</u>
City, State, Zip Code <u>McComb MS 39648</u>	<u>__/__/__</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>Conopy for Fall Festival</u>	Aggregate Year-to-date	<u>\$</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SMCC BASKETBALL</u>	<u>9/30/15</u>	<u>\$ 100.00</u>
Mailing Address <u>1156 College Drive</u>	<u>9/30/15</u>	<u>\$ 100.00</u>
City, State, Zip Code <u>Summit Ms 39666</u>	<u>__/__/__</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>Hole Sponsor for Golf tournament</u>	Aggregate Year-to-date	<u>\$</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	<u>\$</u>
Mailing Address	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code	<u>__/__/__</u>	<u>\$</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	<u>\$</u>
Mailing Address	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code	<u>__/__/__</u>	<u>\$</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	<u>\$</u>
Mailing Address	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code	<u>__/__/__</u>	<u>\$</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	<u>\$</u>
Mailing Address	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code	<u>__/__/__</u>	<u>\$</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$</u>